

**Return of Organization Exempt From Income Tax**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

**A** For the 2009 calendar year, or tax year beginning 07/01/09 and ending 06/30/10

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization STOP ABUSIVE FAMILY ENVIRONMENTS, INC.  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
P.O. BOX 234  
 City or town, state or country, and ZIP + 4  
WELCH WV 24801

**D** Employer identification number  
55-0647494

**E** Telephone number \_\_\_\_\_

**G** Gross receipts \$ 1,012,745

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (See instructions)

**I** Tax-exempt status:  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.SAFENVV.ORG

**K** Type of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: \_\_\_\_\_

**M** State of legal domicile: \_\_\_\_\_

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>PROVIDE SERVICES, SHELTER, AND HOUSING TO LOW INCOME FAMILIES IN RURAL AREAS OF THE STATE OF WEST VIRGINIA.</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u> <u>16</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u> <u>15</u>
	5	Total number of employees (Part V, line 2a)	<u>5</u> <u>31</u>
	6	Total number of volunteers (estimate if necessary)	<u>6</u> _____
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u> _____
	b	Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u> <u>0</u>
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <u>787,432</u> Current Year <u>856,843</u>
	9	Program service revenue (Part VIII, line 2g)	<u>155,431</u> <u>128,225</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>29,427</u> <u>8,573</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>18,643</u> <u>19,104</u>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>990,933</u> <u>1,012,745</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>133,950</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	_____
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>544,772</u> <u>614,088</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_____
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	_____
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>512,347</u> <u>543,114</u>	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>1,057,119</u> <u>1,291,152</u>	
19	Revenue less expenses. Subtract line 18 from line 12	<u>-66,186</u> <u>-278,407</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year <u>7,590,317</u> End of Year <u>7,306,483</u>
	21	Total liabilities (Part X, line 26)	<u>1,733,347</u> <u>1,728,247</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>5,856,970</u> <u>5,578,236</u>

**Part II Signature Block**

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: Sharon A. Walden Date 1/3/15/2011  
 Signature of officer SHARON WALDEN EXECUTIVE DIRECTOR  
 Type or print name and title

Paid Preparer's Use Only: Preparer's signature [Signature] Date 2/8/2011 Check if self-employed  Preparer's identifying number (see instructions) 224-41-8189  
 Firm's name (or yours if self-employed), address, and ZIP + 4 PERSINGER COMPANY CPAS, INC EIN 27-0593881  
P.O. BOX 60 Phone no. 540-962-2248  
COVINGTON, VA 24426

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: PROVIDE SERVICES, SHELTER, AND HOUSING TO LOW INCOME FAMILIES IN RURAL AREAS OF THE STATE OF WEST VIRGINIA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 739,647 including grants of \$ ) (Revenue \$ ) PROVIDES SERVICES TO VICTIMS OF DOMESTIC VIOLENCE INCLUDING CONSULTATION, COURT ADVOCACY, TRANSPORTATION, FOOD, MEDICAL SERVICES, AND TRANSITIONAL HOUSING TO WOMEN AND CHILDREN WHO ARE VICTIMS OF VIOLENCE

4b (Code: ) (Expenses \$ 401,841 including grants of \$ ) (Revenue \$ ) PURCHASE, BUILD, AND RENOVATE SINGLE FAMILY HOUSING UNITS FOR SALE TO ELGIBLE APPLICANTS UNDER THE HUD-CHDO PROGRAM, AS WELL AS DEVELOPING LOW INCOME RENTAL UNITS

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,141,488

**Part 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; 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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>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.</li> <li>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.</li> <li>Did the organization report an amount for other assets related 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.</li> <li>Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> <li>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? If "Yes," complete Schedule D, Part X.</li> </ul>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 25	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		<b>1a</b>	<b>9</b>
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		<b>1b</b>	<b>0</b>
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<b>1c</b>	<b>X</b>
<b>2a</b> 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		<b>2a</b>	<b>31</b>
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		<b>2b</b>	<b>X</b>
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<b>3a</b>	<b>X</b>
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		<b>3b</b>	
<b>4a</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)?		<b>4a</b>	<b>X</b>
<b>b</b> If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		<b>4a</b>	<b>X</b>
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>5a</b>	<b>X</b>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>	<b>X</b>
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		<b>6a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		<b>6b</b>	
<b>7</b> Organizations that may receive deductible contributions under section 170(c).			
<b>a</b> Did the organizations receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b>7a</b>	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?		<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>7c</b>	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year		<b>7d</b>	
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>7f</b>	
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		<b>7g</b>	
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		<b>7h</b>	
<b>8</b> Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>8</b>	
<b>9</b> Sponsoring organizations maintaining donor advised funds.		<b>9a</b>	
<b>a</b> Did the organization make any taxable distributions under section 4966?		<b>9a</b>	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?		<b>9b</b>	
<b>10</b> Section 501(c)(7) organizations. Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12		<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<b>10b</b>	
<b>11</b> Section 501(c)(12) organizations. Enter:			
<b>a</b> Gross income from members or shareholders		<b>11a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		<b>11b</b>	
<b>12a</b> Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year		<b>12b</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

