Form	99	90	Return	of Organization Exe	empt F	rom Inc	ome	Tax		OMB No. 1545-0047	
1 0111	•			-	-					2020	
				527, or 4947(a)(1) of the International American		•			lations)		
		the Treasury		ter social security numbers o		-		-		Open to Public	
		ue Service	ar year, or tax year begin	<u>vww.irs.gov/Form990 for inst</u>	tructions a	<u>and the lates</u> , 2020, a				, 20	
_		applicable:	C Name of organizationMa			, 2020, a		uiiig	D Emn	loyer identification number	
	ddress (Doing business as	Kenaven Inc					о стр	45-4570710	
=	ame ch	•		O. box if mail is not delivered to street ac	ddroes)		Room/s	suite	F Tolo	phone number	
=	itial retu	•	770 Chapel Str		uuress)			Suite		(203)936-9830	
8		rn/terminated		vince, country, and ZIP or foreign postal	code				G Gros	ss receipts	
H	mendec		New Haven, CT		code				\$	337,178	
H		on pending	F Name and address of pri					H(a) is this a		n for subordinates? Yes X No	
	ppilodite	in pending								tes included?	
I T	ax-exen	npt status: X	501(c)(3) 501(c) () < (insert no.) 4947(a)(1) o	or 5	27				ist. See instructions	
	/ebsite:		.makehaven.org	<u>, , , , , , , , , , , , , , , , , , , </u>				H(c) Group			
		_		ociation Other ►	L	. Year of formati	on: 20			gal domicile: CT	
Par		Summar								Jan	
	1		,	ion or most significant activities	: Miss	ion: Equ	ip p	eople wi	th to	ols to design,	
		2	0	on: The New Haven are							
ce							- 1 -		1	<u> </u>	
nan											
Governance	2	Check this b	$\infty \triangleright \square$ if the organization	discontinued its operations or	disposed a	of more than 2	25% of	f its net asse	ts.		
ß	3			rning body (Part VI, line 1a)	•				1	8	
<u>م</u>	4		• •	s of the governing body (Part V						8	
tie	5			n calendar year 2020 (Part V, lir						3	
Activities &	6			necessary)						60	
Ă	7a		•	Part VIII, column (C), line 12						0	
	b	Net unrelate	d business taxable income	from Form 990-T, Part I, line 1	1				. 7b	0	
				· · · · · · · · · · · · · · · · · · ·				Prior Year		Current Year	
	8	Contributions	s and grants (Part VIII, line	1h)				403	3,780	324,260	
e	9	Program ser	vice revenue (Part VIII, line	e 2g)					,172		
Revenue	10	Investment in	ncome (Part VIII, column (A	A), lines 3, 4, and 7d)					16	37	
Re	11	Other revenu	ue (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and 11e)				2	2,889	10,564	
	12	Total revenu	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)				,857		
	13	Grants and s	similar amounts paid (Part I	X, column (A), lines 1-3)						0	
	14	Benefits paid	d to or for members (Part I)	K, column (A), line 4)						0	
	15	Salaries, oth	er compensation, employee	e benefits (Part IX, column (A),	lines 5-10)			138,866		153,302	
Expenses	16a	Professional	fundraising fees (Part IX,	column (A), line 11e)						0	
Jen	b	Total fundrai	sing expenses (Part IX, co	lumn (D), line 25) 🕨		15,588					
Ă	17	Other expen	ses (Part IX, column (A), lir	nes 11a-11d, 11f-24e)				160	,666	236,523	
	18	Total expens	es. Add lines 13-17 (must	equal Part IX, column (A), line	25)		•	299	,532	389,825	
	19	Revenue les	s expenses. Subtract line	18 from line 12			•	108	3,325	(52,647)	
r SS							Be	ginning of Curr	ent Year	End of Year	
Net Assets or Fund Balances	20		(,					197	,331	228,803	
t Ass of Big	21	Total liabilitie	es (Part X, line 26)				·	1	,215	85,492	
				line 21 from line 20				196	5,116	143,311	
Par			re Block								
				rn, including accompanying schedules ar icer) is based on all information of which			of my kn	owledge and be	lief, it is		
	,		,			,					
c: ~~			R Logan							05-14-2021	
Sigr		Signatur	e of officer						Da	ate	
Here	e		R Logan, Executi	ve Director							
		· · ·	print name and title								
. .		Print/Type pre	eparer's name	Preparer's signature		Date		Check	if	PTIN	
Paic			Monteiro CPA			05-17-20	21	self-em	ployed	P01370433	
	bare			Group LLC				Firm's EIN			
Use	Only	y Firm's addres		on Company Dr Ste 359	9W			Phone no.			
			Watertow	m CT 06795					203-	437-7547	

