Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2001

Open to Public Inspection

A For the 2001 calendar year, or tax year beginning , and ending

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
LAKE LANIER ASSOCIATION, INC.

Number and street (or P O box if mail is not delivered to street address) Room/suite
615 F OAK STREET, SUITE 100

City or town state or country, and ZIP + 4
GAINESVILLE GA 30501

D Employer ID number
58-1264797

E Telephone number
770-740-8092

F Accounting method ☒ Cash ☐ Accrual ☐ Other (specify)

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter no of affiliates ▶ ☒ N/A

H(c) Are all affiliates included? ☒ N/A ☐ Yes ☐ No
(If "No" att a list See instr)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☒ N/A ☐ Yes ☐ No

I Enter 4-digit GEN ▶

M Check ▶ ☒ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site ▶

J Organization type (check only one) ▶ ☒ 501(c)(3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return**

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 169,761

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	159,796	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash $ 159,796 noncash $)			1d 159,796
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 179
	5	Dividends and interest from securities			5
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c
	7	Other investment income (describe ▶)			7
	8a	Gross amount from sales of assets other than inventory	(A) Securities 8a	(B) Other	
	b	Less cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a	9,786	
	b	Less direct expenses other than fundraising expenses	9b	51,939	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c -42,153
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (att sch) (subtract line 10b from line 10a)			10c
	11	Other revenue (from Part VII, line 103)			11
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 117,822
Expenses	13	Program services (from line 44 column (B))			13 126,739
	14	Management and general (from line 44 column (C))			14 28,010
	15	Fundraising (from line 44 column (D))			15 4,823
	16	Payments to affiliates (attach schedule)			16
	17	Total expenses (add lines 13, 14, 15, 16, and 44, column (A))			17 159,572
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 -41,750
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 58,018
	20	Other changes in net assets or fund balances (attach explanation)			20
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 16,268

Form 990 (2001) LAKE LANIER ASSOCIATION, INC. 58-1264797

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 21)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ non-cash $)	22				
23 Specific assistance to individuals	23				
24 Benefits paid to or for members	24				
25 Compensation of officers, directors etc	25				
26 Other salaries and wages	26	14,167	3,542	8,500	2,125
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	1,084	271	650	163
30 Professional fundraising fees	30				
31 Accounting fees	31	8,878		8,878	
32 Legal fees	32	101,084	101,084		
33 Supplies	33	696	450	173	73
34 Telephone	34	1,113	719	277	117
35 Postage and shipping	35	1,128	730	280	118
36 Occupancy	36	4,800	3,101	1,195	504
37 Equipment rental and maintenance	37	198	128	49	21
38 Printing and publications	38	11,636	7,517	2,897	1,222
39 Travel	39	490	317	122	51
40 Conferences, conventions and meetings	40	605	605		
41 Interest	41				
42 Depreciation depletion, etc (att sch)	42	683	441	170	72
43 Other expenses not covered above (itemize) a	43a				
b SEE STATEMENT 1	43b	13,010	7,834	4,819	357
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	159,572	126,739	28,010	4,823

Joint Costs Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes enter (i) the aggregate amount of these joint costs $, (ii) the amount allocated to Program services $, (iii) the amount allocated to Management and general $, and (iv) the amount allocated to Fundraising $

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24)

What is the organization s primary exempt purpose?

▶ PROTECTING LAKE SIDNEYLANIER

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

		Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.)
a SEE STATEMENT 2		
	(Grants and allocations $)	101,084
b SEE STATEMENT 3		
	(Grants and allocations $)	5,293
c		
	(Grants and allocations $)	
d		
	(Grants and allocations $)	
e Other program services (attach schedule) SEE STMT 4	(Grants and allocations $)	20,362
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶		126,739

Part IV **Balance Sheets** (See Specific Instructions on page 24)

	Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			(A) Beginning of year		(B) End of year
Assets	45	Cash-non-interest-bearing			57,304	45	14,015
	46	Savings and temporary cash investments				46	
	47a	Accounts receivable	47a	375			
	b	Less allowance for doubtful accounts	47b			47c	375
	48a	Pledges receivable	48a				
	b	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50	Receivables from officers, directors trustees, and key employees (attach schedule)				50	
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges				53	
	54	Investments-securities ▶ ☐ Cost ☐ FMV				54	
	55a	Investments-land, buildings, and equipment basis	55a				
	b	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments-other (attach schedule)				56	
	57a	Land, buildings and equipment basis	57a	19,840			
	b	Less accumulated depreciation (attach schedule) SEE STMT 5	57b	17,934	714	57c	1,906
	58	Other assets (describe ▶)				58	
	59	**Total assets** (add lines 45 through 58) (must equal line 74)			58,018	59	16,296
Liabilities	60	Accounts payable and accrued expenses				60	28
	61	Grants payable				61	
	62	Deferred revenue				62	
	63	Loans from officers directors, trustees, and key employees (attach schedule)				63	
	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule)				64b	
	65	Other liabilities (describe ▶)				65	
	66	**Total liabilities** (add lines 60 through 65)			0	66	28
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☐ and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted				67	
	68	Temporarily restricted				68	
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here ▶ ☒ and complete lines 70 through 74					
	70	Capital stock trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds			58,018	72	16,268
	73	**Total net assets or fund balances** (add lines 67 through 69 OR lines 70 through 72 column (A) **must** equal line 19, column (B) **must** equal line 21)			58,018	73	16,268
	74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)			58,018	74	16,296

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26)

N/A

a	Total revenue, gains and other support per audited financial statements ▶	a	
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12 Form 990 (line c plus line d) ▶	e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

N/A

a	Total expenses and losses per audited financial statements ▶	a	
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
VICKIE BARNHORST 3150 IVERY RIDGE RD BUFORD, GA 30519	EXEC. DIR 40	14,167	0	0
JACQUELINE A JOSEPH 6259 WOODLAKE DRIVE, BUFORD, GA30518	PRESIDENT 45	0	0	0
RON SEDER 6355 BARBERRY HILL PL, GNSVILLE, GA	1ST V PRES 35	0	0	0
BARKLEY GEIB 2066 PINETREE DR BUFORD, GA 30518	2ND V PRES 10	0	0	0
ROGER J BAUER 5815 CHEROKEE TRACE, CUMMING, GA	SECRETARY 10	0	0	0
PAUL M FLOOD 4775 FOWLER DRIVE, CUMMING, GA	TREASURER 15	0	0	0
JAMIE BARAY 4740 FOWLER DR CUMMING, GA 30041	5	0	0	0
GORDAN BRAND 120 POPLAR TR DAWSONVILLE, GA 30534	6	0	0	0
PAUL COENEN 3145 LANIER BCH STH RD CUMMING GA 30	8	0	0	0
SEE STATEMENT 6				

75 Did any officer director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations of which more than $10 000 was provided by the related organizations? ▶ ☐ Yes ☒ No

If "Yes," attach schedule-see Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross inc of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79	Was there a liquidation dissolution, termination or substantial contraction during the year? If "Yes " attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees officers etc , to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ and check whether it is ☐ exempt OR ☐ nonexempt			
81a	Enter direct or indirect political expenditures See line 81 instr 81a			
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes " you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes " did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b			
88	At any time during the year did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes " complete Part IX	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912 4955, and 4958 ▶ 0			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0			
90a	List the states with which a copy of this return is filed ▶ GA			
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions) 90b			
91	The books are in care of ▶ MAYS & ASSOCIATES Telephone no ▶ 770-740-8092			
	Located at ▶ 15160 HIGHGROVE RD, ALPHARETTA ZIP + 4 ▶ GA 30004			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92			

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note Enter gross amounts unless otherwise indicated	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by sec 512, 513, or 514 (C) Exclusion code	Excluded by sec 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	179	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	-42,153	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		-41,974	0
105 Total (add line 104, columns (B), (D), and (E))				▶	-41,974

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No ●	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name address and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on pg 33)

(a) Did the organization during the year receive any funds, directly or indirectly to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract? ☐ Yes ☒ No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge

[redacted] r than officer) is based on all information of which preparer has any knowledge

[redacted] L Mayo, POA

Date

[redacted] for By SHARON S MAYO, POA 11-15-02

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2001

Name of the organization

LAKE LANIER ASSOCIATION, INC.

