

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)

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 2002 calendar year, or tax year beginning 7/01/02, and ending 6/30/03
B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending
C Name of organization: HOPE HAVEN OF NORTHEAST GEORGIA, INC
D Employer ID number: 58-0836267
E Telephone number: 706-548-4361
F Accounting method: [X] Accrual, [ ] Other (specify)

G Web site
J Organization type: [X] 501(c)(3)
K Check here [X] if the organization's gross receipts are normally not more than \$25,000
L Gross receipts: 1,830,847
M Check [X] if the organization is not required to attach Sch B

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Table with columns for Revenue (1-12), Expenses (13-17), and Net Assets (18-21). Includes a 'RECEIVED' stamp from IRS-OSC dated NOV 18 2003.

**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 page 21 of the instructions.)

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	69,070	69,070		
26	Other salaries and wages	26	1,020,597	850,391	170,206	
27	Pension plan contributions	27	72,842	56,817	16,025	
28	Other employee benefits	28	88,288	68,865	19,423	
29	Payroll taxes	29	80,121	64,097	16,024	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	41,727	41,727		
34	Telephone	34	18,459	17,536	923	
35	Postage and shipping	35				
36	Occupancy	36	155,323	147,266	8,057	
37	Equipment rental and maintenance	37	7,925	7,529	396	
38	Printing and publications	38				
39	Travel	39	35,761	33,973	1,788	
40	Conferences, conventions, and meetings	40	14,617	14,617		
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	49,371	32,914	16,457	
43	Other expenses not covered above (itemize) a	43a				
	b See Statement 2	43b	165,558	163,359	2,199	
	c	43c				
	d	43d				
	e	43e				
44	<b>Total functional expenses</b> (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	<b>1,819,659</b>	<b>1,499,091</b>	<b>320,568</b>	<b>0</b>

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 page 24 of the instructions)

What is the organization's primary exempt purpose?

**See Statement 3**

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) & (4) orgs., & 4947(a)(1) trusts, but optional for others.)

a See Statement 4

(Grants and allocations \$ \_\_\_\_\_ ) **1,499,091**

(Grants and allocations \$ \_\_\_\_\_ )

(Grants and allocations \$ \_\_\_\_\_ )

(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) **1,499,091**

**Part IV Balance Sheets** (See page 24 of the instructions)

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	179,064	46	252,366
47a	Accounts receivable	81,095		
b	Less allowance for doubtful accounts		47c	81,095
48a	Pledges receivable			
b	Less allowance for doubtful accounts		48c	
49	Grants receivable	41,468	49	43,005
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	8,881
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments-land, buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)		55c	
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment basis	368,212		
b	Less accumulated depreciation (attach schedule)	207,084		
58	Other assets (describe )		58	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	466,588	59	546,675
60	Accounts payable and accrued expenses	15,186	60	21,112
61	Grants payable	41,884	61	43,005
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 <u>See Stmt 5</u> )		65	79,928
66	<b>Total liabilities</b> (add lines 60 through 65)	57,070	66	144,045
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	409,518	67	402,630
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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	409,518	73	402,630
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	466,588	74	546,675

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 page 26 of the instructions)**

**Part IV-B**

**Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total revenue, gains, & other support per audited financial statements ▶	<b>a</b>	1,830,847
<b>b</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>b</b>	
<b>c</b>	Line a minus line b ▶	<b>c</b>	1,830,847
<b>d</b>	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) ▶	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d) ▶	<b>e</b>	1,830,847

<b>a</b>	Total expenses and losses per audited financial statements ▶	<b>a</b>	1,819,659
<b>b</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>b</b>	
<b>c</b>	Line a minus line b ▶	<b>c</b>	1,819,659
<b>d</b>	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) ▶	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d) ▶	<b>e</b>	1,819,659

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 26 of the instructions)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contnb to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MICHAEL WALKER WATKINSVILLE, GA	EX DIRECTOR 40	69,070	6,907	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 page 26 of the instructions

Part VI Other Information (See page 27 of the instructions)

