

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**Under section 601(c), 627, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)**

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

**A For the 2008 calendar year, or tax year beginning** , 2008, and ending , 20

|   |  |  |  |
|---|--|--|--|
| <p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p> | <p>Please use IRS label or print or type. See Specific Instructions.</p> | <p><b>C Name of organization</b><br/><b>SAFE Family Ministries</b></p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite<br/><b>P.O. Box 1141</b></p> <p>City or town, state or country, and ZIP + 4<br/><b>Chehalls, Washington 98532-0196</b></p> | <p><b>D Employer identification number</b><br/><b>01 0838125</b></p> <p><b>E Telephone number</b><br/><b>( 360 ) 740-9150</b></p> <p><b>F Group Exemption Number</b> ▶</p> |
|---|--|--|--|

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G Accounting method**  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ safefamilyministries.com

**J Organization type (check only one)**—  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

**H Check** ▶  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K Check** ▶  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5a, 6b, and 7c, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

|   | Description  | Line              | Amount            |
|---|--|-------------------|-------------------|
| <b>Revenue</b>  | 1 Contributions, gifts, grants, and similar amounts received   | 1                 | 80,351.00         |
|   | 2 Program service revenue including government fees and contracts  | 2                 | 50,360.00         |
|   | 3 Membership dues and assessments  | 3                 |                   |
|   | 4 Investment income  | 4                 | 371.00            |
|   | 5a Gross amount from sale of assets other than inventory   | 5a                |                   |
|   | b Less: cost or other basis and sales expenses   | 5b                |                   |
|   | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)  | 5c                |                   |
|   | 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>         |                   |                   |
|   | a Gross revenue (not including \$ of contributions reported on line 1)   | 6a                |                   |
|   | b Less: direct expenses other than fundraising expenses  | 6b                |                   |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c   |                   |                   |
| 7a Gross sales of inventory, less returns and allowances                                  | 7a   |                   |                   |
| b Less: cost of goods sold  | 7b   |                   |                   |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)          | 7c   |                   |                   |
| 8 Other revenue (describe ▶ <b>Unusual Grants to purchase campus property</b> )           | 8  | 164,167.00        |                   |
| 9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ▶                        | 9  | <b>295,249.00</b> |                   |
| <b>Expenses</b>   | 10 Grants and similar amounts paid (attach schedule)   | 10                |                   |
|   | 11 Benefits paid to or for members   | 11                |                   |
|   | 12 Salaries, other compensation, and employee benefits   | 12                |                   |
|   | 13 Professional fees and other payments to independent contractors   | 13                | 1,631.00          |
|   | 14 Occupancy, rent, utilities, and maintenance   | 14                | 106,684.00        |
|   | 15 Printing, publications, postage, and shipping   | 15                | 1,233.00          |
|   | 16 Other expenses (describe ▶ <b>Office/Medical Supplies, Vehicles and Service Charges</b> )   | 16                | 6,010.00          |
| 17 <b>Total expenses.</b> Add lines 10 through 16. ▶                                      | 17   | <b>115,558.00</b> |                   |
| <b>Net Assets</b>   | 18 Excess or (deficit) for the year (Subtract line 17 from line 9).  | 18                | 179,691.00        |
|   | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). | 19                | 270,311.00        |
|   | 20 Other changes in net assets or fund balances (attach explanation)   | 20                | .00               |
|   | 21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20. ▶   | 21                | <b>270,311.00</b> |

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

|   | (A) Beginning of year |    | (B) End of year |
|---|-----------------------|----|-----------------|
| 22 Cash, savings, and investments   | 8,338.00              | 22 | 9,333.00        |
| 23 Land and buildings   | 22,353.00             | 23 | 972,813.00      |
| 24 Other assets (describe ▶ <b>F&amp;F, Vehicles, Office Equipment and Prepaid Expens</b> )   | 59,929.00             | 24 | 59,929.00       |
| 25 <b>Total assets</b>  | 90,620.00             | 25 | 1,042,075.00    |
| 26 <b>Total liabilities</b> (describe ▶ <b>1st and 2nd Deeds of Trust/Property Purchase</b> ) | .00                   | 26 | 771,764.00      |
| 27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)         | 90,620.00             | 27 | 270,311.00      |