Employer identification number

58-1264797

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than $50 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instr List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than $ 50 000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		

Part III Statements About Activities (See page 2 of the instructions)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶$ _____ **(Must equal amount on line 38,** Part VI-A or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of exp if more than $1 000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc ? (See **Note** below)	3		X
4	Do you have a section 403(b) annuity plan for your employees?	4		X

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 ☒ 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11 or 12) **Use cash method of accounting**

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	53,691	24,769	16,672	10,656	105,788
16 Membership fees received	58,396	50,599	33,319	26,268	168,582
17 Gross receipts from admissions merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization s charitable, etc , purpose		203	961		1,164
18 Gross inc from int dividends amounts received from pymt on securities loans (section 512(a)(5)), rents royalties & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975	423	314	300	155	1,192
19 Net income from unrelated business activities not included in line 18					
20 Tax revn levied for the organization s ben & either paid to it or expended on its behalf					
21 The value of serv or facl furnished to the org by a governmental unit without charge Do not incl the value of serv or fac generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of cap assets					
23 Total of lines 15 through 22	112,510	75,885	51,252	37,079	276,726
24 Line 23 minus line 17	112,510	75,682	50,291	37,079	275,562
25 Enter 1% of line 23	1,125	759	513	371	

26 **Organizations described on lines 10 or 11** a Enter 2% of amount in column (e) line 24 ▶ 26a

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a **Do not file this list with your return** Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c

d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶ 26d

e Public support (line 26c minus line 26d total) ▶ 26e

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f %

27 **Organizations described on line 12** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " **Do not file this list with your return** Enter the sum of such amounts for each year

(2000) (1999) (1998) (1997)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of and amount received for each year that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) **Do not file this list with your return** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year

(2000) (1999) (1998) (1997)

c Add Amounts from column (e) for lines 15 105,788 16 168,582 17 1,164 20 _____ 21 _____ ▶ 27c 275,534

d Add Line 27a total _____ and line 27b total _____ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e 275,534

f Total support for section 509(a)(2) test Enter amount on line 23, column (e) ▶ 27f 276,726

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g 99.5692 %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h 0.4308 %

28 **Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return** Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes " please describe, if "No," please explain (If you need more space, attach a separate statement)	31		
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues brochures, announcements and other written communications to the public dealing with student admissions, programs and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization s right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)
(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check ▶ a ☐ if the organization belongs to an affiliated group Check ▶ b ☐ If you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table-			
If the amount on line 40 is- / **The lobbying nontaxable amount is-**			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1 000 000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	41		
Over $1 500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		
Caution If there is an amount on either line 43 or line 44, you must file Form 4720			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instr) **N/A**

During the year did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators their staffs government officials, or a legislative body			
h Rallies, demonstrations, seminars conventions, speeches, lectures or any other means			
i Total lobbying expenditures (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527 relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a nonchantable exempt organization of		
(i)	Cash	51a(i)	X
(ii)	Other assets	a(ii)	X
b	Other transactions		
(i)	Sales or exchanges of assets with a nonchantable exempt organization	b(i)	X
(ii)	Purchases of assets from a nonchantable exempt organization	b(ii)	X
(iii)	Rental of facilities, equipment, or other assets	b(iii)	X
(iv)	Reimbursement arrangements	b(iv)	X
(v)	Loans or loan guarantees	b(v)	X
(vi)	Performance of services or membership or fundraising solicitations	b(vi)	X
c	Sharing of facilities, equipment mailing lists other assets, or paid employees	c	X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of nonchantable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Form **990**

Special Events Schedule

For calendar year 2001, or tax year beginning , and ending

2001

Name

LAKE LANIER ASSOCIATION, INC.