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No

OMB No. 1545-0047

Form	n 990 (2020) MakeHaven Inc	45-4570710	Page 2
Pa	art III Statement of Program Service Accomplishments		•
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	Mission: Equip people with tools to design, invent and create. Vision: Th	e New Haven area	a is
	enriched by creativity and entrepreneurship		
	D'il the second state of t		
2	Did the organization undertake any significant program services during the year which were not listed on the		Ne
	prior Form 990 or 990-EZ?	tes <u>x</u>	NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
3			No
	If "Yes," describe these changes on Schedule O.		No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured and the service accomplishments for each of the service accomplishment accomplish	sured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	-	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$297,877 including grants of \$) (Revenue	ie \$)
	Maintained lab for learning and exporation of participants. Equipment use	and learning	
	facilitated by volunteers 4-5 days a week with focus are of woodworking, s	ewing, fabricat:	ion,
	electronics and bike repair.		
4b	(Code:) (Expenses \$ 1,615 including grants of \$) (Revenue	ie \$)
	Conducted workshops and events open to the public which advance skills or		£
	technology and entrepreneurship.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ie \$)
40		φ)
4d		、 、	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses 299,492	F ^	00 (2020)
EEA		Form 9	90 (2020)

Forn	990 (2020) MakeHaven Inc 45-4570	710	Р	age 3
Pa	rt IV Checklist of Required Schedules		_	-
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	х	
3	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	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4.46		
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		x
15		15		
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		x
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
	If "Yes," complete Schedule G, Part III.	19		x
20 a		20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form	990 (2020) MakeHaven Inc 45-45707	10	Р	Page 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
~=	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
~	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
_	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20-		
h	"Yes," complete Schedule L, Part IV.	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
20	"Yes," complete Schedule L, Part IV.	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		
24	conservation contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization riquidate, terminate, or dissolve and cease operations? <i>If res, complete Schedule N, Part1</i>	31		x
32	complete Schedule N, Part II	32		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		x
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 33		x
		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	554		-
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		
00	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Par				L
n ai	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	x	
		-		

Form		-457071	L0	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		Г		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	3	~		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	x	
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		2-		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	F	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0	••••	3b		
4a	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)?		4a		v
b	If "Yes," enter the name of the foreign country		4d		x
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	Г	5b		x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	-	50 50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	••••			
u	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	••••			
-	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		•		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	-	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	[7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.	[7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	[7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	[8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	· • • • • [9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	[9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	••••	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	••••	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans				
c	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	-	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	••••	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	••••	15		x
40	If "Yes," see instructions and file Form 4720, Schedule N.		40		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	••••	16		x
	If "Yes," complete Form 4720, Schedule O.				

Form **990** (2020)

Form	990 (2020) MakeHaven Inc 45-4	5707	10	Р	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	d for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instr	uction	S.		
	Check if Schedule O contains a response or note to any line in this Part VI				. x
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	8			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?		2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		x
6	Did the organization have members or stockholders?		6		x
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		-		
	one or more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	•••			
	stockholders, or persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	•••	10		Λ
U	the year by the following:				
а	The governing body?		8a	x	
b	Each committee with authority to act on behalf of the governing body?		8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	•••	00	~	
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q		9		v
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	• • •	9		X
000	TION D. I ONCIES (This Section D requests information about policies not required by the internal Revenue Code.)			¥	N
100	Did the ergenization have lead chapters branches or effiliates?	I	100	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	•••	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		404		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	•••	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		4.0		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	•••	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?		13	х	
14	Did the organization have a written document retention and destruction policy?	•••	14		x
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		х
b	Other officers or key employees of the organization		15b		x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed Connecticut				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website X Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,				
	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	John R Logan (203)936-9830, 770 Chapel Street, New Haven, CT 06510				

Form 990 (202	0) MakeHaven Inc	45-4570710	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	ompensated Employee	s, and
	Check if Schedule O contains a response or note to any line in this Part VII		🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete	his table for all persons required to be listed. Report compensation for the calendar year ending with	or within the	
organization's	tax year.		

