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

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

2019

OMB No 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

9 Total revenue. Add lines 1, 2, 3. 4, 5c, 6d, 7c, and 8	Ā	A For the 2019 calendar year, or tax year beginning 3, 2019, and ending , 20							
Number and street (or PC hox if mail is not delivered to street address)	В	Check if a	pplicable C Name of organization of D E	mployer identification number					
State   Sta		Address of	change JOYCE'S HAVEN, INC	20-344769 <b>4</b>					
State   Stat		Name cha	Number and street (or P O box if mail is not delivered to street address) 2: Room/suite E T	E Telephone number					
City or fown, state or province, country, and 21° or foreign postal code PHLADELPHIA, PA 191322  G Accounting Method:  C Cash	Ц		1314/ N TATLOR STREET	2154574333					
PHILADELPHIA, PA 19132   PHILADELPHIA, PA 1	H			Group Exemption					
A Accounting Method	H		()21 .						
Website:   Variety status (check only one)   Soticol(3)   Soticol(4)   (insert no)   4947(a)(1) or   Soticol(7)   Soticol(8)   Sotico	G								
Tarexempt status (check only one)									
Add lines 5h, 6c, and 7b to line 9 to determine gross recepts; if gross receipts are \$200,000 or more, or if total assets   \$72,403	J	Tax-exer							
Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ  Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Inc. Reven									
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9	Part II	· ·		ay guartian in this	Port II		
, _	Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of						(B) End of year
	<b>22</b> C	cash, savings, and investments				22	
		and and buildings				23	
		Other assets (describe in Schedule O)				24	
		otal assets				25	[ X 0
	26 T	otal liabilities (describe in Schedule O)				26	0
	27 N	let assets or fund balances (line 27 of column	(B) must agree with	n line 21)		27	0
	Part III	Statement of Program Service Accom	plishments (see th	e instructions for	Part III)	<del>                                     </del>	
		Check if the organization used Schedule	O to respond to a	ny question in this	Part III []	1	Expenses
V	Vhat is t	the organization's primary exempt purpose?	PROVIDE BOARDIN	G-HOME STATE LIC	ENSED TYPE		quired for section (c)(3) and 501(c)(4)
а <u>р</u>	s meas ersons	e the organization's program service accomplis sured by expenses. In a clear and concise m benefited, and other relevant information for ea OVIDE BOARDING-HOME STATE LICENSED TYPE	anner, describe the sch program title.	services provided	d, the number of		anizations; optional for
	CA	PABLIES WITH 24 HOUR PER DAY OVERSIGHT A	ND SUPERVISION.				
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	(Gr	ants \$ ) If this amount	includes foreign gra	ints, check here .	<u></u>	292	1
	<u> </u>		includes foreign gra			302	a
		ner program services (describe in Schedule O)				318	
		ants \$ ) If this amount	includes foreign grants, check here				<del></del>
	Part IV					32	
L	aitiv	Check if the organization used Schedule					<u> </u>
-		(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable 2: compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and	/ee (e	) Estimated amount of other compensation
7	NDRE E	BULLOCK			<del> </del>	+	
	RESIDE		25	STATEMENT 01	1	0	0
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į	Contract Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.								
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	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	res	·				
?1	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	34		<u> </u>				
	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)?	35a		<u>v</u>				
	c 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 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		<u> </u>				
	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	36		<u> </u>				
	37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?							
	39	If "Yes," complete Schedule L, Part II and enter the total amount involved	0.4	3	7. THE				
	a b 40a	Initiation fees and capital contributions included on line 9		大大 大大 大大 大大 大大 大大 大大 大 大 大 大 大 大 大	S.				
	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 that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	, e					
	c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	R		4				
	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	, 13. pg	1				
	41	List the states with which a copy of this return is filed ▶							
	42a	The organization's books are in care of ▶ ANDRE BULLOCK  Telephone no. ▶	215-45	7-433	3				
	b	Located at ► 3147 N. TAYLOR STREET, PHILADELPHIA, PA ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	191	32 Yes	No				
		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<b>V</b>				
		If "Yes," enter the name of the foreign country ▶	133	3					
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		<b>*</b>					
	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	42c	L					
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No No				
	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						
	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	44b	2	7				
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c 744 44d	3 . ¿a	✓ ***				
_	45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				

