

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)

OMB No 1545-0047

2001

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning 7/01/01, and ending 6/30/02

- 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: HOPE HAVEN OF NORTHEAST GEORGIA, INC
Number and street (or P O box if mail is not delivered to street address): 795 NEWTON BRIDGE ROAD
City or town, state or country, and ZIP + 4: ATHENS GA 30606

D Employer ID number: 58-0836267
E Telephone number: 706-548-4361
F Accounting method: [X] 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

G Web site

J Organization type (check only one): [X] 501(c)(3) (insert no) [] 4947(a)(1) or [] 527

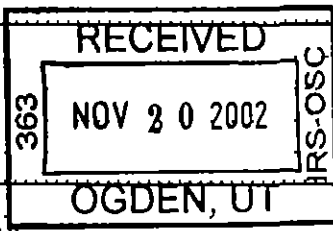
K Check here [X] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

H(a) is this a group return for affiliates? [] Yes [X] No
H(b) If "Yes," enter no. of affiliates: [X] N/A
H(c) Are all affiliates included? [X] N/A [] Yes [] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No
I Enter 4-digit GEN:
M Check [X] If the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 1,647,439

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

Table with 21 rows and 3 columns. Row 1: Contributions, gifts, grants, and similar amounts received. Row 2: Program service revenue including government fees and contracts. Row 3: Membership dues and assessments. Row 4: Interest on savings and temporary cash investments. Row 5: Dividends and interest from securities. Row 6a: Gross rents. Row 6b: Less rental expenses. Row 6c: Net rental income or (loss). Row 7: Other investment income. Row 8a: Gross amount from sales of assets other than inventory. Row 8b: Less cost or other basis and sales expenses. Row 8c: Gain or (loss). Row 8d: Net gain or (loss). Row 9: Special events and activities. Row 9a: Gross revenue. Row 9b: Less direct expenses other than fundraising expenses. Row 9c: Net income or (loss) from special events. Row 10a: Gross sales of inventory, less returns and allowances. Row 10b: Less cost of goods sold. Row 10c: Gross profit or (loss) from sales of inventory. Row 11: Other revenue. Row 12: Total revenue. Row 13: Program services. Row 14: Management and general. Row 15: Fundraising. Row 16: Payments to affiliates. Row 17: Total expenses. Row 18: Excess or (deficit) for the year. Row 19: Net assets or fund balances at beginning of year. Row 20: Other changes in net assets or fund balances. Row 21: Net assets or fund balances at end of year.



SCANNED DEC 09 2002

EXPENSES

ASSETS

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	25 131,502		131,502	
26 Other salaries and wages	26 757,485	757,485		
27 Pension plan contributions	27 39,478	33,556	5,922	
28 Other employee benefits	28 68,108	57,892	10,216	
29 Payroll taxes	29 65,435	55,620	9,815	
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 42,261	42,261		
34 Telephone	34 20,554	19,526	1,028	
35 Postage and shipping	35			
36 Occupancy	36 76,956	75,397	1,559	
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39 27,196	25,836	1,360	
40 Conferences, conventions, and meetings	40 11,352	11,352		
41 Interest	41			
42 Depreciation, depletion, etc (att sch)	42 33,463	22,309	11,154	
43 Other expenses not covered above (itemize) a	43a			
b See Statement 2	43b 247,714	235,767	11,947	
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 1,521,504	1,337,001	184,503	0

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?	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.)
<p>► MENTAL RETARDATION CENTER 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.)</p> <p>a See Statement 3</p> <p>(Grants and allocations \$ 522,102)</p>	1,337,001
b	(Grants and allocations \$)
c	(Grants and allocations \$)
d	(Grants and allocations \$)
e Other program services (attach schedule)	(Grants and allocations \$)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,337,001

