

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: LIFE HAVEN, INC. D Employer identification number: 22-2513519. E Telephone number: 203-776-6208. F Accounting method: Accrual.

G Website: WWW.LIFEHAVEN.ORG. H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

J Organization type: 501(c)(3). K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. L Gross receipts: 992,290.

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Dividends, Gross rents, Net rental income, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or deficit, Net assets at beginning/end of year.

SCANNED APR 08 2009 Revenue

RECEIVED MAR 25 2009 OGDEN UT

617 19

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	64,947.	0.	58,453.	6,494.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	468,524.	444,766.	23,758.	
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	37,364.	36,461.	903.	0.
29 Payroll taxes	60,006.	45,604.	13,746.	656.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	10,702.	10,702.		
34 Telephone	7,993.	7,753.	240.	
35 Postage and shipping				
36 Occupancy	111,058.	104,606.	6,452.	
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel				
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	78,711.	76,349.	2,362.	
43 Other expenses not covered above (itemize):				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g SEE STATEMENT 2	184,298.	148,704.	34,728.	866.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,023,603.	874,945.	140,642.	8,016.

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶

SHELTER HOMELESS WOMEN/CHILDREN

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a THE ORGANIZATION PROVIDES A SHORT TERM HOME FOR 20 FAMILIES (WOMEN AND CHILDREN). THE SHELTER PROVIDES MEALS AND COUNSELING TO ENABLE WOMEN TO COPE WITH THEIR SITUATION.

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

645,031.

b

THE ORGANIZATION PROVIDES CHILD CARE FACILITIES FOR THE CHILDREN OF THE HOMELESS MOTHERS.

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

229,914.

c

d (Grants and allocations \$) If this amount includes foreign grants, check here ▶

e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

874,945.

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	80,403.	45 172,145.
	46 Savings and temporary cash investments		46
	47 a Accounts receivable	47a 27,094.	
	b Less allowance for doubtful accounts	47b	47c 27,094.
	48 a Pledges receivable	48a 58,712.	
	b Less allowance for doubtful accounts	48b	48c 58,712.
	49 Grants receivable	12,123.	49 29,371.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	9,602.	53 903.
	54 a Investments - publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b Investments - other securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
55 a Investments - land, buildings, and equipment basis	55a		
b Less accumulated depreciation	55b	55c	
56 Investments - other		56	
57 a Land, buildings, and equipment basis	57a 1,426,624.		
b Less accumulated depreciation	57b 1,124,569.	57c 361,678.	
58 Other assets, including program-related investments (describe ▶ _____)		58	
59 Total assets (must equal line 74). Add lines 45 through 58	571,048.	59 590,280.	
Liabilities	60 Accounts payable and accrued expenses	85,272.	60 81,463.
	61 Grants payable		61
	62 Deferred revenue	72,561.	62 131,145.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe ▶ _____)		65
66 Total liabilities. Add lines 60 through 65	157,833.	66 212,608.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	363,215.	67 324,972.
	68 Temporarily restricted	50,000.	68 52,700.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	413,215.	73 377,672.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	571,048.	74 590,280.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements		a	1,003,354.
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2	15,294.	
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	15,294.
c	Subtract line b from line a		c	988,060.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	Total revenue (Part I, line 12) Add lines c and d		e	988,060.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	1,038,897.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	15,294.	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	15,294.
c	Subtract line b from line a		c	1,023,603.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17) Add lines c and d		e	1,023,603.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 3		57,463.	7,484.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 4 columns: Question, Yes, No. Rows 75a-d regarding board meetings, compensation, and conflict of interest policy.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions)

Table with 4 columns: Question, Yes, No. Rows 76-81b regarding organizational changes, income, liquidation, and political expenditures.

