Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Electronically Filed

OMB No. 1545-1150

2017

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

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A	For the	e 2017 calenda	ar year, or tax year beginning . 2017, and ending	ion.	
В	Check if	applicable:	C Name of organization , 2017, and ending		, 20
	Address	s change	Safe Haven Medical Outreach Program Inc.		er identification number
	Name c	hange	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		114008
H	Initial re		1580 Bellwood Road	E Telephor	
H		urn/terminated	City or town, state or province, country, and ZIP or foreign postal code	(626)	286-8814
H		ed return tion pending	San Marino, CA 91108	F Group I	Exemption
G		nting Method:		Numbe	r >
	Websit	The state of the s	Cash	Check ►	if the organization is no t
		14/11		required to	attach Schedule B
K	Form o	of organization	\bigcirc (insert no.) \square 4947(a)(1) or \square 527	(Form 990,	990-EZ, or 990-PF).
L	Add line	es 5h 6c and	X Corporation ☐ Trust ☐ Association ☐ Other		
(Pa	art II. co	olumn (B) below	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets	
È	art I	Revenue	are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶	\$ 89,435.
	CIT (Chock if	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instructio	
_	1	CHOOKII	the organization used Schedule O to respond to any question in this Part I		· · · · 🖂
	2		, 5, 5 and on man announts received		89,435.
		Program se	rvice revenue including government fees and contracts	2	
	3	Membersill	p dues and assessments	3	
	4	investment	income	4	
	5a	Gross amoi	unt from sale of assets other than inventory 5a		
	b	Less: cost o	or other basis and sales expenses		
	6	Gain or (los	s) from sale of assets other than inventory (Subtract line 5b from line 5a) d fundraising events	50	
e	а	Gross inco	me from gaming (attach Schedule G if greater than		
Revenue	b	Grossinson	6a		
ev		from fundre	ne from fundraising events (not including \$ of contributions	3	
ш		sum of such	ising events reported on line 1) (attach Schedule G if the		
	C	Less direct	gross income and contributions exceeds \$15,000) 6b		
	d	Net income	expenses from gaming and fundraising events 6c		
		line 6c)	or (loss) from gaming and fundraising events (add lines 6a and 6b and sub-	tract	
	7a	CONTROL OF THE PROPERTY OF THE	of inventory less with the second sec	· · 6d	
	b	Less cost o	of inventory, less returns and allowances		
	C	Gross profit	f goods sold		
	8	Other reven	or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	9	Total reven	ue (describe in Schedule O)	8	
	10	Grants and	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶ 9	89,435.
	11	Grants and	similar amounts paid (list in Schedule ())	10	35,829.
S	12	Dononto par	a to or for members	11	
Se	13	Janai 100, Ott	ci compensation, and employee penetits		1,841.
)er	14	Occupancy	fees and other payments to independent contractors .	. 13	
Expenses	15	occupaticy,	rent, dunities, and maintenance		
	16	· · · · · · · · · · · · · · · · · · ·	meations, postage, and snipping		,
	17	Outlot Cybell	ses (describe ill Schedule ())		20,317.
	18	Total expell	ses. Add lines 10 through 16		80,954.
Net Assets	19				8,481.
SS		1401 033013 (iuliu balances at beginning of year (from line 27 column (A))		
t A	20	one or your	nguire reported on prior year's return)	40	17,387.
ž	21	Other chang	es in net assets or fund balances (explain in Schedule O)	. 20	,,-
		iver assets 0	r fund balances at end of year. Combine lines 18 through 20		25,868.
U	- aperv	VULK REQUESTION	DACT NOTICE con the concrete instruct		