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990. Cat. No 106421 Form 990-EZ (2008)

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**Part VI Other Information** (Note the statement requirements in the instructions for Part VI.)

|            |  | Yes                                 | No                                  |
|------------|--|-------------------------------------|-------------------------------------|
| <b>33</b>  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity   |                                     | <input checked="" type="checkbox"/> |
| <b>34</b>  | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes   |                                     | <input checked="" type="checkbox"/> |
| <b>35</b>  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T  |                                     |                                     |
| <b>a</b>   | Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?   |                                     | <input checked="" type="checkbox"/> |
| <b>b</b>   | If "Yes," has it filed a tax return on Form 990-T for this year?   |                                     |                                     |
| <b>36</b>  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N   |                                     | <input checked="" type="checkbox"/> |
| <b>37a</b> | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>   |                                     |                                     |
| <b>b</b>   | Did the organization file Form 1120-POL for this year?   |                                     | <input checked="" type="checkbox"/> |
| <b>38a</b> | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?  | <input checked="" type="checkbox"/> |                                     |
| <b>b</b>   | If "Yes," complete Schedule L, Part II and enter the total amount involved   | <b>38b</b>                          | <b>57,556.00</b>                    |
| <b>39</b>  | Section 501(c)(7) organizations. Enter:  | <b>39a</b>                          |                                     |
| <b>a</b>   | Initiation fees and capital contributions included on line 9   | <b>39b</b>                          |                                     |
| <b>b</b>   | Gross receipts, included on line 9, for public use of club facilities  |                                     |                                     |
| <b>40a</b> | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <b>.00</b> ; section 4912 ▶ <b>.00</b> ; section 4955 ▶ <b>.00</b>  |                                     |                                     |
| <b>b</b>   | Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I   |                                     | <b>40b</b>                          |
| <b>c</b>   | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |                                     | <b>.00</b>                          |
| <b>d</b>   | Enter amount of tax on line 40c reimbursed by the organization   |                                     | <b>.00</b>                          |
| <b>e</b>   | 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.  |                                     | <input checked="" type="checkbox"/> |
| <b>41</b>  | List the states with which a copy of this return is filed. ▶   |                                     |                                     |
| <b>42a</b> | The books are in care of ▶ <b>Donald D. Moor</b> Telephone no. ▶ <b>( 360 ) 740-9150</b><br>Located at ▶ <b>P.O. Box 1141, Chehalis, WA</b> ZIP + 4 ▶ <b>98532-0196</b>  |                                     |                                     |
| <b>b</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)?<br>If "Yes," enter the name of the foreign country: ▶ | <b>42b</b>                          | <input checked="" type="checkbox"/> |
|            | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |                                     |                                     |
| <b>c</b>   | At any time during the calendar year, did the organization maintain an office outside of the U.S.?<br>If "Yes," enter the name of the foreign country: ▶   | <b>42c</b>                          | <input checked="" type="checkbox"/> |
| <b>43</b>  | 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 ▶ <b>43</b>  |                                     | <input type="checkbox"/>            |
| <b>44</b>  | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ   | <b>44</b>                           | <input checked="" type="checkbox"/> |
| <b>45</b>  | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  | <b>45</b>                           | <input checked="" type="checkbox"/> |

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- |     | Yes | No |
|-----|-----|----|
| 46  |     | ✓  |
| 47  |     | ✓  |
| 48  |     | ✓  |
| 49a |     | ✓  |
| 49b |     |    |
- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .
- 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .
- b If "Yes," was the related organization(s) a section 527 organization? . . . . .
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| None.  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
| Total number of other employees paid over \$100,000 ▶          |  |                  |   |  |