	1a	1b	15	16	Yes	No
1a	Enter the number of voting members of the governing body					
b	Enter the number of voting members that are independent					
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?					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?					X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?					X
5	Did the organization become aware during the year of a material diversion of the organization's assets?					X
6	Does the organization have members or stockholders?					X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?					X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?					X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?					
b	Each committee with authority to act on behalf of the governing body?					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O					X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?													X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?													
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?													X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.													
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13													X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?													X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done													X
13	Does the organization have a written whistleblower policy?													X
14	Does the organization have a written document retention and destruction policy?													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?													X
a	The organization's CEO, Executive Director, or top management official													X
b	Other officers or key employees of the organization													X
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)													
b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?													X
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?													

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **WV**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **SALE** P. O. BOX 234  
**WEICHH** **WV 24801** **304-436-8117**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
SHARON WALDEN EXEC. DIR.	55.00	X		X			42,100	0	4,629
CAROL CARTER PRESIDENT	2.00	X		X			0	0	0
KATHY GENTRY VICE PRES.	2.00	X		X			0	0	0
PAT FREEMAN SECRETARY	2.00	X		X			0	0	0
ROBIN PRUITT TREASURER	2.00	X		X			0	0	0
MARCIA HEBB PARLIAM.	2.00	X		X			0	0	0
CONNIE TOLER DIRECTOR	2.00	X					0	0	0
JENNIFER LEE DIRECTOR	2.00	X					0	0	0
FLO MCGUIRE DIRECTOR	2.00	X					0	0	0
FRAZIER MCGUIRE, DIRECTOR	2.00	X				SR	0	0	0
KATHIE WHITT DIRECTOR	2.00	X					0	0	0
BETTY STEVENSON DIRECTOR	2.00	X					0	0	0
MARY BRIGGS DIRECTOR	2.00	X					0	0	0
AGNES MITCHELL DIRECTOR	2.00	X					0	0	0
ANTHONY WHITE DIRECTOR	2.00	X					0	0	0
MARY SKEENS DIRECTOR	2.00	X					0	0	0



Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>					
1a	Federated campaigns	1a			
b	Membership dues	1b			
c	Fundraising events	1c			
d	Related organizations	1d			
e	Government grants (contributions)	1e	826,453		
f	All other contributions, gifts, grants, and similar amounts not indicated above	1f	30,390		
g	Noncash contributions included in lines 1a-1f:	\$	26,625		
h	Total. Add lines 1a-1f		856,843		
<b>Program Service Revenue</b>					
2a	LOW INCOME RENTAL UNITS	Busn. Code			
b					
c					
d					
e					
f	All other program service revenue				
g	Total. Add lines 2a-2f		128,225		128,225
3	Investment income (including dividends, interest, and other similar amounts)		8,573		8,573
4	Income from investment of tax-exempt bond proceeds				
5	Royalties				
6a	Gross Rents	(i) Real			
b	Less: rental exps.	(ii) Personal			
c	Rental inc. or (loss)				
d	Net rental income or (loss)				
7a	Gross amount from sales of assets other than inventory	(i) Securities			
b	Less: cost or other basis & sales exps.	(ii) Other			
c	Gain or (loss)				
d	Net gain or (loss)				
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
b	Less: direct expenses	a			
c	Net income or (loss) from fundraising events	b			
9a	Gross income from gaming activities. See Part IV, line 19	a			
b	Less: direct expenses	b			
c	Net income or (loss) from gaming activities				
10a	Gross sales of inventory, less returns and allowances	a			
b	Less: cost of goods sold	b			
c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue					
11a	USDA LOAN SUBSIDY	Busn. Code	15,464		15,464
b	OTHER INCOME		3,640		3,640
c					
d	All other revenue		19,104		19,104
e	Total. Add lines 11a-11d		1,012,745	0	155,902
12	Total Revenue. See instructions.				