Yes No

Form **990-EZ** (2018)

'46 `	Dıd th to cại	ne organization engage, directly or ir ndidates for public office? If "Yes," o	idirectly, in political c complete Schedule C,			or in opposit · · · ·		46		
Part		Section 501(c)(3) Organization: All section 501(c)(3) organization 50 and 51.							r line	
		Check if the organization used Sc	hedule O to respond	I to any question in t	his Part VI		<u></u>		<u> </u>	
									Yes	No
	year?	he organization engage in lobbying I If "Yes," complete Schedule C, Par	tll . ,					47		
		organization a school as described in		•				48		<b>√</b>
		ne organization make any transfers t						9a		
		es," was the related organization a se						9b		<del></del>
50	emnic	plete this table for the organization's oyees) who each received more thar	ive nignest compens	sated employees (otr	ter trian offi nization If	cers, directi there is non-	ors, tru:	Stee: • "Nic	s, and	з кеу
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Healt contribution benefit plans	h benefits, s to employee , and deferred ensation	(e) Estir	mated		
NONE										
					1					
					<del> </del>					
	Total	number of other employees paid ov	er \$100.000	<u> </u>	ــــــــــــــــــــــــــــــــــــــ		L			
51	Comp	plete this table for the organization, 000 of compensation from the organization	s five highest compe	ensated independent	contractor	rs who each	n receiv	ved i	more	than
	(a)	Name and business address of each independ	dent contractor	(b) Type of ser	vice	(c)	) Comper	nsatio	n	<del></del>
NONE										
										<del></del>
d	Total	number of other independent contra	actors each receiving	over \$100,000	<b>&gt;</b>					
		the organization complete Scheduleted Schedule A	ule A? <b>Note:</b> All se				ha .▶☑`	Yes		No
Under pe true, corr	nalties ect, an	of perjury, I declare that I have examined this d complete. Declaration of preparer (other than	return, including accompan n officer) is based on all info	lying schedules and statem formation of which preparer	ents, and to the has any know	ne best of my killedge.	nowledge	e and	belief,	ıt ıs
		Andre	ρ.Δ			11/	14/1	9		
Sign Here	,?:	ANDRE BULLOCK, PRESIDENTI	1		D:	ate /	/ '			
		Type or print name and title								
Paid Prepa	ırer	Print/Type preparer's name CHARLES HUNT	Preparer's signature	<b>1</b>	ate	Check self-emplo	J if }			
Use C		Firm's name ► WALNUT LANE BUS			Fi	m's EIN ▶				
		Firm's address ▶ 1942 E. WALNUT LA			PI	one no.			_	
viay the	e IRS	discuss this return with the prepare	r snown above? See i	instructions			<b>▶</b> □ '	Yes		No

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Open to Public Inspection

Employer identification number

	CE'S HAVEN, INC.		<del></del>			20-344	
Par							ns.
The c	organization is not a private foundat			-	-	-	-
1	A church, convention of church						. A.
2	A school described in section		•			• •	04
3	A hospital or a cooperative hos						0 .
4	A medical research organization hospital's name, city, and state		onjunction with a hosp	ital desc	ribed in s	ection 170(b)(1)(A)(	iii). Enter the
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	operate	d by a governmenta	al unit described in
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)(	receives a subs	tantial part of its supp				the general public
8	☐ A community trust described in	section 170(b)	<b>(1)(A)(vi).</b> (Complete F	Part II.)			
9	An agricultural research organizer or university or a non-land-granuniversity:	nt college of agr	iculture (see instruction	ns). Ente	r the nam	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt fu income and un	nctions—subject to co related business taxal	ertain exc ole incom	eptions, e (less se	and (2) no more than ection 511 tax) from	n 33¹/₃% of its
11	An organization organized and	operated exclusion	sively to test for public	safety. S	See <b>sect</b> i	on 509(a)(4).	
12	An organization organized and						
	of one or more publicly suppo						
	Check the box in lines 12a throi	•	• • • • • • • • • • • • • • • • • • • •	. •	_		
а	_ 3.						
	the supported organization supporting organization. You	ou must comple	ete Part IV, Sections	A and B.	-		
b	Type II. A supporting organ control or management of t organization(s). You must of	he supporting o	organization vested in	the same			
C	Type III functionally integrated its supported organization(s						ally integrated with,
d	Type III non-functionally in that is not functionally integ requirement (see instruction	rated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	
е	Check this box if the organifunctionally integrated, or T						e II, Type III
f	Enter the number of supported o	rganizations .					
g	Provide the following information	about the supp	ported organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total		1 1 1 1 1 T		7. 8.28	5 J. J. St. 25		