Employer Identification Number

58-1264797

	(A)	(B)	(C)	Others	Total
Gross receipts	9,786	0	0	0	9,786
Less contributions	0	0	0	0	0
Gross revenue	9,786	0	0	0	9,786
Less direct expenses	51,939	0	0	0	51,939
Net income (loss)	-42,153	0	0	0	-42,153

Descriptions

A) LANIER FEST CONCERT CONCERT

B)

C)

Others

Form **4562** (Rev March 2002)
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate Instructions ▶ Attach to your tax return

OMB No 1545-0172

2001

Attachment Sequence No **67**

Name(s) shown on return: LAKE LANIER ASSOCIATION, INC.

Identifying number: 58-1264797

Business or activity to which this form relates: INDIRECT DEPRECIATION

Part I Election To Expense Certain Tangible Property Under Section 179

Note If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	$24,000
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see pg 3 of the instr	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2000 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2002 Add lines 9 and 10, less line 12 ▶	13	

Note Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation allowance for certain property (other than listed property) acquired after Sept 10 2001 (see pg 3 of the instr)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	

Part III MACRS Depreciation (Do not include listed property) (See page 4 of the instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2001	17	308
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B-Assets Placed in Service During 2001 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		1,875	5.0	HY	200DB	375
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C-Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV Summary (See page 6 of the instructions)

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12 lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations-see instr	22	683
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

THERE ARE NO AMOUNTS FOR PAGE 2

Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	$	$	$	$
EXPENSES				
MEMBER PROMOTIONS	351	351		
ENVIRONMENTAL CLEANUP	1,500	1,500		
MEMBR/VOLUNTR PROMOTIONS	3,788	3,788		
ADVERTISING	328	212	82	34
DUES & SUBSCRIPTIONS	280	181	70	29
INSURANCE-PROP & LIAB	1,274	823	317	134
MEALS & ENTERTAINMENT	977	631	243	103
MISCELLANEOUS	29	19	7	3
PERMITS & LICENSES				
CONTRACT LABOR-1099	3,975		3,975	
BANK CHARGES	510	329	127	54
REPAIRS & MAINTENANCE				
ROUNDING	-2		-2	
TOTAL	$ 13,010	$ 7,834	$ 4,819	$ 357

Statement 2 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

GEORGIA'S GWINNETT COUNTY HAD A WASTE WATER ALLOCATION "REQUEST FOR PERMIT" PENDING BEFORE GEORGIA'S ENVIRONMENTAL PROTECTION DIVISION (EPD) THE COUNTY PROPOSED DUMPING AN ADDITIONAL 40 MILLION GALLONS OF TREATED SEWAGE PER DAY INTO LAKE LANIER. TO PROTECT WATER QUALITY LLA RETAINED THE SERVICES OF ATTORNEYS AND PROFESSIONAL ENGINEERS TO EVALUATE THE WATER QUALITY STANDARDS SET BY THE EPD AND TO ASSIST IN THE BATTLE AGAINST THIS THREAT TO LAKE LANIER. AS A RESULT OF THESE ACTIONS AND THE EFFORTS OF LLA MEMBERS, THE EPD REVISED ITS STANDARDS TO INCLUDE THE IMPROVEMENTS RECOMMENDED AND CHANGED CERTAIN PARAMETERS TO PROTECT LAKE LANIER. THIS EFFORT HAS NOW MOVED TO LEGAL BATTLES AGAINST THE COUNTY'S EFFORTS TO GET APPROVAL THROUGH OTHER METHODS THIS EFFORT HAS SPANNED SEVERAL YEARS

Statement 3 - Form 990, Part III, Line b - Statement of Program Service Accomplishments

LLA SPONSORED A LAKE-WIDE CLEAN UP DAY CALLED SHORE SWEEP. OVER 1,700 INDIVIDUALS PARTICIPATED IN COLLECTING TRASH, HOUSEHOLD REFUGE, STYROFOAM AND OTHER DEBRIS FROM THE LAKE. OVER 16 TONS OF DEBRIS AND HOUSEHOLD REFUGE WHICH INCLUDED TIRES, COMPUTERS AND VARIOUS HOUSEHOLD APPLIANCES WERE REMOVED FROM THE LAKE AND ITS SHORES.