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)		
	82b 15,294.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
	N/A		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
86	501(c)(7) organizations Enter. a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations Enter. a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	0.		
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization		
	0.		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed		
	CT		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	20
91 a	The books are in care of		
	THE ORGANIZATION Telephone no. 203-776-7208		
	Located at 447 FERRY STREET, NEW HAVEN, CT ZIP + 4 06513		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		X
	N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 | N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a SEE STATEMENT 4					144,395.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	437.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	16,551.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue.					
a MISCELLANEOUS					2,309.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		16,988.	146,704.
105 Total (add line 104, columns (B), (D), and (E))					163,692.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 5

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

		Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

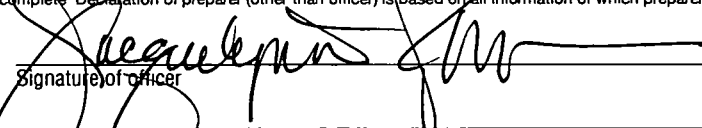
		Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

		Yes	No

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.

Please Sign Here:  Date 2/24/09

Type or print name and title: Anthony F. Santore

Paid Preparer's Use Only: Preparer's signature Anthony F. Santore Date 2/22/09 Check if self-employed Preparer's SSN or PTIN (See Gen Inst X) _____

Firm's name (or yours if self-employed), address, and ZIP + 4: BEERS, HAMERMAN & CO., P.C.
234 CHURCH STREET
NEW HAVEN, CONNECTICUT 06510-0615

EIN: _____ Phone no.: (203) 787-6527

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **LIFE HAVEN, INC.** Employer identification number **22 2513519**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶ **0**

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶ **0**

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶ **0**

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d	Enter the total number of donor advised funds owned at the end of the tax year	►	N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	►	N/A
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	►	0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	►	0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	678,790.	926,248.	896,605.	777,299.	3,278,942.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	188,967.	58,084.	40,368.	42,852.	330,271.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	319.	646.	906.	657.	2,528.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	1,735.	1,695.	SEE STATEMENT 6 2,547.	4,431.	10,408.
23 Total of lines 15 through 22	869,811.	986,673.	940,426.	825,239.	3,622,149.
24 Line 23 minus line 17	680,844.	928,589.	900,058.	782,387.	3,291,878.
25 Enter 1% of line 23	8,698.	9,867.	9,404.	8,252.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 65,838.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 3,291,878.
d Add: Amounts from column (e) for lines: 18 2,528. 19 _____ 22 10,408. 26b _____					26d 12,936.
e Public support (line 26c minus line 26d total)					26e 3,278,942.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.6070%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A	(2006)	(2005)	(2004)	(2003)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2006)	(2005)	(2004)	(2003)	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.	NONE				

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		

34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is - 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

Table with columns Yes and No. Rows 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), c. All 'No' boxes are checked with an 'X'.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. All rows are empty.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3) or in section 527? Yes [] No [X]

b If "Yes," complete the following schedule: N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. All rows are empty.