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each independent contractor paid more than \$100,000  | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| None.   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
| Total number of other independent contractors each receiving over \$100,000 ▶ |                     |                  |

Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶ Donald D. Moor  
Signature of officer

▶ **Donald D. Moor, Executive Director and Treasurer**  
Type or print name and title

**Paid Preparer's Use Only** ▶ Preparer's signature

▶ Firm's name (or yours if self-employed), address, and ZIP + 4 ▶

May the IRS discuss this return with the preparer shown above? S

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SAFE Family Ministries

Employer identification number

01 0838125

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III—Functionally integrated d Type III—Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Table with 2 columns: Yes, No and 3 rows for 11g(i), 11g(ii), 11g(iii)

h Provide the following information about the organizations the organization supports.

Table with 7 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col (i) listed in your governing document?, (v) Did you notify the organization in col (i) of your support?, (vi) Is the organization in col (i) organized in the U.S., (vii) Amount of support. Includes a Total row.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2004 | (b) 2005  | (c) 2006   | (d) 2007   | (e) 2008   | (f) Total  |
|---|----------|-----------|------------|------------|------------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | .00      | 75,660.00 | 90,766.00  | 83,763.00  | 80,351.00  | 330,540.00 |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose       | .00      | 6,625.00  | 48,899.00  | 51,671.00  | 50,361.00  | 157,556.00 |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |           |            |            |            |            |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |           |            |            |            |            |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |           |            |            |            |            |
| <b>6 Total.</b> Add lines 1-5   | .00      | 82,285.00 | 139,665.00 | 135,434.00 | 130,712.00 | 488,096.00 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  | .00      | 49,236.00 | 18,700.00  | 12,310.00  | 7,251.00   | 87,497.00  |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | .00      | .00       | 4,285.00   | 2,783.00   | 1,000.00   | 8,068.00   |
| <b>c</b> Add lines 7a and 7b  | .00      | 49,236.00 | 22,985.00  | 15,093.00  | 8,251.00   | 95,565.00  |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |           |            |            |            | 392,531.00 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2004 | (b) 2005  | (c) 2006   | (d) 2007   | (e) 2008   | (f) Total  |
|---|----------|-----------|------------|------------|------------|------------|
| <b>9</b> Amounts from line 6  | .00      | 82,285.00 | 139,665.00 | 135,434.00 | 130,712.00 | 488,096.00 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | .00      | .00       | .00        | .00        | 371.00     | 371.00     |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          | .00      | .00       | .00        | .00        | .00        | .00        |
| <b>c</b> Add lines 10a and 10b  | .00      | .00       | .00        | .00        | 371.00     | 371.00     |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     | .00      | .00       | .00        | .00        | .00        | .00        |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                 | .00      | .00       | .00        | .00        | .00        | .00        |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |           |            |            |            | 488,467.00 |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g                    | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h                      | <b>18</b> | % |

**19a 33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

**2008**

Open To Public  
Inspection

Name of the organization

**SAFE Family Ministries**

Employer identification number

**01 0838125**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? |    |
|---|---------------------------------|--------------------------------|----------------|----|
|   |                                 |                                | Yes            | No |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 36a.

| (a) Name of interested person and purpose | (b) Loan to or from the organization? |                                     | (c) Original principal amount | (d) Balance due  | (e) In default?                     |                                     | (f) Approved by board or committee? |                                     | (g) Written agreement?              |                                     |
|---|---------------------------------------|-------------------------------------|-------------------------------|------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|   | To                                    | From                                |                               |                  | Yes                                 | No                                  | Yes                                 | No                                  | Yes                                 | No                                  |
|   | <b>Robert and Louise Andrews</b>      | <input checked="" type="checkbox"/> |                               |                  |                                     | <b>32,000.00</b>                    | <b>27,011.00</b>                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>Donald and Gwen Moor</b>               | <input checked="" type="checkbox"/>   |                                     | <b>35,533.00</b>              | <b>30,545.00</b> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>Dr. David and Diana Williams</b>       |                                       |                                     | <b>32,000.00</b>              | <b>27,011.00</b> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>Total</b>                              | ▶ \$                                  |                                     | <b>84,566.00</b>              |                  |                                     |                                     |                                     |                                     |                                     |                                     |