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
45	Cash-non-interest-bearing			200	45	200
46	Savings and temporary cash investments			82,258	46	179,064
47a	Accounts receivable	47a	127,058			
b	Less allowance for doubtful accounts	47b		36,609	47c	127,058
48a	Pledges receivable	48a				
b	Less allowance for doubtful accounts	48b			48c	
49	Grants receivable			68,398	49	41,468
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 <input type="checkbox"/> Cost <input type="checkbox"/> 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	381,299			
b	Less accumulated depreciation (attach schedule)	57b	262,501	133,193	57c	118,798
58	Other assets (describe)				58	
59	Total assets (add lines 45 through 58) (must equal line 74)			320,658	59	466,588
60	Accounts payable and accrued expenses			10,228	60	15,186
61	Grants payable			66,098	61	41,884
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)			76,326	66	57,070
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
67	Unrestricted			244,332	67	409,518
68	Temporarily restricted				68	
69	Permanently restricted				69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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				72	
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)			244,332	73	409,518
74	Total liabilities and net assets / fund balances (add lines 66 and 73)			320,658	74	466,588

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.
DAA

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

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

a	Total revenue, gains, and other support per audited financial statements ▶	a	1,647,439
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	1,647,439
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	1,647,439

a	Total expenses and losses per audited financial statements ▶	a	1,521,504
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	1,521,504
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	1,521,504

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
MICHAEL WALKER WATKINSVILLE, GA	EX DIRECTOR 40	61,925	6,192	0
SEE ATTACHED BOARD OF DIRECTOR'S ATHENS, GA	DIRECTORS AS NEEDED	0	0	0

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

Form 990 (2001) HOPE HAVEN OF NORTHEAST GEORGIA, INC 58-0836267

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		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		X
78a	Did the organization have unrelated business gross inc of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?	X	
b	If "Yes," enter the name of the organization See Statement 4 and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 Instr		
b	Did the organization file Form 1120-POL for this year?		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?		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)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		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	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	N/A	
c	Dues, assessments, and similar amounts from members		
d	Section 162(e) lobbying and political expenditures		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A	
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	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) orgs Enter a Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
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		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
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		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	54
91	The books are in care of MICHAEL WALKER Telephone no 706-548-4361 Located at 795 NEWTON BRIDGE ROAD ATHENS, GEORGIA ZIP + 4 30606		
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)

	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	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a <u>Program Service Revenue</u>					143,467
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					902,299
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
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					
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		0	1,045,766
105 Total (add line 104, columns (B), (D), and (E))					1,045,766

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 and belief, the information reported thereon is true and correct. I am an officer of the organization.

11-14-02
Date

VE DIRECTOR

SCHEDULE A
(Form 990 or 990-EZ)

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)

OMB No 1545-0047

2001

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

HOPE HAVEN OF NORTHEAST GEORGIA, INC

58-0836267

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 ▶ **1**

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 ▶ **0**

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

Yes No

Table with 3 columns: Question, Yes, No. Contains questions 1-4 regarding lobbying and organizational activities. Includes a 'Note' section at the bottom.

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)

Table with 2 columns: (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)	893,990	934,806	874,950	1,012,325	3,716,071	
16 Membership fees received						
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	280,534	316,645	314,288	80,368	991,835	
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		199	388	570	1,157	
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 fac 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	72,693	1,996	2,525	38,503	115,717	
23 Total of lines 15 through 22	1,247,217	1,253,646	1,192,151	1,131,766	4,824,780	
24 Line 23 minus line 17	966,683	937,001	877,863	1,051,398	3,832,945	
25 Enter 1% of line 23	12,472	12,536	11,922	11,318		
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				▶ 26a	76,659
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	3,832,945
d Add Amounts from column (e) for lines	18	1,157	19		▶ 26d	116,874
	22	115,717	26b		▶ 26e	3,716,071
e Public support (line 26c minus line 26d total)					▶ 26e	3,716,071
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					▶ 26f	96.9508%

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 N/A

(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 N/A				
c Add Amounts from column (e) for lines	15	16		▶ 27c
	17	20	21	▶ 27d
d Add Line 27a total	and line 27b total			▶ 27e
e Public support (line 27c total minus line 27d total)				
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)	▶ 27f			
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶ 27g %			
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶ 27h %			

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?			
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?			
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.)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d	Copies of all material used by the organization or on its behalf to solicit contributions? 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?			
b	Admissions policies?			
c	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
e	Educational policies?			
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities? 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?			
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			
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			

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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(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

- 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

Yes	No	Amount

Federal Statements**Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
INCREASE IN RESTRICTED FUNDS	\$ 39,251
Total	\$ <u>39,251</u>