LIFE HAVEN, INC. [LIFE3519]
Depreciation Expense
Federal

07/01/2007 - 06/30/2008

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
990, Pg 2 #1 - Form 990 Page 2												
13		DONATED EQU	6/1/1990 SL / N/A		5 0000	2,000.00	100.0000	0.00	0.00	2,000.00	0.00	2,000.00
16		CAMERA MONI	12/31/1992 SL / N/A		5 0000	2,733.00	100.0000	0.00	0.00	2,733.00	0.00	2,733.00
19	S	2 WATER HEAT	1/1/1996 SL / N/A		16.0000	1,632.50	100.0000	0.00	0.00	1,122.15	102.03	1,224.18
20		Site Developme	3/1/1992 MSL / HY		20.0000	10,853.00	100.0000	0.00	0.00	8,139.76	542.65	8,682.41
21		Architect	3/1/1992 MSL / HY		20.0000	81,099.00	100.0000	0.00	0.00	60,824.26	4,054.95	64,879.21
22		Professional	3/1/1992 MSL / HY		20.0000	11,778.00	100.0000	0.00	0.00	8,833.50	588.90	9,422.40
23		Rehabilitation	3/1/1992 MSL / HY		20.0000	943,533.00	100.0000	0.00	0.00	707,649.76	47,176.65	754,826.41
24		PAYROLL	3/1/1992 SL / N/A		20.0000	4,594.00	100.0000	0.00	0.00	3,445.50	229.70	3,675.20
25		Contingency	3/1/1992 MSL / HY		20.0000	636.00	100.0000	0.00	0.00	477.00	31.80	508.80
26		CITY OF NEW H	3/1/1992 SL / N/A		20.0000	18,451.00	100.0000	0.00	0.00	13,838.75	922.55	14,761.30
27		Tape	3/1/1992 MSL / HY		20.0000	223,552.00	100.0000	0.00	0.00	167,664.00	11,177.60	178,841.60
28		FENCE	6/30/1994 SL / N/A		18.0000	2,133.00	100.0000	0.00	0.00	1,541.50	118.50	1,660.00
29		40 TWIN PLATF	10/21/2000 SL / N/A		7.0000	17,864.00	100.0000	0.00	0.00	17,013.00	850.67	17,863.67
30		FUNDARASING	11/8/2000 SL / N/A		5.0000	2,495.00	100.0000	0.00	0.00	2,494.89	0.00	2,494.89
31		DISHWASHER	7/12/2000 SL / N/A		5.0000	3,540.00	100.0000	0.00	0.00	3,540.00	0.00	3,540.00
32		PARTITION WA	9/4/2001 SL / N/A		10.0000	2,250.00	100.0000	0.00	0.00	1,312.50	225.00	1,537.50
33		ELECTRICAL	11/5/2001 SL / N/A		10.0000	1,875.00	100.0000	0.00	0.00	1,062.50	187.50	1,250.00
36		PLAY DOZER - I	6/30/2003 SL / N/A		5.0000	3,447.30	100.0000	0.00	0.00	2,757.84	689.46	3,447.30
37		VANITY SINK	9/18/2002 SL / N/A		5.0000	590.00	100.0000	0.00	0.00	560.50	29.50	590.00
38		TOT TREE AND	5/30/2003 SL / N/A		8.0000	1,500.00	100.0000	0.00	0.00	765.62	187.50	953.12
39		3 COMPUTERS	6/3/2003 M / MQ		5.0000	3,081.51	100.0000	0.00	0.00	2,786.42	295.09	3,081.51
40	D	VOICE MAIL SY	6/14/2003 SL / N/A		5.0000	1,952.00	100.0000	0.00	0.00	1,594.13	357.87	1,952.00
41		computer/monit	6/10/2003 SL / N/A		5.0000	3,720.00	100.0000	0.00	0.00	3,038.00	682.00	3,720.00
42		NIC Cards/Com	1/8/2004 SL / N/A		5.0000	582.00	100.0000	0.00	0.00	407.40	116.40	523.80
43		printer	1/20/2004 SL / N/A		5.0000	1,578.00	100.0000	0.00	0.00	1,078.30	315.60	1,393.90
44		USB portable di	2/20/2004 SL / N/A		5.0000	412.00	100.0000	0.00	0.00	230.00	69.00	299.00
47		Desj	3/2/2004 SL / N/A		5.0000	608.00	100.0000	0.00	0.00	274.67	82.40	357.07
48		monitor	3/17/2004 SL / N/A		5.0000	142.00	100.0000	0.00	0.00	92.30	28.40	120.70
49		carpeting	11/24/2003 SL / N/A		7.0000	15,366.00	100.0000	0.00	0.00	7,865.92	2,195.14	10,061.06
50		carpeting	9/4/2003 SL / N/A		7.0000	893.00	100.0000	0.00	0.00	489.02	127.57	616.59
51		changing table	10/8/2003 SL / N/A		5.0000	942.00	100.0000	0.00	0.00	706.50	188.40	894.90
52		water temp con	10/16/2003 SL / N/A		8.0000	788.00	100.0000	0.00	0.00	369.38	98.50	467.88
53		Assembly of pla	10/21/2003 SL / N/A		5.0000	875.00	100.0000	0.00	0.00	641.67	175.00	816.67
54		water feeder	11/14/2003 SL / N/A		9.0000	1,039.00	100.0000	0.00	0.00	423.28	115.44	538.72
55		boiler controls	11/21/2003 SL / N/A		9.0000	1,825.00	100.0000	0.00	0.00	726.63	202.78	929.41
56		boiler	11/21/2003 SL / N/A		9.0000	8,296.00	100.0000	0.00	0.00	3,303.04	921.78	4,224.82
57		labor set up of c	6/30/2004 SL / N/A		5.0000	638.00	100.0000	0.00	0.00	382.80	127.60	510.40
58		Freezer	5/15/2005 SL / N/A		7.0000	1,039.00	100.0000	0.00	0.00	321.60	148.43	470.03
59		carpeting	3/15/2005 M / HY		7.0000	8,416.00	100.0000	0.00	0.00	4,735.54	1,051.56	5,787.10
60		Business office	9/15/2004 SL / N/A		7.0000	5,250.00	100.0000	0.00	0.00	2,125.00	750.00	2,875.00
61		mudfloor 3rd flo	10/15/2004 M / HY		7.0000	13,500.00	100.0000	0.00	0.00	7,596.21	1,686.80	9,283.01
62		computer hardw	6/15/2005 SL / N/A		5.0000	1,187.00	100.0000	0.00	0.00	494.58	237.40	731.98
63		(STATE FUNDS)	3/28/2008 SL / N/A		5.0000	7,850.00	100.0000	0.00	0.00	0.00	280.36	280.36
64		Computer Softw	9/7/2007 SL / N/A		5.0000	3,986.91	100.0000	0.00	0.00	0.00	664.48	664.48
65		Hot Water Tank	5/9/2008 SL / N/A		9.0000	2,100.00	100.0000	0.00	0.00	0.00	38.89	38.89