**Part III Grants or Assistance Benefitting Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of grant or type of assistance |
|-------------------------------|---|---|
|                               |   |   |
|                               |   |   |
|                               |   |   |
|                               |   |   |
|                               |   |   |

**Part IV Business Transactions Involving Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |



28. Describe what was achieved in carrying out the organization's attempted purpose. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Our primary EXEMPT purpose is to provide faith-based transitional housing and lifestyle training. Our primary goal is to provide an positive environment to facilitate physical, mental, spiritual and financial wellness. Our SAFE program is an intense 51- week resident program with an encourager available to her 24 hours per day. At least three hours a day is devoted to answering thought-provoking questions, memorizing scripture, and maintaining a journal. Another one hour per day is devoted to discussing her answers with her encourager, the house mom or the pastor/program instructor. In addition, residents attend domestic violence, parenting, anger management and financial planning classes taught at SFM by staff or members of our community. These classes are in excess of 6 hours per week. Throughout the week, our residents are encouraged to plan and complete acts of kindness in our community and surrounding communities. This serves two purposes. It directs their attention to others in need. And it breaks down the barriers associated with those suffering from hurts and hang-ups who are truly seeking a second chance. Several of our residents have assisted flood victims and the homeless. They have assisted in the removal of mud and debris from flooded houses and they regularly assist other charitable organizations with food and clothing distribution.

Once a week, all participants come together for a 2-hour group session. During this session there is teaching of the next week's lesson, sharing their homework, personal time with their encourager and sharing the last week's positive experiences during the group's motivation time. Throughout the week, there is personal one-on-one time with the pastor/instructor/counselor to discuss personal progress. One-on-one time can also include time with our licensed psychiatrist. After the first 30 days, each resident is strongly encouraged to gain employment and to develop educational goals to enhance future job opportunities.

Our organization incorporated on June 9, 2005. Shortly thereafter, we leased 16.65 acres with two buildings sufficient to some day accommodate 70 women and their children. Since inception, we have provided lodging, counseling, educational classes, job counseling for 83 women and 132 children. During 2008, we had thirty-seven residents and their children reside at SFM. In 2008, eight of these residents graduated from our one-year residency program. Two of these families have gained

custody of their children from the Child Protection Services after years of struggle. Over 95% of the graduates are well on their way to a new beginning.

We continually pray for each individual that expresses the desire for a new lifestyle by completing our one-year SAFE program. The program truly provides the tools needed for positive and independent living in today's society. However, sixteen residents left prematurely in 2008 due to the influence of old relationships, relapse, medical, mental and jail sentences. This is not to say that the SAFE program did not impact their lives. Many of these individuals are still clean and sober and they are still seeking a new beginning. 2008 ended with thirteen women and one child at SFM.

Based on our performance analysis, our leadership team has come to the conclusion that additional volunteers are needed to reduce the number of dropouts and increase the quality this program provides. We need more house moms and encouragers. Ideally, we would like to have 24X7 house mom coverage and a specific encourager for each resident. In addition, we would like to have sufficient resources to hire employees to oversee house administration and project management responsibilities. However, due to limited resources we have not been able to compensate individuals for these responsibilities.

Praise the Lord. God is a God of provision. He truly has seen to it that all our bills have been paid each month. He has also provided us with a real estate tax refund this month that enabled us to pay off all of our short-term loan obligations. Even though we planned to use these funds for a smoke detection system in the Faith Manor and for paid staff, God continues to keep us financially above water. Until He touches additional hearts for paid employees and necessary improvements, we will try to be patient and wait on His perfect timing.