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(C)					
(A)	(B)			Pos	sition			(D)	(E)	(F)
Name and title	Average					an one		Reportable	(⊏) Reportable	Estimated amount
Name and the	hours					both ar trustee)		compensation	compensation	of other
	per week					,		from the	from related	compensation
	(list any	or In	n	Q	Ke	en H	Fo	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	ghes	Former	(W-2/1099-1013C)	(11 2) 1000 11100)	related organizations
	related organizations	ual t ctor	iona		nploj	/ee				
	below	ruste	Itrus		yee	mpe				
	dotted line)	ě	stee			Highest compensated employee				
						ď				
(1) John R Logan	40.00									
Executive Director				x				55,875	0	0
(2) Shaunda Holloway	1.00									
Director		x						0	0	0
(3) Catherine Cazes-Wiley	1.00									
Director		х						0	0	0
(4) Lisa M Howie	1.00									
Director		х						0	0	0
(5) Jamie Lynn Slenker	1.00									
Director		х						0	0	0
(6) Michael Angelis	2.00									
President				х				0	0	0
(7) Phillip Bernstein	2.00									
Treasurer				х				0	0	0
(8) Joel Greenwood	2.00									
Secretary				х				0	0	0
<u>(9)</u>										
 [10]										
<u>(11)</u>										
<u>(12)</u>										
(13)										
<u>(14)</u>										
	1								1	E and (0000)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) (E) (E) Estimated a of dh compensation from the organizations (W-2/1099-MISC) (E) (E) Estimated a of dh compensation from the organizations (W-2/1099-MISC) (E) (E) Reportable compensation from the organizations (W-2/1099-MISC) (E) Estimated a of a th compensation from the organization (W-2/1099-MISC) (E) (E) Estimated a of a th compensation from the organization (W-2/1099-MISC) (E) <	Page 8
(A) (B) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) (E) (E) (F) Reportable compensation from the organizations below dotted line) Image: Compensation from the organizations Image: Compensation from the organization (W-2/1099-MISC) Image: Compensation from the organizations (W-2/1099-MISC) Image: Compensation from the organizations Image: Compensation from the organization Image: Compensat	
(Instanty (Instanty) (Instanty (Instanty) (Instanty (Instanty) (In	r ition
(16)	n and
(16)	
<u>(19)</u>	
<u>(20)</u>	
<u>(21)</u>	
(22)	
(23)	
<u>(24)</u>	
(25)	
1b Subtotal	
d Total (add lines 1b and 1c) 55,875 0 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of	0
reportable compensation from the organization	C
Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated Image: style="text-align: center;">Image: style="text-align: center;"/>Image: style="text-align: center;"/>Imag	x
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the	
organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	x
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	Α
for services rendered to the organization? If "Yes," complete Schedule J for such person	х
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of	
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	
(A) (B) (C)	
Name and business address Description of services Compensation	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►	

	90 (202 VIII	20) MakeH Statement of Rev							45-4570	710 Pa
II L	V III	Check if Schedule O co			orn	ote to any line in this	Part \/III			
			<u>n tan</u>		2 01 11		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512–51
	1a	Federated campaigns .			1a					
	b	Membership dues			1b	163,679				
and Other Similar Amounts	с	Fundraising events		••••	1c	2,388				
ğ	d	Related organizations .			1d					
ar A	е	Government grants (contr	ibuti	ons)	1e	101,508				
Ē	f	All other contributions, gift	ts, gr	ants,						
۲ N		and similar amounts not in	ncluc	ed above	1f	56,685				
đ	g	Noncash contributions inc	lude	d in						
pu		lines 1a-1f		L	1g					
	h	Total. Add lines 1a-1f	••				324,260			
		_				Business Code				
		Other Income				900099	2,317	2,317		
<u>ں</u>	b									
enu	C L							<u> </u>		
Ϋ́e	d									
Kevenue	e f		0.0							
		All other program service r Total. Add lines 2a-2f .					2,317			
						,	2,31/			
		Investment income (includi other similar amounts) .					37	37		
		Income from investment of				H	57	57		
		Royalties		•	•	- F				
	Ŭ			(i) Real		(ii) Personal				
	6a	Gross rents	6a	(1) 1004						
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)	•			· · · · · · •				
	7a	Gross amount from		(i) Securitie		(ii) Other				
		sales of assets								
		other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses	7b							
		Gain or (loss)	L							
		Net gain or (loss)			•	· · · · · · •				
		Gross income from fundrai	sing							
		events (not including \$		2,388						
		of contributions reported o			-					
		1c). See Part IV, line 18			8a					
		Less: direct expenses .			8b					
		Net income or (loss) from f Gross income from gaming		aising events	° . └	· · · · · · •				
		activities, See Part IV, line	-		9a					
		Less: direct expenses .			9b					
		Net income or (loss) from (· · · · · · ►				
		Gross sales of inventory, le	-	3						
		returns and allowances .			10a	10,564				
		Less: cost of goods sold			10k					
		Net income or (loss) from s				· · · · · · •	10,564	10,564		
				,		Business Code	-			
	11a									
	b									
	с									
	d	All other revenue								
	е	Total. Add lines 11a-11d								
	12	Total revenue. See instru	ctior	s			337,178	12,918	0	