LIFE HAVEN, INC. [LIFE3519]
Depreciation Expense
Federal

07/01/2007 - 06/30/2008

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus. / Inv. %	Sec. 179 / Bonus	Salvage / Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
990, Pg 2 #1 - Form 990 Page 2												
67		Emergency Exit	8/7/2007	SL / N/A	10.0000	1,710.10	100.0000	0.00	0.00	0.00	156.76	156.76
68	D	Hot Water Heat	1/1/1996	SL / N/A	16.0000	1,632.50	100.0000	0.00	0.00	1,122.15	85.02	1,207.17
69		2 Computers	6/26/2008	SL / N/A	5.0000	2,060.00	100.0000	0.00	0.00	0.00	0.00	0.00
70		Software (MS)	8/31/2007	SL / N/A	5.0000	1,838.00	100.0000	0.00	0.00	0.00	306.33	306.33
Subtotal: 990, Pg 2 #1 - Form 990 Page 2						1,430,207.82		0.00	0.00	1,048,985.90	78,741.56	1,127,727.46
Less dispositions and exchanges:						3,584.50		0.00	0.00	2,716.28	0.00	3,159.17
Net for: 990, Pg 2 #1 - Form 990 Page 2						1,426,623.32		0.00	0.00	1,046,269.62	78,741.56	1,124,568.29
Subtotal:						1,430,207.82		0.00	0.00	1,048,985.90	78,741.56	1,127,727.46
Less dispositions and exchanges:						3,584.50		0.00	0.00	2,716.28	0.00	3,159.17
Grand Totals:						1,426,623.32		0.00	0.00	1,046,269.62	78,741.56	1,124,568.29

Minor difference <307
78,711

FORM 990 **SPECIAL EVENTS AND ACTIVITIES** **STATEMENT 1**

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
HOLIDAY AND SPRING FUNDRAISING EVENTS	20,781.		20,781.	4,230.	16,551.
TO FM 990, PART I, LINE 9	20,781.		20,781.	4,230.	16,551.