Federal Statements**Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt & General</u>	<u>Fund- Raising</u>
	\$	\$	\$	\$
Expenses				
FOOD	12,593	12,593		
INSURANCE AND BONDING	38,515	36,589	1,926	
CONTRACTED SERVICES	25,347	25,347		
REPAIRS & MAINTENANCE	42,168	35,843	6,325	
OTHER OPERATING	43,366	41,198	2,168	
PERSONNEL EXPENSES	23,664	23,664		
VEHICLE EXPENSES	30,556	29,028	1,528	
WORK ACTIVITY SALARIES	21,745	21,745		
RESPITE CARE	9,760	9,760		
Total	<u>\$ 247,714</u>	<u>\$ 235,767</u>	<u>\$ 11,947</u>	<u>\$ 0</u>

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

HOPE HAVEN PROVIDES EDUCATIONAL AND SUPPORTED EMPLOYMENT OPPORTUNITIES AND INTEGRATION AND SOCIAL SERVICES TO CLIENTS WHO ARE DISABLED BY SOME FORM OF MENTAL RETARDATION.

Federal Statements

Statement 4 - Form 990, Part VI, Line 80b - Name of Related Organization(s)

HOPE HAVEN SCHOOL FOR THE MENTALLY
RETARDED, INC FUND #58-6202750

MEMBERSHIP, OFFICERS AND TERMS OF OFFICE
July 1, 2001 - June 30, 2002

OFFICERS

PRESIDENT	De De Guest
VICE PRESIDENT	VACANT
SECRETARY	Patrick Haggard, esq
TREASURER	Tommy Jackson

Terms To Expire June 2002

- 1 Mr Brooks Arnold
- 2 Ms Marie Garrison
- 3 Mrs Miriam Henson
- 4 Judge Steve Jones
- 5 Mr Bob Pass, III
- 6 Mr Forrest Ramser
- 7 Dr Cliff Smith
- 8 Mrs Ba Steedman
- 9 Mr James Thornton

Terms To Expire June 2003

- 10 Mrs Janet Burd
- 11 Mr Loyd Florence
- 12 Mrs Kay Glenn
- 13 Mrs Marguerite Heery
- 14 Mr Tommy Jackson
- 15 Ms Caprice Lengle
- 16 Mr Bob Schindel
- 17 Mr William H Spratling
- 18 Mr Terry Trotochaud

Terms To Expire June 2004

- 19 Mr Allan Barber
- 20 Mr Tom Barrow
- 21 Mrs Amy Bray
- 22 Ms Nan Burks
- 23 Mrs Alice Ann Colley
- 24 Mr Mike Devore
- 25 Mrs De De Guest
- 26 Mr Patrick Haggard, esq
- 27 Mr Anderson Johnson
- 28 Mrs Ann Mahefkey
- 29 Ms Mary Beth McDonald-Fair
- 30 Mr Steve Middlebrooks
- 31 Mr Ralph Powell
- 32 Mr Stewart Richardson
- 33 Ms Sharon Sellars
- 34 Mr Ed Standera (constituent representative)
- 35 Dr Robert Stephens
- 36 Mrs Dianne Wall
- 37 Mrs Marlene Walston
- 38 Mr Rod Wright