MakeHaven Inc

and 10b of Part VIII. ants and other assistance to domestic organizations d domestic governments. See Part IV, line 21 ants and other assistance to domestic dividuals. See Part IV, line 22 ants and other assistance to foreign ganizations, foreign governments, and eign individuals. See Part IV, lines 15 and 16 enefits paid to or for members ompensation of current officers, directors, stees, and key employees ompensation not included above, to disqualified rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B) her salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) es for services (nonemployees): anagement gal counting	129,757 11,234 12,311	expenses	general expenses	expenses
d domestic governments. See Part IV, line 21	11,234	6,741	3,370	1,123
ants and other assistance to domestic dividuals. See Part IV, line 22	11,234	6,741	3,370	1,123
dividuals. See Part IV, line 22	11,234	6,741	3,370	1,123
ants and other assistance to foreign ganizations, foreign governments, and eign individuals. See Part IV, lines 15 and 16 enefits paid to or for members ompensation of current officers, directors, stees, and key employees ompensation not included above, to disqualified rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B) her salaries and wages ention plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) her employee benefits avgroul taxes anagement gal.	11,234	6,741	3,370	1,123
ganizations, foreign governments, and eign individuals. See Part IV, lines 15 and 16 einefits paid to or for members ompensation of current officers, directors, stees, and key employees ompensation not included above, to disqualified rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B) her salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) her employee benefits es for services (nonemployees): anagement gal.	11,234	6,741	3,370	1,123
eign individuals. See Part IV, lines 15 and 16 enefits paid to or for members ompensation of current officers, directors, stees, and key employees ompensation not included above, to disqualified rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B) her salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) her employee benefits es for services (nonemployees): anagement gal	11,234	6,741	3,370	1,123
enefits paid to or for members	11,234	6,741	3,370	1,123
mpensation of current officers, directors, istees, and key employees ompensation not included above, to disqualified rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B) her salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) her employee benefits es for services (nonemployees): anagement gal	11,234	6,741	3,370	1,123
stees, and key employees	11,234	6,741	3,370	1,123
ompensation not included above, to disqualified rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B) her salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) her employee benefits es for services (nonemployees): anagement gal	11,234	6,741	3,370	1,12
rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B) her salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) her employee benefits	11,234	6,741	3,370	1,123
rsons described in section 4958(c)(3)(B) her salaries and wages	11,234	6,741	3,370	1,123
her salaries and wages	11,234	6,741	3,370	1,123
ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) her employee benefits	11,234	6,741	3,370	1,123
ction 401(k) and 403(b) employer contributions) . her employee benefits . hyroll taxes . usr for services (nonemployees): anagement . gal .			-	
her employee benefits			-	
avroll taxes			-	
es for services (nonemployees): anagement	12,311	7,387	3,693	1 221
anagement				1,231
gal				
counting				
	2,541		2,541	
bbying				
ofessional fundraising services. See Part IV, line 17 .				
vestment management fees				
her. (If line 11g amount exceeds 10% of line 25, column				
	414		414	
	8,587		8,329	258
F	-			
·	86,647	86,647		
E E E E E E E E E E E E E E E E E E E			872	
F				
	1 615	1 615		
· · · · · · · · · · · · · · · · · · ·	1,015	1,015		
·	25 000	25 000		
	11,202	11,202		
· · · · · ·	0.000			
-			1,153	
· · · · · · · · · · · · · · · · · · ·				
· · · · ·	389,825	299,492	74,745	15,588
m a combined educational campaign and				
ndraising solicitation. Check here 🕞 🗌 if				
	ofessional fundraising services. See Part IV, line 17 estment management fees ner. (If line 11g amount exceeds 10% of line 25, column amount, list line 11g expenses on Schedule O.) vertising and promotion ice expenses commation technology yalties cupancy ywel yments of travel or entertainment expenses any federal, state, or local public officials orrest yments to affiliates yments to affiliates orrest ore expenses. line 24e expenses on Schedule O.) nere expenses. line 24e expenses on line 24e. If e 24e amount exceeds 10% of line 25, column amount, list line 24e expenses on Schedule O.) neral Expenses pairs & Maint op Supplies & Tools ntractual Services other expenses tal functional expenses. Add lines 1 through 24e. int costs. Complete this line only if the anization reported in column (B) joint costs n a combined educational campaign and	ofessional fundraising services. See Part IV, line 17 estment management fees ner. (If line 11g amount exceeds 10% of line 25, column amount, list line 11g expenses on Schedule O.) vertising and promotion ice expenses corration technology valties cupancy well cupancy ivel cupancy well ivel ivel <td< td=""><td>attent management fees </td><td>artessional fundraising services. See Part IV, line 17 . </td></td<>	attent management fees	artessional fundraising services. See Part IV, line 17 .