FORM 990 **OTHER EXPENSES** **STATEMENT 2**

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACTED SERVICES	90,099.	89,762.	337.	
INSURANCE	35,068.	30,335.	4,733.	
OFFICE EXPENSE	6,229.	3,240.	2,123.	866.
TRAINING	287.		287.	
FOOD PURCHASES	19,803.	19,803.		
MISCELLANEOUS	8,939.		8,939.	
PAYROLL AND BANK CHARGES AND INTEREST	2,851.	1,402.	1,449.	
PROFESSIONAL FEES	21,022.	4,162.	16,860.	
TOTAL TO FM 990, LN 43	184,298.	148,704.	34,728.	866.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JACQUELYN PHEANIOUS NEW HAVEN, CT	EXECUTIVE DIRECTOR 35.00	57,463.	7,484.	0.
JOHN KEYES NEW HAVEN, CT	PRESIDENT 0.50	0.	0.	0.
BARBARA NELSON NEW HAVEN, CT	VICE PRESIDENT 0.50	0.	0.	0.
MARYANN TOWNLEY NEW HAVEN, CT	VICE PRESIDENT 0.50	0.	0.	0.
PATRICK REYNOLDS NEW HAVEN, CT	TREASURER 0.50	0.	0.	0.
KATIE FISCHER NEW HAVEN, CT	SECRETARY 0.50	0.	0.	0.
PATRICK ANDREWS NEW HAVEN, CT	BOARD MEMBER 0.50	0.	0.	0.
CARA CARBONI NEW HAVEN, CT	BOARD MEMBER 0.50	0.	0.	0.
MARY LOU DENARDIS NEW HAVEN, CT	BOARD MEMBER 0.50	0.	0.	0.
ROXANNE HAYES NEW HAVEN, CT	BOARD MEMBER 0.50	0.	0.	0.
JENNIFER TRACEY-CARLO NEW HAVEN, CT	BOARD MEMBER 0.50	0.	0.	0.

SISTER JEAN ANN TRAINOR	BOARD MEMBER			
NEW HAVEN, CT	0.50	0.	0.	0.
SISTER ANN MATHEW	BOARD MEMBER			
NEW HAVEN, CT	0.50	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		57,463.	7,484.	0.

FORM 990	PROGRAM SERVICE REVENUE				STATEMENT	4
DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC-TION INCOME	
STATE OF CT FEES					8,932.	
CT STATE DEPARTMENT OF EDUCATION					82,890.	
CT STATE DEPARTMENT OF SOCIAL SERVICES					19,173.	
NEW HAVEN BOARD OF EDUCATION					33,400.	
TO FORM 990, PART VII, LINE 93					144,395.	

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 5

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	FEES REIMBURSED FOR PROVIDING EMERGENCY SHELTER FOR STATE OF CT DEPARTMENT OF INCOME MAINTENANCE TO HOMELESS MOTHERS
93B	FEES REIMBURSED FOR MEALS PROVIDED TO CHILDREN AT THE SHELTER
93C	ASSISTANCE FROM THE STATE OF CT DSS FOR CHILD CARE
103	VARIOUS AMOUNTS OF REVENUE OBTAINED THROUGH THE OPERATION OF THE EMERGENCY SHELTER
93D	FEES REIMBURSED FOR PROVIDING CHILD CARE AND EDUCATION TO CHILDREN AT THE SHELTER

SCHEDULE A	OTHER INCOME			STATEMENT 6
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
	1,735.	1,695.	2,547.	4,431.
TOTAL TO SCHEDULE A, LINE 22	1,735.	1,695.	2,547.	4,431.