Statement 4 - Form 990, Part III, Line e - Other Program Services

LAKE LANIFR ASSOCIATION, INC'S (LLA) GENERAL PURPOSE IS TO IMPROVE AND MAINTAIN LAKE SIDNEY LANIER AND ITS ENVIRONS BY ASSEMBLING AND DISTRIBUTING INFORMATION OF INTEREST AND BENEFIT TO THE OWNERS OF PROPERTY ON THE LAKE AND THE GENERAL PUBLIC AND TO PURSUE MAINTAINING THE QUALITY OF THE LAKE AS A RESIDENTIAL AND RECREATIONAL FACILITY.
THE SPECIFIC EXEMPT PURPOSE ACHIEVEMENTS INCLUDED·
1) ADVOCATED ENVIRONMENTALLY SOUND BASINWIDE MANAGEMENT PLAN FOR LAKE SIDNEY LANIER AND MONITORED PROPOSALS BY FEDERAL, STATE, AND/OR LOCAL GOVERNMENTS REGARDING WATER WITHDRAWALS AND DISCHARGES INTO THE LAKE, INCLUDING BOTH DIRECT AND RECYCLED
2) MONITORED AND IMPROVED COMPLIANCE WITH GEORGIA'S SOIL EROSION AND SEDIMENTATION CONTROL PROGRAM TO REDUCE THE VOLUME OF SEDIMENT IMPACTING LAKE SIDNEY LANIER, IN COMPLIANCE WITH THE IMPLEMENTATION OF THE 1994 AMENDMENTS TO THE STATE SOIL EROSION AND SEDIMENTATION ACT (SB 608).
3) MONITORED AND IDENTIFIED POINT AND NON-POINT SOURCE DISCHARGES TO ENSURE COMPLIANCE WITH APPLICABLE LOCAL, STATE, AND FEDERAL LAWS, INCLUDING WATER TESTING IN CONJUNCTION WITH LOCAL COLLEGES AND UNIVERSITIES.
4) PROMOTED AND ENHANCED PUBLIC AWARENESS OF THE SIGNIFICANT NATURAL, SOCIAL AND ECONOMIC VALUES OF LAKE SIDNEY LANIER AND FUNCTIONED AS A CLEARING HOUSE FOR INFORMATION, TO EDUCATE ALL INTERESTED AND RESPONSIBLE PARTIES IN IMPROVED STEWARDSHIP OF THE LAKE LLA
PROMOTED VOLUNTEER CITIZEN ACTION TO MONITOR, EDUCATE AND ADVOCATE FOR IMPROVED PROTECTION OF LAKE SIDNEY LANIER

Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
FURNITURES & FIXTURES	$ 772	$	$ 772	$
OFFICE EQUIPMENT	17,193		19,068	
LESS ACCUM DEPR		17,251		17,934
TOTAL	$ 17,965	$ 17,251	$ 19,840	$ 17,934

Statement 6 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

Name	Title	Average Hours	Address	Compensation	Benefits	Expenses
CHRIS DEKLE		3225	LANIER BCH STH RD CUMMING GA 30			
		5				
LISA DUNAVIN		5655	LINGER LONGER, CUMMING, GA			
		5				
KRISTIN MCWHORTER		5199	INDIAN CIR GAINESVILLE, GA 3050			
		10				
VAL M PERRY		4725	KIMS POINT CUMMING, GA 30041			
		30				
BONNY PUTNEY		6432	GARRETT RD BUFORD GA 30518			
O CHARLES RITTENHOUSE		2978	MOORINGS PKWY SNELLVILLE GA 300			
		15				
DAVID TRUE		7775	CHESTNUT HILL DR, CUMMING, GA			
		3				