t * + y

	Balance Sheets (see the instructions	s for Part II)				
	Check if the organization used Schedu	le O to respond to a	ny question in this	Part II		
				(A) Beginning of year		X
22	Cash, savings, and investments			17,387.	22	22,965.
23	Land and buildings				23	22,303.
24	Other assets (describe in Schedule O)	See L-24 Stmt		0.	24	2,903.
25	Total assets			17,387.	25	25,868.
26	lotal liabilities (describe in Schedule O) .		[26	
27	Net assets or fund balances (line 27 of column	nn (B) must agree wit	h line 21)	17,387.	27	25,868.
rar	Statement of Program Service Accor	mplishments (see the	ne instructions for l	Part III)		
\\/ha	Check if the organization used Schedu	le O to respond to a	ny question in this	Part III	,	Expenses
VVIIIa	t is the organization's primary exempt purpose?	See Part III	Stmt			red for section 3) and 501(c)(4)
pers	cribe the organization's program service accomp neasured by expenses. In a clear and concise ons benefited, and other relevant information for	manner, describe th each program title.	e services provided	orogram services, d, the number of		zations; optional for
28	50 Children and their families r	eceived compre	hensive			
	health and rehab services includ care, health education, and rehal	ing medical an	d dental			
	, real of outoucton, and lend	DIIILACIOII.				
29	, in this difficult	it includes foreign gra	ants, check here .	▶ 🛚	28a	64,767.
	(Grants \$) If this amoun	t includes foreign ar	ente chook horo			
30					29a	
	(Grants \$) If this amoun	t includes foreign gra	ents check here		30a	
31	Other program services (describe in Schedule O)				Sua	
	(Grants \$	t includes foreign are	ents chook hore	~ _	31a	
32	Total program service expenses (add lines 28a	through 31a)			32	64,767.
Par	List of Officers, Directors, Trustees, and Ke	Employees (list each				01/10/.
		y Linployees (list each	n one even if not com	pensated-see the in	struction	ons for Part IV)
_	Check if the organization used Schedul	e O to respond to a	n one even if not com ny question in this			
	(a) Name and title	e O to respond to a (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	e (e) Es	🗆
	(a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	Part IV	e (e) Es	timated amount of
Pre	(a) Name and title ther Connell sident/Board Chair	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	Part IV	ee (e) Es	timated amount of
Pre Lin	(a) Name and title ther Connell sident/Board Chair de Hotchkiss	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	ee (e) Es	timated amount of
Pre Lin Boa	ther Connell sident/Board Chair de Hotchkiss rd Vice Chair	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	ee (e) Es	timated amount of er compensation
Pre Lin Boa The	ther Connell sident/Board Chair de Hotchkiss rd Vice Chair resa Kennedy	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	ee (e) Es	timated amount of
Pre Lin Boa The Boa	ther Connell sident/Board Chair de Hotchkiss rd Vice Chair resa Kennedy rd Secretary	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	ee (e) Es othe	timated amount of er compensation
Pre Lin Boa The Boa Jes	(a) Name and title ther Connell sident/Board Chair de Hotchkiss rd Vice Chair resa Kennedy rd Secretary sica Whitney	(b) Average hours per week devoted to position 25.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation	ee (e) Es othe	timated amount of er compensation
Pre Lin Boa The Boa Jes	ther Connell sident/Board Chair de Hotchkiss rd Vice Chair resa Kennedy rd Secretary	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation	ee (e) Es othe	timated amount of er compensation
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirement	o in Al	F	Page
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s In tr	ne V	
		3 r art	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	100	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	34		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a		×
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		.,
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N			×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	36		X
ь 38а	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	37b		×
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		×
39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
а	Section 501(c)(7) organizations. Enter:			
b	Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year.			
С	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		×
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ► CA			
42a	The organization's books are in care of ▶ Heather Connell Located at ▶ 1580 Bellwood Road, San Marino CA ZIP + 4 ▶ 9110		5-88	14
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)?		Yes	No
	If "Yes," enter the name of the foreign country:	42b		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: CB	42c	×	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	N-
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	res	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a 44b		×
C	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a		×
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes." Form 990 and Schedule B may need to be completed instead of	-Ja		
	Form 990-EZ (see instructions)	45b		×

46	Did the organization engage, directly or	indirectly in political of	rampaign activities on	hahalf of our		Yes	No
2	to candidates for public office? If "Yes,"	complete Schedule C	. Part I	benait of or in opposi	tion		
Part	Section 501(c)(3) organization	s only					×
	All section 501(c)(3) organizatio	ns must answer que	estions 47-49b and	52, and complete th	e tables fo	or line	20
	30 and 31.				C tables it	OI III IC	73
	Check if the organization used So	chedule O to respond	to any question in t	his Part VI			
47						Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa	activities or have a	section 501(h) electio	n in effect during the	tax		
48					. 47	-	×
49a	Is the organization a school as described	in section 170(b)(1)(A)(i)? If "Yes," complete	Schedule E	. 48		×
b	Did the organization make any transfers If "Yes," was the related organization a s	to an exempt non-cha	aritable related organiz	ration?	. 49a		×
50	Complete this table for the organization'	s five highest compen	sated employees (ath	or than officers direct			
	employees) who each received more that	n \$100,000 of compe	nsation from the organ	nization. If there is non	e enter "N	es, and	з кеу
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated	d amou	ınt of
		devoted to position	(Forms W-2/1099-MISC)	compensation	other com	pensati	on
None							
		-					
		-					
f	Total number of other employees paid or	ver \$100,000	. ▶				
51	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe	ensated independent	contractors who each	received	more	than
	the organization from the organization	anization. If there is no	one, enter "None."				
	(a) Name and business address of each indepen	dent contractor	(b) Type of servi	ce (c)	Compensatio	n	
None					100000000000000000000000000000000000000		
						-	
d	Total number of other independent contra	actors each receiving	01/07 \$100 000				
52	Did the organization complete Sched	ule A2 Note: All so	over \$100,000				
	completed Schedule A	ale A: Note. All Se	ction 501(c)(3) organ	izations must attach	a NV V		
Jnder pe	nalties of perjury. I declare that I have examined this	return including accompany	down a sheed of the second		Yes Yes	□ N	<u>o</u>
rue, cor	ect, and complete. Declaration of preparer (other tha	n officer) is based on all info	rmation of which preparer h	as any knowledge.	owledge and i	bellet, it	IS
0!	Electronica	lv		05/15/2018			
Sign	Signature of officer Heather Connel Filed			Date			
Here	Type or print name and title	utive Director					
	r type of print name and title						
	Drint/Time r	Dropove de dies	/				
Paid	Print/Type preparer's name	Preparer's signature	Dat	Check L			
Prepa	Pamela R. Sims, E.A.	1 A		/28/2018 Check LJ self-employ	red P0044		,
	Pamela R. Sims, E.A. Firm's name William D. Tru	lax, E.A, Inc.	06	/28/2018 Check LJ self-employ Firm's EIN ▶95-	red P0044 -4369535	;	,
Prepa Use (Pamela R. Sims, E.A.	lax, E.A, Inc.	06 ale, CA 91205	Check ☐ Self-employ Firm's EIN ▶95- Phone no. (32)	red P0044	;	