**Part IX Statement of Functional Expenses**

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).  
 Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	42,100	21,050	21,050	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	443,899	399,509	44,390	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,596	12,596		
9 Other employee benefits	64,635	54,236	10,399	
10 Payroll taxes	50,858	44,010	6,848	
11 Fees for services (non-employees):				
a Management	5,000	2,500	2,500	
b Legal	2,785	2,785		
c Accounting	13,900	5,900	8,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	10,718	5,359	5,359	
12 Advertising and promotion	3,019		3,019	
13 Office expenses	19,012	7,107	11,905	
14 Information technology				
15 Royalties				
16 Occupancy	135,874	126,151	9,723	
17 Travel	17,934	17,934		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,255	5,255		
20 Interest	22,494	22,494		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	187,498	170,926	16,572	
23 Insurance	19,308	16,308	3,000	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a GRANTS TO SHED	133,950	133,950		
b HOUSING/CLIENT SUPPLIES	39,494	39,494		
c DONATED GOODS	26,625	26,625		
d CONTRACT LABOR	20,154	16,654	3,500	
e TELEPHONE	9,562	8,686	876	
f All other expenses	4,482	1,959	2,523	
25 Total functional expenses. Add lines 1 through 24f	1,291,152	1,141,488	149,664	
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

	(A) Beginning of year	(B) End of year
1 Cash—non-interest bearing	445,984	423,624
2 Savings and temporary cash investments	809,092	825,038
3 Pledges and grants receivable, net		
4 Accounts receivable, net		
5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		
7 Notes and loans receivable, net	269,211	259,001
8 Inventories for sale or use	251,583	140,958
9 Prepaid expenses and deferred charges	63,973	69,040
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	7,416,895	
b Less: accumulated depreciation	1,828,073	5,588,822
11 Investments—publicly traded securities		
12 Investments—other securities. See Part IV, line 11		
13 Investments—program-related. See Part IV, line 11		
14 Intangible assets		
15 Other assets. See Part IV, line 11		
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,590,317	7,306,483
17 Accounts payable and accrued expenses	44,094	40,360
18 Grants payable		
19 Deferred revenue		
20 Tax-exempt bond liabilities		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		
22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
23 Secured mortgages and notes payable to unrelated third parties	1,689,253	1,687,887
24 Unsecured notes and loans payable to unrelated third parties		
25 Other liabilities. Complete Part X of Schedule D		
26 Total liabilities. Add lines 17 through 25	1,733,347	1,728,247
27 Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
28 Unrestricted net assets	5,741,262	5,462,855
29 Temporarily restricted net assets	115,708	115,381
30 Permanently restricted net assets		
31 Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
32 Capital stock or trust principal, or current funds		
33 Paid-in or capital surplus, or land, building, or equipment fund		
34 Retained earnings, endowment, accumulated income, or other funds	5,856,970	5,578,236
Total net assets or fund balances	7,590,317	7,306,483
Total liabilities and net assets/fund balances		

**Part X** Financial Statements and Reporting

1 Accounting method used to prepare the Form 990:  Cash  Accrual  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? .....

b Were the organization's financial statements audited by an independent accountant? .....

c 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? .....

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....

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 in Schedule O and describe any steps taken to undergo such audits. ....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2009**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

**STOP ABUSIVE FAMILY ENVIRONMENTALS, INC.**

Employer identification number  
**55-0647494**

**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: (For lines 1 through 11, check only one box.)

- 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).
- 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)(vii). (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).
- 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? .....

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Name of supported organization	(i) EIN	(ii) Type of organization (described on lines 1-9 above or IRC section (see instructions) )	(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
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2009  
Form 990 or 990-EZ.

**Part I** Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	Section A. Public Support					
	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	1,261,520	977,913	674,075	787,432	856,843	4,557,783
2						
3						
4	1,261,520	977,913	674,075	787,432	856,843	4,557,783
5						
6						4,557,783

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	1,261,520	977,913	674,075	787,432	856,843	4,557,783
8	35,486	37,099	56,816	29,427	136,798	295,626
9						0
10						
11		21,159	20,174	18,643	19,104	79,080
12						4,932,489
13						585,417

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

- 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 92.40%
- 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 95.75%
- 16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Table with 6 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows 1-8 detailing public support items like grants, gross receipts, and tax revenues.

Section B. Total Support

Table with 6 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows 9-14 detailing total support amounts and first five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: 15 Public support percentage for 2009, 16 Public support percentage for 2008. Includes sub-tables for 17 and 18.