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ▶ ☒

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions.	LAKE LANIER ASSOCIATION, INC.	58-1264797
	Number, street, and room or suite no. (If a P.O. box, see instructions.)	For IRS use only
	615 E OAK STREET SUITE 100	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	GAINESVILLE GA 30501	

Check type of return to be filed (File a separate application for each return):

☒ Form 990 ☐ Form 990-BL ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-EZ ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does not have an office or place of business in the United States, check this box ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15/02

5 For calendar year 2001 or other tax year beginning _____ and ending _____

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. $ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. $ _____

c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. $ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [signature] PRESIDENT Date ▶ 8/15/02

Notice to Applicant—To Be Completed by the IRS

☐ We have approved this application. Please attach this form to the organization's return.

☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for actions otherwise required to be made on a timely return. Please attach this form to the organization's return.

☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not giving a 10-day grace period.

☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.

☐ Other _____

Signature _____ By _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different from the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

EXTENSION APPROVED
SEP 09 2002
LINDA WEISKOPF, FIELD DIRECTOR
SUBMISSION PROCESSING, OGDEN

RECEIVED
AUG 18 2002
OGDEN, UT

Form 8868 (12-2001)

Form 8868 (12-2000)

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ▶ ☒

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization LAKE LANIER ASSOCIATION, INC.	Employer identification number 58-1264797
	Number, street and room or suite no If a P O box see instructions P O. BOX 1777	For IRS use only
	City, town or post office, state and ZIP code For a foreign address see instr BUFORD GA 30518	

Check type of return to be filed (File a separate application for each return)

☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- If the organization does not have an office or place of business in the United States, check this box ▶ ☐
- If this is for a **Group Return**, enter the organization s four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ ☐ If it is for part of the group check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15/01

5 For calendar year 2000 or other tax year beginning _____ and ending _____

6 If this tax year is for less than 12 months check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension
MORE TIME IS NEEDED TO SUMMARIZE EXPENDITURES BY EXEMPT PURPOSE ACHIEVEMENTS

8a If this application is for Form 990-BL 990-PF 990-T 4720 or 6069 enter the tentative tax, less any nonrefundable credits See instructions $ _____

b If this application is for Form 990-PF 990-T, 4720 or 6069 enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 $ _____

c **Balance Due** Subtract line 8b from line 8a Include your payment with this form or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions $ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete and that I am authorized to prepare this form

Signature ▶ [signature] Title ▶ CPA Date ▶ 8/15/01

Notice to Applicant-To Be Completed by the IRS

☐ We have approved this application Please attach this form to the organization s return

☐ We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization s return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return

☐ We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period

☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested

☐ Other _____

_____ By _____ _____
Director Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name MAYS AND ASSOCIATES
	Number and street (include suite, room, or apt no) Or a P O box number 15160 HIGHGROVE ROAD
	City or town, province or state, and country (including postal or ZIP code) ALPHARETTA GA 30004

(002) [illegible]

Form 990 (2001) LAKE LANIER ASSOCIATION, INC. 58-1264797 Page 6

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32.)

Note: Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue: a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	178	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate: a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	-42153	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		-41975	0
105 Total (add line 104 columns (B), (D), and (E))				▶	178

Note. Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on pg. 33.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

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

▶ Vera V. Barnhorst Mays, PAI 15 November 2002
Signature of officer Date

▶ VERA V. BARNHORST
EXECUTIVE DIRECTOR & MEMBER, BOARD OF DIRECTORS
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date 11/15/01	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Inst. W) P00176399
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MAYS & ASSOCIATES, 15160 HIGHGROVE RD, ALPHARETTA, GA 30004-6984			EIN ▶ Phone no. ▶ 770-740-8092

DAA

Form 990 (2001)