	990 (20		45	5-457	20710 Page 11
Part	t X	Balance Sheet			_
		Check if Schedule O contains a response or note to any line in this Part X		••••	
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	70,173	1	105,409
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	63
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 158,368			
	b	Less: accumulated depreciation 10b 39,882	122,313	10c	118,486
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,845	15	4,845
	16	Total assets. Add lines 1 through 15 (must equal line 33)	197,331	16	228,803
	17	Accounts payable and accrued expenses	1,215	17	25,592
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	59,900
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,215	26	85,492
		Organizations that follow FASB ASC 958, check here			
6		and complete lines 27, 28, 32, and 33.			
Ces	27	Net assets without donor restrictions		27	
alar	28	Net assets with donor restrictions		28	
ä		Organizations that do not follow FASB ASC 958, check here			
nn		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
its (30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSG	31	Retained earnings, endowment, accumulated income, or other funds	196,116	31	143,311
∋t A	32	Total net assets or fund balances	196,116	32	143,311
ž	33	Total liabilities and net assets/fund balances	197,331	33	228,803

EEA

Form 990 (2020)

Form	990 (2020) MakeHaven Inc 45	-45707	10	Pa	age 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1		337,	,178
2	Total expenses (must equal Part IX, column (A), line 25)	2		389,	,825
3	Revenue less expenses. Subtract line 2 from line 1	3		(52,	,647)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		196,	,116
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			(158)
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		143,	,311
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			1	
	Single Audit Act and OMB Circular A-133?		. 3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
EEA			Form	990 (2020)

SCH	EDI	JL	ΕA
(Form	990	or	990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

EZ)		2020
	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.	2020

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury
Internal Revenue Service

www.irs.gov/Form990 for instructions and the latest

Open to Public

Interna	al Rev	enue Service F Go t	o www.irs.gov/Fo	orm990 for instructions	and the l	atest info	rmation.	Inspection
Name	of the	organization					Employer identification	
	-	ven Inc	Ctatura (All a			41-1	45-457071	
Pa		Reason for Public Charity		×			t.) See instructions	<u>ک.</u>
1 ne	Jigai □	nization is not a private foundation bec A church, convention of churches, or		•	•	,		
2	Н	A school described in section 170(b			• • •			
2	Н	A hospital or a cooperative hospital s			,	,		
4	Н	A medical research organization ope	•				(1)(A)(iii) Enter the	
-		hospital's name, city, and state:						
5	П	An organization operated for the bene	efit of a college or u	iniversity owned or operation	ated by a c	overnmen	tal unit described in	
•		section 170(b)(1)(A)(iv). (Complete	-			,		
6	П	A federal, state, or local government	,	nit described in section	170(b)(1)	(A)(v).		
7	П	An organization that normally receive	•				m the general public	
		described in section 170(b)(1)(A)(vi					5	
8		A community trust described in secti	ion 170(b)(1)(A)(vi). (Complete Part II.)				
9		An agricultural research organization	described in sect	ion 170(b)(1)(A)(ix) ope	rated in co	onjunction	with a land-grant colleg	је
		or university or a non-land-grant colle	ege of agriculture (s	ee instructions). Enter th	e name, cit	ty, and stat	e of the college or	
		university:						
10	х	An organization that normally receive	s: (1) more than 33	1/3% of its support from	n contributi	ons, memb	ership fees, and gross	
		receipts from activities related to its e	exempt functions - s	subject to certain excepti	ons; and (2	2) no more	than 33 1/3% of its	
		support from gross investment incom	e and unrelated bu	siness taxable income (le	ess sectior	n 511 tax) f	rom businesses	
		acquired by the organization after Ju				,		
11	Ц	An organization organized and opera						
12	Ш	An organization organized and opera	•	•				
		of one or more publicly supported or	-					
	•	Check the box in lines 12a through 12				•		•
	а	Type I. A supporting organization the supported organization(s) the		•		-		ig
		supporting organization. You mu			ity of the c			
	b	Type II. A supporting organization	-		ith its supr	orted ora	nization(s) by having	
		control or management of the sur	•			-		
		organization(s). You must com						
	с	Type III functionally integrated			nnection w	ith, and fu	nctionally integrated wi	ith,
		its supported organization(s) (se	e instructions). Yo	u must complete Part l	V, Section	ns A, D, ar	nd E.	
	d	Type III non-functionally integr	rated. A supporting	organization operated i	n connecti	ion with its	supported organization	n(s)
		that is not functionally integrated.	The organization g	enerally must satisfy a d	istribution 1	requiremer	nt and an attentiveness	
		requirement (see instructions). Y						
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I, ⁻	Type II, Type III	
		functionally integrated, or Type II	I non-functionally ir	ntegrated supporting orga	anization.			
	f	Enter the number of supported organ						• • • •
	g	Provide the following information abo						
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you	-	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docum		instructions)	instructions)
						Na		
					Yes	No		
(A)								
(P)								
(B)								
(C)								