.

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Line 16: Other Expenses

Continuation Statement

Description	Amount	
Banking Fees	685.	
Dues & Subscriptions	332.	
Transportation/Travel		
Office Expenses	6,175.	
Training/Education	790.	
Program-Related Medical Fees & Supplies	387.	
Video / Marketing	4,998.	
	2,001.	
Event Costs	4,495.	
Fees	89.	
Depreciation	365.	
Tota	20,317.	

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Part III: Purpose

Continuation Statement

	The state of the s
Organization's Primary Exempt Purpose	
To provide intervention and support	
for children with disabilities and	
medical issues in Siem Reap, Cambodia.	

Grants And Similar Amounts Paid

2017

Name as Shown on Ro afe Haven Med	eturn dical Outreach Program Inc.	Employer Identification No. 45-5114008
Purpose of Paym	entTo Fund Safe Haven's Program v	via Cambodian Charit
Class of Activit	Grantee's Name and Address Relation	CHARLES CONT.
Payments for medical & recare service	la Junction of Oum Khun and 14th	
Description of Pro	han cash was given, the following additional information needs toperty	to be provided:
Book Value	How Book Value Determined	
FMV	How FMV Determined	
Totals to Form 9	90-EZ, Part I, line 10	35,829.
Form 990-EZ Part I, Line 20	Other Changes in Net Assets or Fund Balances Statement	
	Description	Amount
otals to Form 990	-EZ, Part I, line 20 · · · · · · · · · · · · · · · · · ·	

. . .

Fixed Assets less Accumulated Depreciation 0. 2,903	me as Shown on Return fe Haven Medical Outreach Program Inc.		er Identification N 14008
Totals to Form 990-EZ, Part II, line 24. 0. 2,903 Beginning End of	Line 24 - Other Assets:		
Beginning End of	Fixed Assets less Accumulated Depreciation	0.	2,903
		ıg	