Board Member Emeritus - Mrs Rose Broadhurst

** NO COMPENSATION WAS RECEIVED BY THE DIRECTORS.*

BOARD MEMBERSHIP ADDRESSES AND PHONE NUMBERS

Arnold Brooks 1141 Two Oaks Drive Athens GA 30606	548-8820	Mohefkey Ann 1400 Claffelter Road Bogart GA 30622	769 8664
Merrill Lynch 355 Hawthorne Lane Athens GA 30606	552 2090	Brenau University Gainesville, GA 30501	770-534-6167
Barber Allen 270 Clifton Drive Athens GA 30606	548-3016	McDonald-Fair Mary Beth 160 Holly Falls Drive Athens GA 30606	543-0777
Barrow Tom 1040 Victoria Crossing Watkinsville GA 30677	769 2597	Middlebrooks Steve 274 Moss Side Drive Athens GA 30607	546-6058
Bray Amy P.O. Box 923 Daneville GA 30633	795-2993	Heyward Allen Motor Company 2590 Atlanta Highway Athens GA 30604	549 8580
Slippen 1696 South Lumpkin Street Athens GA 30606	548-3179	Poss Bob III 1141 South Post Lake Drive Bogart GA 30622	543-4464
Broadhurst Rose Director Emeritus 155 Ashton Drive Athens GA 30606	543-0420	Nearheart Sales Distributing 5 Dairy Pak Road Athens GA 30603	548-0632
Burd, Janet 1150 Millstone Run Bogart GA 30622 2443	227-0405	Powell Ralph P.O. Box 1226 Athens GA 30606	613-3215
Burks Nan 1161 Millstone Run Bogart GA 30622	227 9094	Ramsier Forrest 190 Ashton Drive Athens GA 30606	543 8048
Calley Alice Ann 240 Plum Nelly Road Athens GA 30606	548-8661	F.L.R. Management Consultants Richardson, Stewart 2035 Timothy Road, C-206 Athens GA 30606	548-2591 369 1686
DeVore T.M. 1451 Tanglebrook Drive Athens GA 30606	549-2153	Interstate/Johnson Lane P.O. Box 1192 Athens GA 30601	548-1832
DeVore & Johnson 904 North Chase Street Athens GA 30601	543-7358	Schudel Bob 240 Beechwood Drive Athens GA 30606	543 3786
Florence William Loyd 130 Tanglewood Road Athens GA 30606	543-4580	Sellers Sharon 110 Rverhall Drive Athens GA 30606	549 5432
Garrison, Marie 132 Woodlake Drive Athens GA 30606	543-5059	Smith Dr Clifton Cliff C. 1070 Canyon Creek Road Watkinsville, GA 30677	548-9170
College Of Business UGA Athens GA 30602	542 3210	USA Dept Of Occupational Studies 205 Rivers Crossing Athens GA 30602	542-4208
Glenn Kay 785 Cleveland Road Bogart GA 30622	549-6461	Spretling William H. 255 St George Drive Athens GA 30606	548-4809
Guest De De - President 180 Walton Creek Road Athens GA 30607	546-5538	Standers, Ed 3958 Barkcamp Place Gainesville, GA 30506	(770) 532 3622
Athens Academy P.O. Box 6548 Athens GA 30604	549 9225	Steedman, Be 230 Tarnell Drive Athens GA 30606	546-1612
Haggard Patrick esq Secretary 1351 Tanglebrook Drive Athens GA 30606	353-0557	Alps Road Elementary School 200 Alps Road Athens GA 30606	548-2261
Tissens Haggard & Carney 220 College Avenue Athens GA 30601	353 1806	Stephens Robert 165 Raintree Court Athens GA 30607	548-0239
Heery Marguerite 2815 Jefferson Road Athens GA 30607	548-2319	Advantage Behavioral Health Systems 250 North Avenue Athens GA 30601	542 9691
Henson, Miriam 225 Robinhood Court Athens GA 30606	543-7824	Thermon, James F Jr 610 Springdale Street Athens GA 30606	548-1178
Jackson, Tommy - Treasurer 150 Duncan Springs Road Athens GA 30606	549-6768	Thermon Brothers Paper Company 130 Fulton Street Athens GA 30605	543 5204
SunTrust Bank P.O. Box 632 Athens GA 30613	354-8200	Trotchaud Terry 746 Kings Road Athens GA 30606	548-3513
Johnson Andy P.O. Box 6828 Athens GA 30604	548-1187	Duplicating Systems Inc. 177 Newton Bridge road Athens GA 30607	546-1220
Johnson & Patterson Insurance 1551 Jennings Mill Road Athens GA 30606	546-1860	Wall Deane 940 Timothy Road Athens GA 30606	353-0048
Janes Judge Steve 120 Double Bridges Crossing Watkinsville, GA 30683	369-8566	Cable East Inc. 370 Commerce Boulevard Bogart GA 30622	208-0019
Judge Of Superior Court P.O. Box 12623 Athens GA 30603	613 3782	Walton, Marlene 1240 Trailwood Drive Watkinsville, GA 30677	769 5373
Lengle Caprice 205 Lea Court Athens GA 30603	546-6574	Wright Rod 285 McWhorter Drive Athens GA 30606	546-0372
UGA Foundation 824 South Mulledge Avenue Athens GA 30602-8852	542 8336	Walker Michael Executive Director 1650 Cabs Creek Circle Watkinsville, GA 30677 2581	769-4379