Last but not least, I could not finish 2008 accomplishments without discussing the purchase of the SFM property. In less than 90 days, we were able to obtain a loan and our \$250,000.00 down payment. This was due to a faith-based lender and many generous people, especially three families who collectively gave \$100,000.00. In addition, the three families loaned us \$96,000.00 when we came short of our \$250,000 challenge goal. This was a God-sized commitment especially considering the timeframe given and the current downturn in our economy.

The purchase of this property has allowed us to reduce our expenses and its additional costs due to anticipated lease payment increases. In addition, the lease contained an aggressive annual purchase price increase every year. And we are now increasing our equity position. During the past twelve months, we have reduced our loan principal by over \$40,000.00. Praise the Lord for all the hearts He has touched and for their willingness to follow their heart even in the deep recession that we are in.

SAFE Family Ministries  
Attachment IV  
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Part IV - Form 990EZ

Officers, Directors, Trustees and Key Employees  
Occupation

| Name and Address  | SFM Title and average hours per week devoted to position                                      | Compensation | Contributions to employee benefits | Expense accounts or other allowances |
|---|---|--------------|------------------------------------|--------------------------------------|
| Gene Anglin<br>1205 Columbia Heights Rd.<br>Longview, WA 98632    | Retired Minister and Counselor<br>Chaplain, Counselor and Board member<br>(15hpw)             | \$0.00       | \$0.00                             | \$0.00                               |
| Robert Braden<br>414 SW 14th Street<br>Chehalis, Washington 98532 | Braden Plumbing, Owner<br>Facilities Director and Board Member<br>(7hpw)                      | \$0.00       | \$0.00                             | \$0.00                               |
| Lee Combs<br>1724 South Market Blvd<br>Chehalis, Washington 98532 | Business Owner<br>Board Member (1hpw)   | \$0.00       | \$0.00                             | \$0.00                               |
| Lori Daniels<br>132 Walsh Lane<br>Centralia, Washington 98532     | Real Estate Administration<br>Board Member (1hpw)   | \$0.00       | \$0.00                             | \$0.00                               |
| Dr. Elmore Duncan<br>P.O. Box 606<br>Mossey Rock, WA 98564        | Doctor of Psychiatry<br>Counselor and Board Member (3hpw)                                     | \$0.00       | \$0.00                             | \$0.00                               |
| Chris Kruger<br>P.O. Box 182<br>Adna, Washington 98522            | Minister<br>Sr. Chaplain, Counselor and Board member<br>(10hpw)                               | \$0.00       | \$0.00                             | \$0.00                               |
| Donald Moor<br>17013 Kaylen Lane SW<br>Rochester, WA 98579        | Retired Federal Civil Servant<br>Executive Director and Treasurer and<br>Board member (50hpw) | \$0.00       | \$0.00                             | \$0.00                               |
| Gwen Moor<br>17013 Kaylen Lane SW<br>Rochester                    | Social Services<br>House Mom Director and Activity Coordinator<br>(32hpw)                     | \$0.00       | \$0.00                             | \$0.00                               |
| Nita Moore<br>P.O. Box 894<br>Napavine, WA 98565                  | Social Services<br>Secretary and Board member (3hpw)  | \$0.00       | \$0.00                             | \$0.00                               |

SAFE Family Ministries  
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Part IV - Form 990EZ  
Officers, Directors, Trustees and Key Employees

Occupation

| Name and Address  | SFM Title and average hours per week devoted to position           | Compensation | Contributions to employee benefits | Expense accounts or other allowances |
|---|--|--------------|------------------------------------|--------------------------------------|
| Douglas Pennington<br>2909 Sherwood Drive SE<br>Olympia, WA 98501 | Washington State Civil Servant<br>Chairman of the Board            | \$0.00       | \$0.00                             | \$0.00                               |
| Dr. David Williams<br>2821 Cooks Hill Road<br>Centralia, WA 98531 | Retired Physician and Real Estate Developer<br>Board Member (2hpw) | \$0.00       | \$0.00                             | \$0.00                               |