Totals to Form 990-EZ, Part II, line 26.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Saf	C Harray Madical C		part of the same o			Employer identification	on number
Pa	e Haven Medical Outrea Reason for Public Ch	ch Program	Inc.			45-5114008	
		arity Status (A	il organizations mus	st comple	te this p	oart.) See instructi	ons.
1	organization is not a private found	rches or associa	t is: (For lines 1 through	h 12, ched	k only o	ne box.)	
2	A church, convention of chur	n 170/h\/1\/A\/ii\	(Attach Schodule E	ribed in se	ection 17	70(b)(1)(A)(i).	
3	A hospital or a cooperative h	osnital service o	raanization described	Form 990	or 990-E	:Z).)	
4	A medical research organization	tion operated in	conjunction with a hos	In section	1 1 / U(b)(1)(A)(III).	· · · · · · · · · · · · · · · · · · ·
	nospital s name, city, and sta	ate:					
5	Li Jan . Lation oporated to	r the benefit of a	a college or university	owned o	r operate	ed by a governmen	tal unit described in
	ייין וואן און און און און און און און און א	riplete Fart II.)					ital unit described in
6	A federal, state, or local gove	ernment or gover	nmental unit describe	d in section	n 170(b)(1)(A)(v).	
7	An organization that normali	y receives a sub	stantial part of its sur	port from	a gover	nmental unit or from	m the general public
	described in section 170(b)(I)(A)(VI). (Comple	ete Part II.)				are general public
8	A community trust described	in section 170(I	b)(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research orga	nization describe	ed in section 170(b)(1)(A)(ix) op	erated in	conjunction with a	land-grant college
	or university or a non-land-gr university:	ant college of ac	griculture (see instructi	ons). Ente	r the nan	ne, city, and state o	f the college or
10		receives: (1) me	oro than 201-0/ -4 th				
	An organization that normally receipts from activities relate support from gross investments	d to its exempt f	unctions—subject to	support fro certain exc	m contri	butions, membershi	p fees, and gross
	support from gross investme	nt income and up	nrelated business taxa	able incom	e (less s	ection 511 tax) from	businesses
11	- quille by the organization	arter burie 50, 13	or o. See section bugi	alizi. ICon	nniete Pa	art III)	
12	= 33 Section 509(a)(4)						
	or one or more publicly supp	Jorted Ordanizati	ons described in sec i	10n 500/a	1/1) or co	action E00/al/01 Ca	FOO! VO
	Check the box in lines 12a thr	ough 12d that de	escribes the type of su	pporting o	rganizati	on and complete line	es 12e 12f and 12g
a	□ I ype I. A supporting orga	inization operate	d. supervised, or cont	rolled by it	e sunno	rted organization(a)	tania alle ber ale in
	the supported organization	ii(s) the power to	requiarly appoint or e	elect a ma	ority of t	the directors or trust	tees of the
	supporting organization.	rou must comp	lete Part IV, Sections	A and B.			
b	_ · · · · · · · · · · · · · · · · · · ·	anization supervi	sed or controlled in co	onnection	with its s	supported organizat	ion(s), by having
	control of management of	the supporting	organization vested in	the same	persons	that control or man	age the supported
c	organization(s). You must	complete Part	IV, Sections A and C				
C	Type III functionally interits supported organization	grated. A suppo	rting organization ope	rated in co	nnection	n with, and function	ally integrated with,
d	Type III non-functionally	integrated A a	unnoting and in	lete Part	IV, Secti	ons A, D, and E.	
	Type III non-functionally that is not functionally inte	arated. The orga	upporting organization	operated	in conne	ection with its suppo	orted organization(s)
	requirement (see instruction	ons). You must	complete Part IV. Sec	ctions A a	nd D an	ition requirement an	id an attentiveness
е	☐ Check this box if the orga	nization received	a written determinati	on from th	o IDC the	otitio o Tuno I Tun	
	ranotionally integrated, or	Type III Hon-lune	cuonally integrated su	pporting o	rganizati	on.	e II, Type III
f	Enter the number of supported	organizations .					
g	main in a contraction	n about the sup	ported organization(s)				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the or		(v) Amount of monetary	(vi) Amount of
			(described on lines 1–10 above (see instructions))	listed in your docum		support (see instructions)	other support (see
			,			maductions)	instructions)
				Yes	No		
(A)							
(D)							
(B)							
(C)							
(D)							
(E)							
Total							

Part		ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to gu	alify under
0 - 1	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support				r		
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he						
Secti	on C. Computation of Public Suppor		Δ				•
14	Public support percentage for 2017 (line	column (f) di	ivided by line 1	1 column (f)		14	0/
15 16a	Public support percentage from 2016 Sch 331/3% support test—2017. If the organi box and stop here. The organization qua	nedule A, Part zation did not	II, line 14 . check the box		 nd line 14 is 3:	15 31/3% or more	% % check this
b	331/3% support test—2016. If the organithis box and stop here. The organization	zation did not	check a box of	n line 13 or 16	a, and line 15	is 331/3% or m	ore check
17a	10%-facts-and-circumstances test—26 10% or more, and if the organization me Part VI how the organization meets the " organization	O17. If the orgoets the "facts facts-and-circ	anization did r -and-circumst umstances" te	not check a bo ances" test, chest. The organi	x on line 13, 1 neck this box zation qualifie	6a, or 16b, an and stop here s as a publicly	d line 14 is Explain in supported
b	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organization in Part VI how the organization is supported organization	tion meets the "fac	e "facts-and-ots-and-ots-and-circum	circumstances' stances" test.	" test, check The organizat	this box and a tion qualifies as	stop here. a publicly
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 1 <mark>7</mark> a	a, or 17b, chec	k this box and	see ▶ □

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.)