(D)

(E)

	dule A (Form 990 or 990-EZ) 2020 MakeHaven Int II Support Schedule for Organization (Complete only if you checked the second s	ations Desci					(vi)
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	lease comple	te Part III.)	
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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)						
	Public support. Subtract line 5 from line 4						
	ction B. Total Support	1	1	1	1	1	
Cal	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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	Total support. Add lines 7 through 10						
	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the or						
0	organization, check this box and stop here						· · · · · ► 🗋
	ction C. Computation of Public Suppo					14	
14	Public support percentage for 2020 (line 6, c		-				<u>%</u>
	Public support percentage from 2019 Sched					15	
108	a 33 1/3% support test - 2020. If the organization box and stop here. The organization qualified						
ŀ	33 1/3% support test - 2019. If the organization			•			
L	this box and stop here. The organization qu						
17-	10%-facts-and-circumstances test - 2020.	-		-			
174		-					
	10% or more, and if the organization meets				-	-	
	Part VI how the organization meets the facts			-	-		_
ŀ	organization						
L	15 is 10% or more, and if the organization m	-					
	in Part VI how the organization meets the fa					-	
	organization			-	-		_
18	Private foundation. If the organization did r						
	instructions						

MakeHaven Inc

 Part III
 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.)

Se	ction A. Public Support					,	
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1							()
	received. (Do not include any "unusual grants.")	70,174	76,458	210,524	211,423	101,508	670,087
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose	56,811	83,739	96,132	193,529		655,280
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.	540	294	1,179	2,889	10,564	15,466
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	127,525	160,491	307,835	407,841	337,141	1,340,833
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
-	line 6.)						1,340,833
	ction B. Total Support	(-) 2010	(h) 0047	(a) 2010	(4) 2010	(a) 2020	(6) Tatal
	endar year (or fiscal year beginning in) ► Amounts from line 6	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 10-		127,525	160,491	307,835	407,841	337,141	1,340,833
100	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources	20	42	31	16	37	140
h	royalties, and income from similar sources Unrelated business taxable income (less	20	42	31	10	57	146
Ň	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b	20	42	31	16	37	146
11							
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	127,545	160,533	307,866	407,857	337,178	1,340,979
14	First 5 years. If the Form 990 is for the orga						
	organization, check this box and stop here						>
Se	ction C. Computation of Public Suppor						
15	Public support percentage for 2020 (line 8, c		•			15	99.99 %
<u>16</u>	Public support percentage from 2019 Sched					16	99.99 %
	ction D. Computation of Investment Inc				(0)		
17	Investment income percentage for 2020 (line					17	0.00 %
18	Investment income percentage from 2019 So					18	0.00 %
19a	33 1/3% support tests - 2020. If the organiz						
b	17 is not more than 33 1/3%, check this box 33 1/3% support tests - 2019. If the organiz	ation did not ch	ieck a box on l	ine 14 or line 1	9a, and line 1	6 is more than 3	33 1/3%, and
	line 18 is not more than 33 1/3%, check this	-	-	-			
20	Private foundation. If the organization did n	ot check a box	on line 14, 19a	a, or 19b, chec	k this box and	see instructions	§ ▶ 🗌

Part		-4570710		age 4
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, o	complete Sec	tions	A
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12			
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and co		•	
Secti	ion A. All Supporting Organizations	•		
			Yes	No
1	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		
2	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 support			
-	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," and			
	lines 3b and 3c 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		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)			
4.0	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	30		
4a	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 lines 4b and 4c below.	4a		
h	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreigr			
D	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		
с	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 u	sed		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and E			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such ac			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the a	ction		
	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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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 benef	ted		
	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.			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contrib			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled en			
-	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line			
0-	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 disgualified percents as defined in section 4046 (other than foundation managers and organizations)			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a		
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in whic			
b	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
r	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal ben			
U	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	30		
.00	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	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		

Schedule A (Form 990 or 990-EZ) 2020

Sched	ule A (Form 990 or 990-EZ) 2020 MakeHaven Inc 45-457	0710	F	Page 5
	rt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	11-		
L	11c below, the governing body of a supported organization? A family member of a person described in line 11a above?	11a 11b		
	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		, 	
C	detail in Part VI .	11c		
Sec	tion B. Type I Supporting Organizations		<u> </u>	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,			
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion 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		162	NO
•	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).	1		
Sec	tion D. All Type III Supporting Organizations	I		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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	e 📄		
	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 ho	W		
-	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a 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	2		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	rtions)
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		, aono	
b				
C		entity (see i	nstruc	tions).
2	Activities Test. Answer lines 2a and 2b below.	5.		No
а	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.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more 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. Answer lines 3a and 3b below.			
а		-		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	. 3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of ea			
EEA	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		L