`	(Complete only if you checked the Part III. If the organization fails to				_	•	lify under
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)  Section A. Public Support							
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					72,403	72,403
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					72,403	72,403
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	The same of the sa	The most state of mine	to the second second	و معاملات الماسات	19 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	72,403
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	ļ				72,403	72,403
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	The same of the sa	Annual Market To My Street	3	in a second		72,403
12	Gross receipts from related activities, etc.	-	-			12	
13	First five years. If the Form 990 is for to organization, check this box and stop he	ere	<u></u>		•	ear as a section	
	on C. Computation of Public Suppo					<del></del>	
14	Public support percentage for 2018 (line		-			14	100 %
15 16a	Public support percentage from 2017 Sc 331/2% support test—2018. If the organ box and stop here. The organization qua	ization did not	check the box	x on line 13, a	nd line 14 is 3		
b	331/3% support test—2017. If the organization this box and stop here. The organization	ization did not	check a box o	on line 13 or 16	6a, and line 15	is 331/3% or me	ore, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization means the Part VI how the organization meets the organization	eets the "facts "facts-and-circ	-and-circumst :umstances" te	ances" test, c est. The organ	heck this box izatıon qualifie	and <b>stop here.</b> s as a publicly	Explain in
b 18	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiz Explain in Part VI how the organization supported organization	ation meets the meets the "factorian transfer the meets the "factorian transfer the meets the me	ne "facts-and- ets-and-circum 	circumstances stances" test.	test, check. The organizat	this box and some ion qualifies as	a publicly ▶ □
	instructions		<u> </u>	<u></u>	<u> </u>		<b>▶</b> □

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

## 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

Department of the Treasury Internal Revenue Service Name of the organization

JOYCE'S HAVEN, INC.

► Attach to Form 990 or 990-EZ.

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

Inspection
Employer identification number

20-3447694

	<del></del>	20-01-10/1
01 DESCRIPTION OF OTHER EXPENSE (PART i, LINE 16)		
DESCRIPTION	AMOUNT	
GROCERIES	16,380	
UTILITIES	15,107	
PRIMEPAY	480	
BANK FEES	473	······
TAX PREP FEES	180	
VAN INSURANCE	2,556	
VAN GAS	1,852	
VAN REPAIRS / MAINTENENCE	1,034	
OFFICE SUPPLIES	830	
CLEANING SUPPLIES	2,340	
RESIDENT MEDICAL SUPPLIES	312	
WIRELESS PHONE EXPENSE	1,476	
ACTIVITIES	639	
FIRE ALARM INSPECTION	300	
ELECTRICIAL REPAIR OF FIRE ALARM SYSTEM	1,590	
FIRE EXTINGUISHER INSPECTION	160	
FIRE MONITORING FEES	480	, `
LAUNDRY	2,125	· 
TOILETRIES	1,523	
EXTERMINATOR FEES	1,480	<del></del>
REPLACEMENT OF (5) MATTRESS & BOX SPRINGS	1,600	
MATTRESS & BOX SPRINGS ENCASEMENT	796	
RUG CLEANING	340	
ART & CRAFT SUPPLIES	530	

Schedule O (Form 990 or 990-EZ) (2018)		Page 2
Name of the organization		Employer identification number 20-3447694
CLIENT STIPEND	4,080	
		`
		·
		·
·		