	ion A. Public Support	ander the te	oto listed bell	ow, please co	omplete Part	11.)	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(a) 2015	1.13.004.0		
1	Gifts, grants, contributions, and membership fees	(4) 2010	(6) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	received. (Do not include any "unusual grants.")	30 067	62 710				
2	Gross receipts from admissions merchandise	38,067.	63,710.	62,420.	56,768.	89,435.	310,400.
	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					n. T	
•	unrelated trade or business under section 513						
4	-						
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	38,067.	63,710.	62,420.	FC 760	00 105	
7a		30,001.	03,710.	02,420.	56,768.	89,435.	310,400.
	received from disqualified persons .	15,915.	6 000		Access to the		
b	Amounts included on lines 2 and 3	15,915.	6,897.	300.	500.	4,610.	28,222.
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С		0.	0.	0.	0.	0.	0.
8		15,915.	6,897.	300.	500.	4,610.	28,222.
0	Public support. (Subtract line 7c from						
Cooti	line 6.)						282,178.
	on B. Total Support						202/1/0:
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	38,067.	63,710.	62,420.	56,768.	89,435.	310,400.
10a	Gross income from interest, dividends,					03/133.	310,400.
	payments received on securities loans, rents,						
	royalties, and income from similar sources .		0.	0.	0.		•
b	Unrelated business taxable income (less			0.	0.		0.
	section 511 taxes) from businesses						
	acquired after June 30, 1975		0.	0			
C	Add lines 10a and 10b		0.	0.	0.		0.
11	Net income from unrelated business		0.	0.	0.		0.
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or		0.	0.	0.		0.
	loss from the sale of capital assets						
	(Explain in Part VI.)		1				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years If the Fee cook is	38,067.	63,710.	62,420.	56,768.	89,435.	310,400.
	First five years. If the Form 990 is for the	e organization's	s first, second	, third, fourth,	or fifth tax year	ar as a section	501(c)(3)
Saction	organization, check this box and stop her						▶ 🗆
15	on C. Computation of Public Support	Percentage					
15	Public support percentage for 2017 (line 8	, column (f) divi	ded by line 13	, column (f))		15	90.91 %
16	rubile support percentage from 2016 Scho	edule A. Part III	line 15			16	%
47	bi b. computation of investment inc	ome Percen	tage				70
17	Investment income percentage for 2017 (lin	ne 10c, column	(f) divided by	line 13, colum	n (f))	17	0 %
18	investment income percentage from 2016	Schedule A Pa	art III line 17			10	Company of the Compan
19a	3 / Support tests—2017. If the organiz	ation did not c	heck the hov	on line 14 and	1 Day 45 1	11 221 21	
	The more than oo 7570, check this box a	na stop nere. I	ne organization	n qualifies as a i	nublicly suppor	tod organization	
b	3376 Support tests—2016. If the organiza	tion did not che	ack a how on lie	an 11 or line 10	10:		
	line 18 is not more than 331/3%, check this be	ox and stop he	re. The organiz	ation qualifies a	is a publicly evi	onorted organi-	73%, and
20	Private foundation. If the organization did	not check a he	ox on line 14	19a or 10h oh	eck this box -	ported organiz	auon 🕨 📙
				UU. UII	COL HIID DUX 3	UNI SEE INSTRUCT	min P

Part IV Supporting Organizations

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

Section A. All Supporting Organizations	Section	A. Al	Supporting (Organizations
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Yes No 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. 1 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). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b 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. 3c 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. 4a 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. 4b 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. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) 10b

Part	IV Supporting Organizations (continued)			Page 5
	eapperting organizations (continued)		Yes	I Ma
11	Has the organization accepted a gift or contribution from any of the following persons?		res	No
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
Secti	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c		
	on 2. Type i supporting organizations		V	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Secti	on D. All Type III Supporting Organizations	1		
	on street type in supporting organizations		V	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	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			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	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			
Co obi	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
•	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structi	ions).
2	Activities Test. Answer (a) and (b) below.		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.	0-		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
	of the organization's supported organization(s) would have been engaged in? If "Yes" explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	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? <i>Provide details in Part VI.</i>			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	, year, and organization in this regard.	99		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	rations	Page
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organizations.	- 1		plain in Part VI). See
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	J		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	2		
4 Enter greater of line 2 or line 3.	3		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).			
7 Check here if the current year is the organization's first as a non-functionally instructions).	6 y integ	grated Type III supporting	ng organization (see

Schedule A (Form 990 or 990-EZ) 2017

Par	The state of the s	(3) Supporting Organ	izations (continued)	Page I
	don B - Distributions		eations (continued)	Current Veer
1	Amounts paid to supported organizations to accomplish	exempt purposes		Current Year
2	Amounts paid to perform activity that directly furthers ex organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets	poses of supported orga	nizations	
5	Qualified set-aside amounts (prior IRS approval required)	1		
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	ch the organization is rec	popolivo	
	(provide details in Part VI). See instructions.	on the organization is res	ponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е				
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
<u> </u>	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Employer identification number

Safe Haven Medical Outreach Program Inc. 45-5114008 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

	aven Medical Outreach Program Inc.		5-5114008
Part I	Contributors (see instructions). Use duplicate co	opies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Scott Johnson PO Box 12460 Zephyr Cove NV 89448		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Safe Haven Medical Outreach Program Inc.

Employer identification number 45-5114008

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (b) (c) from (d) FMV (or estimate) Description of noncash property given Part I Date received (See instructions.) (a) No. (c) (b) from (d) FMV (or estimate) Description of noncash property given Part I **Date received** (See instructions.) (a) No. (c) (b) from FMV (or estimate) (d) Description of noncash property given Part I **Date received** (See instructions.) (a) No. (c) (b) from (d) FMV (or estimate) Description of noncash property given Part I Date received (See instructions.) (a) No. (c) (b) from (d) FMV (or estimate) Description of noncash property given Part I Date received (See instructions.) (a) No. (c) (b) from (d) FMV (or estimate) Description of noncash property given Part I Date received (See instructions.)

