

C&E
951 Form 990-T

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Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687
2017

For calendar year 2017 or other tax year beginning SEP 1, 2017, and ending AUG 31, 2018

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed

B Exempt under section
 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Name of organization (Check box if name changed and see instructions.)
HAVEN HEALTH CLINICS

Number, street, and room or suite no. If a P.O. box, see instructions.
#1 MEDICAL DRIVE

City or town, state or province, country, and ZIP or foreign postal code
AMARILLO, TX 79106

D Employer identification number (Employees' trust, see instructions)
75-1285348

E Unrelated business activity codes (See instructions)
713200

C Book value of all assets at end of year **55,277.**

F Group exemption number (See instructions.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. **BINGO - INSTANT PULL TABS**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of **The Organization** Telephone number **806-322-3599**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 256,034.			
b	Less returns and allowances			
c	Balance	1c 256,034.		
2	Cost of goods sold (Schedule A, line 7)	2 193,410.		
3	Gross profit. Subtract line 2 from line 1c	3 62,624.		62,624.
4 a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13 62,624.		62,624.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15		17,031.
16	Repairs and maintenance	16		2,903.
17	Bad debts	17		
18	Interest (attach schedule)	18		
19	Taxes and licenses	19		508.
20	Charitable contributions (See instructions for limitation rules) Statement 3 See Statement 1	20		1,828.
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule) See Statement 2	28		22,904.
29	Total deductions Add lines 14 through 28	29		45,174.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		17,450.
31	Net operating loss deduction (limited to the amount on line 30)	31		
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		17,450.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33		1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		16,450.

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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here See instructions and:
 a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____
 b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____
 c Income tax on the amount on line 34 See Statement 4 35c 3,125.
 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) 36
 37 Proxy tax See instructions 37
 38 Alternative minimum tax 38
 39 Tax on Non-Compliant Facility Income See instructions 39
 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies 40 3,125.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a
 b Other credits (see instructions) 41b
 c General business credit. Attach Form 3800 41c
 d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d
 e Total credits Add lines 41a through 41d 41e
 42 Subtract line 41e from line 40 42 3,125.
 43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 43
 44 Total tax. Add lines 42 and 43 44 3,125.
 45a Payments: A 2016 overpayment credited to 2017 45a 209.
 b 2017 estimated tax payments 45b 2,000.
 c Tax deposited with Form 8868 45c
 d Foreign organizations: Tax paid or withheld at source (see instructions) 45d
 e Backup withholding (see instructions) 45e
 f Credit for small employer health insurance premiums (Attach Form 8941) 45f
 g Other credits and payments: Form 2439 Form 4136 Other Total 45g
 46 Total payments. Add lines 45a through 45g 46 2,209.
 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached 47 20.
 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 48 936.
 49 Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 49
 50 Enter the amount of line 49 you want: Credited to 2018 estimated tax Refunded 50

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Yes No
 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. Yes No
 53 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.
 Signature of officer: *Shirley A Cogdill* Date: 1/10/2019 Title: CEO
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only Print/Type preparer's name: MARILYN AULT Preparer's signature: *Marilyn Ault* Date: 1/11/19 Check if self-employed PTIN: P00010573
 Firm's name: AULT & ASSOCIATES, CPA'S Firm's EIN: 75-1111383
 Firm's address: AMARILLO, TX 79105-9294 Phone no.: (806) 376-1555

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1	0.	6	Inventory at end of year	6	0.
2	Purchases	2	9,629.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	193,410.
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b	183,781.	8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
5	Total. Add lines 1 through 4b	5	193,410.				X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property

(1)			
(2)			
(3)			
(4)			
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	
0.		0.	

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 8 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8			0.	0.
			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 8 and 11 Enter here and on page 1, Part I, line 8, column (B)
			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 28
		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A) 0.	Enter here and on page 1, Part I, line 11, col (B) 0.				Enter here and on page 1, Part II, line 27 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2017)

Form 990-T	Contributions	Statement	1
Description/Kind of Property	Method Used to Determine FMV	Amount	
HAVEN HEALTH CLINICS	N/A	1,828.	
Total to Form 990-T, Page 1, line 20		1,828.	

Form 990-T	Other Deductions	Statement	2
Description	Amount		
SECURITY	2,979.		
ADVERTISING	542.		
WORKERS' COMP INSURANCE	579.		
PAYROLL PROCESSING AND OTHER PROFESSIONAL SERVICES	1,339.		
RENT	17,124.		
ARMORED CAR	326.		
OFFICE SUPPLIES	15.		
Total to Form 990-T, Page 1, line 28		22,904.	

Form 990-T

Contributions Summary

Statement 3

Qualified Contributions Subject to 100% Limit

Carryover of Prior Years Unused Contributions

- For Tax Year 2012
- For Tax Year 2013
- For Tax Year 2014
- For Tax Year 2015
- For Tax Year 2016

Total Carryover

Total Current Year 10% Contributions

1,828

Total Contributions Available

1,828

Taxable Income Limitation as Adjusted

1,828

Excess 10% Contributions

0

Excess 100% Contributions

0

Total Excess Contributions

0

Allowable Contributions Deduction

1,828

Total Contribution Deduction

1,828

Form 990-T	Line 35c Tax Computation	Statement	4
1.	Taxable Income	16,450	
2.	Lesser of Line 1 or First Bracket Amount . .	16,450	
3.	Line 1 Less Line 2	0	
4.	Lesser of Line 3 or Second Bracket Amount . .	0	
5.	Line 3 Less Line 4	0	
6.	Income Subject to 34% Tax Rate	0	
7.	Income Subject to 35% Tax Rate	0	
8.	15 Percent of Line 2	2,468	
9.	25 Percent of Line 4	0	
10.	34 Percent of Line 6	0	
11.	35 Percent of Line 7	0	
12.	Additional 5% Surtax	0	
13.	Additional 3% Surtax	0	
14.	Total Income Tax		<u>2,468</u>
15.	Tax at 21% Rate effective after 12/31/2017	<u>3,455</u>	
	Days		
16.	Tax Prorated for Number of Days in 2017	122	825
17.	Tax Prorated for Number of Days in 2018	243	<u>2,300</u>
18.	Total Tax Prorated	<u>365</u>	<u>3,125</u>

Form 990-T Cost of Goods Sold - Other Costs Statement 5

Description	Amount
INSTANT PRIZES	181,963.
GAME OVER/UNDER	1,818.
Total to Form 990-T, Schedule A, line 4b	183,781.