		2 0710 Pag
-		
izations	must complete Sectio	-
	(A) Prior Year	(B) Current Yea
		(optional)
1		
2		
3		
4		
5		
6		
7		
8		
	(A) Prior Year	(B) Current Yea (optional)
		(optional)
1a		
2		
J		
4		
		Current Year
1		
4		
5		
-		
6		
	ted Type III supporting	organization
, incyre		g organization
	1 2 3 4 5 6 7 8 11 12 3 4 5 6 7 8 11 12 3 14 15 6 7 8 11 12 3 4 5 6 7 8 11 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 <	2 3 4 5 6 7 8 (A) Prior Year 1a 1b 1c 1d 2 3 4 5 6 7 8 10 12 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 3 4 5 3 4 5 3 4 5 1 2 3 4 5 1 2

Schedule A (Form 990 or 990-EZ) 2020

Secti	on D - Distributions			Current Year
	mounts paid to supported organizations to accomplish exer		1	
	mounts paid to perform activity that directly furthers exempt	purposes of supported		
	rganizations, in excess of income from activity		2	
	Administrative expenses paid to accomplish exempt purposes	s of supported organizat		
	Amounts paid to acquire exempt-use assets	novido dotoilo in Dont VII)	4	
	Qualified set-aside amounts (prior IRS approval required) - pr	rovide details in Part VI)	5	
	Other distributions (describe in Part VI). See instructions.		6	
	otal annual distributions. Add lines 1 through 6.	·	. 7	
	Distributions to attentive supported organizations to which the	e organization is respons		
	provide details in Part VI). See instructions.		8	
	Distributable amount for 2020 from Section C, line 6		9	
1 0 L	ine 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2020	Amount for 202
	Distributable amount for 2020 from Section C, line 6			
	Inderdistributions, if any, for years prior to 2020			
-	reasonable cause required - explain in Part VI). See			
	nstructions.			
	excess distributions carryover, if any, to 2020			
	rom 2015			
	rom 2016			
	rom 2017			
d F	rom 2018			
	rom 2019			
fΤ	otal of lines 3a through 3e			
gА	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Carryover from 2015 not applied (see instructions)			
j R	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 C	Distributions for 2020 from			
S	Section D, line 7: \$			
a A	applied to underdistributions of prior years			
b A	applied to 2020 distributable amount			
сR	Remainder. Subtract lines 4a and 4b from line 4.			
5 F	Remaining underdistributions for years prior to 2020, if			
а	ny. Subtract lines 3g and 4a from line 2. For result			
g	reater than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2020. Subtract lines 3h			
	nd 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7 E	Excess distributions carryover to 2021. Add lines 3j			
	ind 4c.			
8 B	Breakdown of line 7:			
аE	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			

Schedule A (Fo	m 990 or 990-EZ) 2020 Page 8
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.)

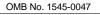
Schedule B

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

Department of the Treasury

Internal Revenue Service

Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.



2020

Name of the organization	Employer identification numbe		
MakeHaven Inc	45-4570710		
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

X 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 33 1/3% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B	(Form 990,	990-EZ, c	or 990-PF)	(2020)
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Name of organization

Page 2
Employer identification number

MakeHaven Inc

45-4570710

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	Acuity Brands Lighting, Inc.		Person 🗵 Payroll 🗌
	1170 Peachtree Street, NE Suite 230 Atlanta GA 30309	\$10,000	Noncash (Complete Part II for noncash contributions.)
			The focus of the f
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Economic Development Corp New Haven		Person <u>x</u> Payroll
	28 Orange St	\$114,598	Noncash
	New Haven CT 06511		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Pond View Foundation		Person 🗵 Payroll 🗌
	238 Alden Avenue	\$10,000	Noncash (Complete Part II for
	New Haven CT 06515		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
		[*	(Complete Part II for noncash contributions.)