Page 4 Name of organization **Employer identification number** Safe Haven Medical Outreach Program Inc. 45-5114008 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift from (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Open to Public Inspection

► Attach to Form 990 or 990-EZ.

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

Name of the organization	Employer identification number

2017

California Exempt Organization Annual Information Return



FORM

199

Calendar Ye	ear 2017 or fiscal year beginning (mm/dd/yyyy)					_
Corporation	/Organization name SAFE HAVEN MEDICAL OUTREACH PROGRAM	, and ending (mm/dd/y				
	ONLE MAVEN MEDICAL OUTREACH PROGRAM		nia corpo	ration nu	umber	
Additional in	nformation. See instructions.	3463 FEIN	3404			
		FEIN				
Street addr	ess (suite or room)	4551	1400			
				PMB no),	
City	ELLWOOD ROAD					
SAN MA	PINO		State	Zip code	е	
Foreign cou			CA	9110	8	
, oroigir oou	ntry name Foreign province/state/county			Foreign	postal code	
A Circt Dat						
	turn Yes No J If exempt u	nder R&TC Section 237	01d, has	the org	ganization	
	d Return	political activities? See	instructi	ons	● □ Yes	
	tion 4947(a)(1) trust	nization exempt under R	&TC Sec	tion 23	701g? ● ☐ Yes	× No
	ormation Return?	ter the gross receipts fro on is exempt under R&	om nonn	nember	sources \$	
Enter de		ling fee exception, chec	k box	on 23/0	ond and	
Enter da	No filing tee	is required			● 🔀	
E Check at	counting method: (1) Cash (2) Accrual (3) Other	ization a Limited Liabili	ty Comp	any?	● □ Yes [× No
rederal r	eturn filed? (1) • 🗀 9901 (2) • 🗀 990PF (3) • 🗀 Sch H (990) N Did the orga	anization file Form 100 d	or Form	109 to r	enort	
(.)	taxable inco	me?			● Ves	\times No
u is this a	group filing? See instructions	ization under audit by the	ne IRS o	r has th	e IRS	.
If "Yes."	rganization in a group exemption	prior year?	· · · · · · · ·		······ ●□ Yes L	N ₀
		orm 1023/1024 pending ith IRS	<i>(.</i>		····· ∠Yes l	≥ No
Did the o	organization have any changes to its guidelines	III 1113				
not repo	rted to the FTB? See instructions ■ Yes No					
Part I Co	omplete Part I unless not required to file this form. See General Information B and					
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 2 Gross dues and assessments from members and affiliates			1		00
	3 Gross contributions, gifts, grants, and similar amounts received.			3	00 425	00
Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3				89,435.	. 100
and Revenues	This line must be completed. If the result is less than \$50,000, see General Info	rmation B		4	89,435.	100
nevenues	5 Cost of goods sold	5	0		05/100	. 100
	6 Cost or other basis, and sales expenses of assets sold	6	0	0		
	7 Total costs. Add line 5 and line 6.			7		00
	o Total gross income. Subtract line / from line 4				89,435.	
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18		•	9	80,916.	. 00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8				8,519.	. 00
	11 Total payments			11		00
1	13 Payments palance it line 11 is more than line 12 cubtract line 10 from line 14			12	0.	
g . 00	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12			1/		00
	Filling ree \$10 or \$25. See General Information F			15	0.	00
	Penalties and Interest, See General Information 1			16	0.	00
	11 Dalaille une. Aut line 12 line 15 and line 16 Than cubtract line 11 from the rea				0.	
Sign	Under penalties of perjury, I declare that I have examined this return, correct, and complete. Declaration of preparer (other than taxpayer) is based on all informations.	nedules and statements, an	d to the be	est of my	knowledge and belief, it	is
Here	Signature Electronically Title	Date		age. Telepho		
	of officer BOARD MEMBER		(6261	286-8814	
	Preparer's Date	Check if self-		PTIN	200-0014	
Paid	signature ▶ 06-28-	-2018 employed ▶	P	0 0	0,4,4,8,6,6	7
reparer's	Firm's name (or yours,		•	FEIN	1-1-1-1-1	1
Jse Only	if self-employed) WILLIAM D. TRUAX, E.A, INC.		9	5 4	3,6,9,5,3	. 5
	1125 E BROADWAY #161			Telepho		
	GLENDALE CA 91205		(323)	257-5762	
	May the FTB discuss this return with the preparer shown above? See instruction	ns	•	X Yes	□No	