Section D. Computation of Investment Income Percentage

Table with 2 columns: 17 Investment income percentage for 2009, 18 Investment income percentage for 2008. Includes sub-tables for 19a and 19b.



**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

**STOP ABUSIVE FAMILY ENVIRONMENTS, INC.**

Employer identification number

**55-0647494**

**Part I** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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 conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II** Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).
 

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	
- 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
2a	
2b	
2c	
2d	

- Total number of conservation easements
- Total acreage restricted by conservation easements
- Number of conservation easements on a certified historic structure included in (a)
- Number of conservation easements included in (c) acquired after 8/17/06
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
- Number of states where property subject to conservation easement is located
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
 

▶ \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
------------	--
- 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 XIV, describe how the organization reports conservation easements in its revenue and expense statement, and 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" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not 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, in Part XIV, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- 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 SFAS 116 relating to these items:
 

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
  - d Additions during the year
  - e Distributions during the year
  - f Ending balance
- |        | 1c | 1d | 1e | 1f |
|--------|----|----|----|----|
| Amount |    |    |    |    |

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Term endowment  %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		367,822		367,822
b Buildings		6,356,978	1,471,850	4,885,128
c Leasehold improvements		455,576	180,232	275,344
d Equipment		236,519	175,991	60,528
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) **5,588,822**







SCHEDULE I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

OMB No. 1545-0047

2009

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

Name of the organization **STOP ABUSIVE FAMILY ENVIRONMENTS, INC.**

Employer identification number  
**55-0647494**

**Part I** General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	SAFE HOUSING & ECONOMIC DEVELOPMENT PO BOX 234 WELCH WV 24801	81-0583436	3	111,450				LOW INCOME HOUSING
	TRAVEL BEAUTIFUL APPALCHIA, INC PO BOX 234 WELCH WV 24801	30-0276637	3	22,500				ECONOMIC DEVELOPMENT

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**STOP ABUSIVE FAMILY ENVIRONMENTS, INC.**

Employer identification number  
**55-0647494**

**Part I** Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29	
----	--

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		30a		X
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		32a		X
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.				

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2009



SCHEDULE O  
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

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

**2009**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

Open to Public  
Inspection

Name of the organization

STOP ABUSIVE FAMILY  
ENVIRONMENTS, INC.

Employer identification number

55-0647494

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990  
THE ACCOUNTANT PROVIDES A COPY OF FORM 990 TO BE REVIEWED BY THE CONTROLLER  
AND THE BOARD OF DIRECTORS IN A CALLED MEETING. FOLLOWING THE REVIEW AND  
APPROVAL OF FORM 990, THE RETURN IS ELECTRONICALLY FILED WITH THE INTERNAL  
REVENUE SERVICE.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy  
ANY DISCLOSURE OR DISCOVERY OF A CONFLICT OF INTEREST IS INVESTIGATED AND  
REVIEWED BY MANAGEMENT AND IF NECESSARY, THE BOARD OF DIRECTORS. AFTER  
REVIEWING SUCH CONFLICTS, THE PROPER ACTION IS TAKEN TO RESOLVE ANY ISSUES  
THAT MAY ARISE FROM THE RELATIONSHIP.

Form 990, Part VI, Line 15a - Compensation Process for Top Official  
THE EXECUTIVE DIRECTOR'S SALARY AND BENEFITS IS APPROVED BY THE BOARD OF  
DIRECTORS.

Form 990, Part VI, Line 15b - Compensation Process for Officers  
THE EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS SET OTHER OFFICERS AND KEY  
EMPLOYEES SALARIES.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation  
IF A MEMBER OF THE GENERAL PUBLIC REQUESTS TO REVIEW THE GOVERNING  
DOCUMENTS OF THE ORGANIZATION, AN APPOINTMENT CAN BE MADE WITH A MEMBER OF  
MANAGEMENT OR THE GOVERNING BODY AND THE DOCUMENTS ARE MADE AVAILBLE FOR  
THEIR INSPECTION.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990.

▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization **STOP ABUSIVE FAMILY ENVIRONMENTS, INC.**

Employer identification number  
**55-0647494**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
<b>SAFE HOUSING AND ECONOMIC PO BOX 234 WELCH WV 24801 81-0583436</b>	<b>HOUSING</b>	<b>WV</b>	<b>501 (c)</b>	<b>7</b>	<b>N/A</b>

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1) <b>SAFE HOUSING &amp; ECONOMIC DEVELOPMENT</b>	<b>b</b>	<b>111,450</b>
(2)		
(3)		
(4)		
(5)		
(6)		