SCHEDULE D	
(Form 990)	

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number MakeHaven Inc 45-4570710 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No conferring impermissible private benefit? Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c С d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 4 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes 🗌 No violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 🗌 Yes 🗌 No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works 1a of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ (ii) Assets included in Form 990, Part X > \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

		'		
b	Assets included in Form 990, Part X		 	

OMB No. 1545-0047

2020

Open to Public

Sched	ule D (Form 990) 2020 MakeHaven Inc						45-457	0710	Pa	ige 2
Pai	rt III Organizations Maintaining Co	ollections of	Art, His	torical T	reasures,	or Ot	her Similar A	ssets (co	ontinı	led)
3	Using the organization's acquisition, accession, a	nd other records,	check any	of the follo	owing that ma	ke signi	ficant use of its			
	collection items (check all that apply):				-	-				
а	Public exhibition		d		or exchange p	orogram	s			
b	Scholarly research		e	Other		Jiogram				
			е							
c	Preservation for future generations									
4	Provide a description of the organization's collect	ions and explain	how they f	urther the c	organization's	exempt	purpose in Part			
	XIII.									
5	During the year, did the organization solicit or rec	eive donations of	art, historio	cal treasure	es, or other si	milar				
	assets to be sold to raise funds rather than to be	maintained as pa	art of the or	ganization	's collection?.			🗌 Ye	s	No
Pai	rt IV Escrow and Custodial Arrange	ements.								
	Complete if the organization ans	swered "Yes"	on Form	990, Pa	art IV, line 9	9, or re	eported an am	nount on I	Form	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian or	other intermedia	rv for contr	ibutions or	other assets	not				
			-					🗌 Ye	sП	No
b	If "Yes," explain the arrangement in Part XIII and									
N		complete the fold	Swillig table				•	mount		
	De sie sie ste de see							mount		
с.	Beginning balance						-			
d	Additions during the year									
е							•			
f	Ending balance					. 1f				
2a	Did the organization include an amount on Form 9	990, Part X, line 2	1, for escr	ow or custo	odial account	liability	?	. 🗌 Ye	s	No
b	If "Yes," explain the arrangement in Part XIII. Che	eck here if the exp	planation h	as been pr	ovided on Pa	rt XIII			. 🗌	
Pai	rt V Endowment Funds.									
	Complete if the organization and	swered "Yes"	on Form	990, Pa	art IV, line '	10.				
		(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years bac	k (e) Fou	r years ba	ack
1a	Beginning of year balance	())					., ,		,	
b										
	Net investment earnings, gains, and									
С	0.0									
a	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current y	ear end balance	(line 1g, co	olumn (a)) l	held as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment > %									
с	Term endowment %									
	The percentages on lines 2a, 2b, and 2c should e	gual 100%.								
3a	Are there endowment funds not in the possessio	n of the organizat	ion that are	e held and	administered	for the				
	organization by:	<u> </u>							Yes	No
	(i) Unrelated organizations								100	
Ŀ	() 0									
b	If "Yes" on line 3a(ii), are the related organization	•			• • • • • • •	•••		3b		
4	Describe in Part XIII the intended uses of the org		wment fund	lS.						
Pai	rt VI Land, Buildings, and Equipme		_				–	D		
	Complete if the organization ans	swered "Yes"	on Form	<u>990, Pa</u>	art IV, line '	11a. S	ee Form 990,	Part X, li	ne 10).
	Description of property	(a) Cost or oth	er basis	(b) Cost o	r other basis	(c)	Accumulated	(d) Boo	k value	
		(investme	ent)	(0	other)	d	epreciation			
1a	Land									
b	Buildings									
с	Leasehold improvements		58,127				11,485		46,6	542
d	Equipment		38,155				26,911		61,2	
e	Other STMDLE.		L2,086				1,486		10,6	
	I. Add lines 1a through 1e. (Column (d) must equ			n (R) line	10c)				118,4	
. J.a		a. i onn 000, i al	c z, colum	·· (), III (• • •		-		

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11b. See Form 990, Part X, line 12.
 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		
Part VIII Investments - Program Related.		

MakeHaven Inc

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990. Part X. col. (B) line 13.).		

Part IX Other Assets.

Schedule D (Form 990) 2020

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) peposit	4,845
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ►	4,845

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal	income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column	(b) must equal Form 990. Part X. col. (B) line 25.) . ►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

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Sched	ule D (Form 990) 2020 MakeHaven Inc	45-4570710	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.			
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	-	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	_	
b	Prior year adjustments	_	
C	Other losses	_	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	_	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	-	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
Part XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

► Attach to Form 990 or 990-EZ.

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

2020 Open to Public Inspection

OMB No. 1545-0047

Employer identification number

45-4570710

MakeHaven Inc

01. Form 990 governing body review (Part VI, line 11)

The 990 was generated by a CPA, then reviewed by both the Executive Director and

Treasurer.

02. Conflict of interest policy compliance (Part VI, line 12c)

MakeHaven, Inc. maintains a written Conflict of Interest Policy.

03. Governing documents, etc, available to public (Part VI, line 19)

Governing documents are available online or emailed to the public upon request.