Part II	Organizations with gross receipts of more that regardless of amount of gross receipts — com	n \$50,000 and private f	oundations substitute information		
	1 Gross sales or receipts from all business a	ctivities. See instruction	is	1	00
	2 Interest			2	00
Receipts	3 Dividends				00
from Other	4 Gross rents			4	00
Sources	5 Gross royalties			a 5	00
Courses	6 Gross amount received from sale of assets	(See Instructions)		6	00
	7 Other income. Attach schedule	***************************************		7	00
	8 Total gross sales or receipts from other sour	ces. Add line 1 through I	ine 7. Enter here and on Side 1,	Part I, line 1 8	00
	9 Contributions, gifts, grants, and similar am	ounts paid. Attach sche	duleSee	e Stmt g	35,829. 00
	10 Disbursements to or for members11 Compensation of officers, directors, and true	setage Attach achadula		10	00
	12 Other salaries and wages	istees. Attach schedule		11	0.00
Expenses	13 Interest				1,841.00
and	14 Taxes			14	00
Disburse- ments	15 Rents			a 15	00
incina	16 Depreciation and depletion (See instruction	s)		16	327. 00
	17 Other Expenses and Disbursements. Attach	schedule	See	Stmt 17	42,919.00
Cabad	18 Total expenses and disbursements. Add line	e 9 through line 17. Ent	er here and on Side 1, Part I, li	ne 9 18	80,916.00
Scneau Assets	Ile L Balance Sheet		of taxable year	End of	axable year
OTTO AND DESCRIPTION OF THE PARTY OF THE PAR		(a)	(b)	(c)	(d)
			17,387.		22,965.
	counts receivable				•
	otes receivable				
	tories				•
5 Federa	al and state government obligations				•
	ments in other bonds				•
	ments in stock				•
	age loans				•
	investments. Attach schedule				•
	preciable assets	,			
	s accumulated depreciation	() ()
	accete Attach ashalal CEE COMM				•
	assets. Attach schedule SEE . STMT		0.		2,903.
	assets		17,387.		25,868.
	and net worth				
15 Contri	nts payable				•
6 Ronde	butions, gifts, or grants payable				•
	ages payable				•
	liabilities. Attach schedule				•
19 Capita	stock or principal fund				
20 Paid-i	l stock or principal fund ŚĖĖ ŚTMŤ n or capital surplus. Attach reconciliation		17 207		•
21 Retain	ed earnings or income fund		17,387.		25,868.
22 Total I	iabilities and net worth		17,387.		05.040
Schedu	le M-1 Reconciliation of income per books v	with income per return			25,868.
	Do not complete this schedule if the a	mount on Schedule L, I	ine 13, column (d), is less than	\$50.000	
1 Net in		•	7 Income recorded on bo		
	I to a second of the second of	•	not included in this retu		
	s of capital losses over capital gains	•	8 Deductions in this retur		
	e not recorded on books this year.		against book income thi	The Property of the Party of the Control of the Con	
	schedule	•			
	ses recorded on books this year not		Attach schedule		
	had to the to the total	•	9 Total. Add line 7 and line	80	•
	Add line 1 through line 5.		10 Net income per return.		
			Subtract line 9 from line	ь	

Other Assets

2017

Name as Shown on Return SAFE HAVEN MEDICAL OUTREACH PROGRAM		California Corporation No. 3463404	
Other Investments:	Beginni of Tax Y		End of Tax Year
Totals to Form 199, Schedule L, line 9	Beginnin of Tax Yo		End of Tax Year
FIXED ASSETS LESS ACCUMULATED DEPRECIATION		0.	2,903.
Totals to Form 199, Schedule L, line 12		0.	2,903.

cacw2901.SCR 01/29/18

Form 199 Schedule L

Other Liabilities and Equity

2017

Name as Shown on Return SAFE HAVEN MEDICAL OUTREACH PROGRAM		rnia Corporation No.	
Other Liabilities:	Beginning of Tax Year	End of Tax Year	
Totals to Form 199, Schedule L, line 18			
Paid-in or Capital Surplus:	Beginning of tax year	End of tax year	
NET ASSETS OR FUND BALANCES	17,387.	25,868.	
Totals to Form 199, Schedule L, line 20	17,387.	25,868.	

cacw3001.SCR 01/30/18

Additional information from your 2017 California Exempt Organization Business

Form 199: CA Exempt Organization Annual Information Part II, Contributions

Continuation Statement

Description	Amount
TO FUND SAFE HAVEN'S PROGRAM VIA CAMBODIAN CHARITY	35,829.
	Total 35,829.

Form 199: CA Exempt Organization Annual Information Part II, Compensation

Continuation Statement

Description	Amount
HEATHER CONNELL	0.
LINDE HOTCHKISS	0.
THERESA KENNEDY	0.
JESSICA WHITNEY	0.
	Total 0.

Form 199: CA Exempt Organization Annual Information Part II, Expenses

Continuation Statement

Tomanda of Otatomone		
Amount		
7,656.		
15,311.		
685.		
332.		
6,175.		
790.		
387.		
4,998.		
2,001.		
4,495.		
89.		
42,919.		

-	LE YEAR	Call	4								L THIS FOR	
)17	Fye	mnt (a e-III	e Retu	ırn Au	thorizat	ion fo	or			FORM
Victoria de la constanta de la	rganization no	LAC	mpt (ryar	nizatio	ns		-AE-0				8453-E
			OUTRE	ACH PE	ROGRAM I	NC					dentifying numbe	er
	Electronic					INC.					45-511400	8
1 Total	gross receir	ts /Form	100 line 4	1								
2 Total	gross incom	ne (Form	199, line 8))					· · · · · · ·	· · · · · · ·	1	89,43
3 lotal 6	expenses an	nd disburs	ements (Fo	orm 199, I	Line 9)			• • • • • • • • • •			2	89,43
Part II	Settle You	ur Accour	t Flectroni	cally for	Taxable Yea	2017					3	80,91
4 🗆 EI	lectronic fun	ds withdr	awal									
					unt		The second secon	Withdraw	al date (mm/dd/y	ууу)	
Part III	l Banking	Informati	on (Have y	ou verifie	d the exemp	t organizatio	n's banking info	ormation?	1			
o mounn	ig number							or mation:	1 .			
O ACCOU	int number_						7 Type of	account:	☐ Che	ckina	☐ Savings	
art IV	Declarat	ion of Offi	cer			-		-				
authorize	e the exemp	t organiza	ition's acco	ount to be	settled as d	ecianated in	Dort II If I 1					funds withdrawal
he amoui	nt listed on	line 4a.		10 00	oottica as a	esignateu III	Part II. It I che	ck Part II, I	Box 4, 1	authorize	an electronic	funds withdrawal
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xempt or rganizatio rocessing eason(s)	on return an	fee liabilit	y, the exem	pt organiz	rn, 1 underst zation will rer	and that if th nain liable fo	ne Franchise Ta r the fee liability ted to the FTB horize the FTB	x Board (F and all ap by the ERC to disclos	TB) doe pplicable D, transm se to the	s not recointerest a litter, or i ERO or	eive full and ti	ect, and complete mely payment of t authorize the exem crvice provider, If t service provider t
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xempt org rganizatio rocessing eason(s) ign ere	on return an g of the exe for the dela	fee liabilit d accomp empt orga y.	y, the exem anying sch nization's	e due retui ipt organiz edules an return or	rn, I underst zation will rer d statements refund is de	and that if the main liable for the set transmit layed, I aut	ne Franchise Ta r the fee liability ted to the FTB horize the FTB	X Board (F y and all ap Dy the ERC to disclos BOARD	TB) doe plicable plicable transmet to the	s not rec interest a litter, or i ERO or	eive true, corr eive full and ti ınd penalties. I intermediate se intermediate s	ect, and complete mely payment of t authorize the exen ervice provider. If t service provider t
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xempt organization rocessing eason(s) eign lere art V declare the lowledge owever, if ansmittin llowed all roury years allable to a sallable t	on return an g of the exe for the dela Signation at I have red. (If I am on that form FTE g this return II other requars from the	fee liabilit d accompting the liabilit d accompting timpt organy. The liability of the lia	onic Returned above exempted accurately B; I have produced of the returned accurately by the returned	n Origina empt orga ervice pro- reflects to provided ti provided ti provided ti pro or four	tor (ERO) ar nization's refund is de tor (ERO) ar nization's revider, I unde the data on the data on the organizatiob. 1345, 20' years from	and that if the main liable for the second part of	ne Franchise Tar the fee liability ted to the FTB horize the FTB Title Tarer. See instruction am not responsive obtained the fith a copy of Autiense the exempt organize exempt organize.	x Board (F and all apply the ERC to disclose BOARD Decitions. form FTB (Sible for ree e organization and orized e-ficialized e-ficializ	TB) doe plicable plicable transm se to the MEMBE 8453-E0 eviewing tion office d inform	are com the exen the exen cer's sign ation tha	plete and correlative on formal true, correlation of the correlation o	ect, and complete mely payment of t
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Form 8879-E0 IRS e-file Signature Authorization OMB No. 1545-1878 for an Exempt Organization For calendar year 2017, or fiscal year beginning ▶ Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization Employer identification number Safe Haven Medical Outreach Program Inc. 45-5114008 Heather Connell, Executive Director Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ▶ □ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 2a Form 990-EZ check here ▶ 🗵 b Total revenue, if any (Form 990-EZ, line 9) 3a Form 1120-POL check here ▶ □ b Total tax (Form 1120-POL, line 22) 4a Form 990-PF check here ▶ ☐ b Tax based on investment income (Form 990-PF, Part VI, line 5) . . 4b Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only ▼ I authorize William D. Truax, E.A, Inc. 0 to enter my PIN 8 as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, Lwill-enter my PJN on the return's disclosure consent screen. Officer's signature ▶ Date > 05/15/2018 Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 2

ERO's signature ▶

Information for Authorized IRS e-file Providers for Business Rejurns.

Date ▶ 06/08/2018

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF)

ERO Must Retain This Form - See Instructions