		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?		
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 <b>See Statement 6</b> 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 <b>GA</b>		
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)		
91	The books are in care of <b>MICHAEL WALKER</b> Telephone no <b>706-548-4361</b> Located at <b>795 NEWTON BRIDGE ROAD ATHENS, GEORGIA</b> ZIP + 4 <b>30606</b>		
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 <u>92</u>		

**Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)**

	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	
<b>Note</b> Enter gross amounts unless otherwise indicated					
<b>93</b> Program service revenue					
<b>a</b> <u>Program Service Revenue</u>					202,431
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					987,034
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					784
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b>					
<b>b</b> <u>OTHER LOCAL FUNDS</u>			1	37,454	
<b>c</b> <u>INSURANCE REIMBURSEMENT</u>			1	5,916	
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		43,370	1,190,249
<b>105</b> Total (add line 104, columns (B), (D), and (E))					1,233,619

**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 page 32 of the instructions)**

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 page 32 of the instructions)**

(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 page 33 of the instructions)**

- (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 it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Date 11-13-03

**TREAS.**



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

	Yes	No
<b>1</b> 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 <b>\$</b> _____ (Must equal amount on line 38, Part VI-A, or line I 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	<b>1</b>	<b>X</b>
<b>2</b> 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 )		
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>	<b>X</b>
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of exp if more than \$1,000)?	<b>2d</b>	<b>X</b>
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )	<b>3</b>	<b>X</b>
<b>4</b> Do you have a section 403(b) annuity plan for your employees?	<b>4</b>	<b>X</b>

**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 5 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 5 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	601,673	893,990	934,806	874,950	3,305,419
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	1,045,766	280,534	316,645	314,288	1,957,233
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	587
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	77,214
23 Total of lines 15 through 22	1,647,439	1,247,217	1,253,646	1,192,151	5,340,453
24 Line 23 minus line 17	601,673	966,683	937,001	877,863	3,383,220
25 Enter 1% of line 23	16,474	12,472	12,536	11,922	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	67,664
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 1998 through 2001 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	3,383,220
d Add Amounts from column (e) for lines 18 587 19 19 22 77,214 26b		26d	77,801
e Public support (line 26c minus line 26d total)		26e	3,305,419
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	97.7004%

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

(2001)	(2000)	(1999)	(1998)
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 <span style="float: right;">N/A</span>			
c Add Amounts from column (e) for lines 15 17 2000 20 1999 16 21 1998 17			
d Add Line 27a total and line 27b total			
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 1998 through 2001, 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			





# Depreciation and Amortization

OMB No 1545-0172

Form **4562**

(Including Information on Listed Property)

**2002**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions    ▶ Attach to your tax return

Attachment  
Sequence No **67**

Name(s) shown on return **HOPE HAVEN OF NORTHEAST GEORGIA, INC**

Identifying number  
**58-0836267**

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 2 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 2 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 2001 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 2003 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 qualified prop (other than listed prop) placed in service during the tax year (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	49,375

**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 2002	17	
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	▶ <input type="checkbox"/>	

**Section B-Assets Placed in Service During 2002 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						
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	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C-Assets Placed in Service During 2002 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	49,375
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	

For Paperwork Reduction Act Notice, see separate instructions

Form 4562 (2002)

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

<u>Description</u>	<u>Amount</u>
INCREASE IN RESTRICTED FUNDS	\$ 22,302
ADJ TO RECORD FY02 FIXED ASSET ADDITIONS	45,827
ADJ FOR FY02 ANNUAL LEAVE	-48,751
TRANSFER FOR VAN PURCHASE	-37,454
Total	<u>\$ -18,076</u>

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
FOOD	19,541	19,541		
CONTRACTED SERVICES	41,412	41,412		
OTHER OPERATING	34,370	32,652	1,718	
PERSONNEL EXPENSES	11,084	11,084		
VEHICLE EXPENSES	9,618	9,137	481	
WORK ACTIVITY SALARIES	31,801	31,801		
RESPIRE CARE	11,374	11,374		
EQUIPMENT < \$1,000	6,358	6,358		
Total	<u>\$ 165,558</u>	<u>\$ 163,359</u>	<u>\$ 2,199</u>	<u>\$ 0</u>

**Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose**

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

**Statement 4 - 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.

Statement 5 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ACCRUED WAGES	\$	\$ 25,481
ANNUAL LEAVE		54,447
Total	\$ 0	\$ 79,928

58-0836267

# Federal Statements

## Form 990, Part VI, Question 80 - Relation to other organizations

Name of related organization(s)

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

---

## Statement 6 - Form 990, Part VI, Line 80b - Name of Related Organization(s)

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

## BOARD MEMBERSHIP ADDRESSES AND PHONE NUMBERS

Arnold Brooks 1141 Two Oaks Drive Athens GA 30606	548-8820	Matthews Rob 173 Westview Drive Athens GA 30606	548-6515
Merrill Lynch 355 Hawthorne Lane Athens GA 30606	552-2090	SunTrust Bank P.O. Box 632 Athens, GA 30603	354-5226
Barber Albert 270 Clifton Drive Athens GA 30606	548-3016	McDonald-Fear Mary Beth 160 Holly Falls Drive Athens GA 30606	543-0777
Barrow Tam 1040 Victoria Crossing Watkinsville, GA 30677	769-2597	Pess Bob III 1141 South Post Lake Drive Bogart GA 30622	543-4464
Bray Amy P.O. Box 923 Dacula, GA 30033	795-2593	Northeast Sales Distributing 5 Dairy Pak Road Athens GA 30603	548-0632
Sippers 1696 South Lumpkin Street Athens GA 30606	548-3179	Powell Ralph P.O. Box 1226 Athens, GA 30606	613-3215
Broadhurst Ross Director Emeritus 155 Ashton Drive Athens GA 30606	543-0420	Ramser Forrest 190 Ashton Drive Athens GA 30606	543-8048
Burd Janet 1150 Millstone Run Bogart GA 30622-2443	227-0405	F.L.R. Management Consultants Richardson Stewart 2035 Tesserly Road, C-206 Athens GA 30606	548-2591
Burks Nan 1161 Millstone Run Bogart GA 30622	227-9094	Interstate/Johnson Lane P. O. Box 1192 Athens GA 30601	369 1686
Florence William Leyd 130 Tanglewood Road Athens GA 30606	543-4580	Schindel Bob 240 Beechwood Drive Athens GA 30606	548-1832
Garrison Marie 132 Woodlake Drive Athens GA 30606	543 5059	Sellers Sharon 110 Rowhall Drive Athens GA 30606	543 3786
College Of Business, UGA Athens GA 30602	542 3210	Spreiting William H. 255 St. George Drive Athens, GA 30606	549-5432
Glenn Kay 783 Cleveland Road Bogart GA 30622	549-6461	Standers Ed 3958 Barkcamp Place Gainesville, GA 30506	548-4809
Guest De De President 180 Walton Creek Road Athens GA 30607	546-5538	Steedman Be 230 Yarnell Drive Athens, GA 30606	(770) 532 3622
Athens Academy P.O. Box 6548 Athens GA 30604	549-9225	Alps Road Elementary School 200 Alps Road Athens GA 30606	546-1612
Habbes Linda 120 Canterbury Drive Athens GA 30606	546-7940	Thamton James F Jr 610 Springdale Street Athens GA 30606	548-2261
UGA-Chickpeas Building 1180 East Broad Street Athens, GA 30602	542 5266	Thamton Brothers Paper Company 130 Fulton Street Athens, GA 30605	543-5204
Jackson Tommy - Treasurer 150 Duncan Springs Road Athens GA 30606	549-6768	Tretachaud Terry 746 Kings Road Athens GA 30606	548-1178
SunTrust Bank P.O. Box 632 Athens, GA 30613	354-5200	Duplicating Systems Inc. 177 Newton Bridge road Athens GA 30607	546-1220
Johnson Andy P.O. Box 6828 Athens, GA 30604	548-1187	Tucker Cindy 2245 Crawford-Smythons Road Colbert GA 30628	548-3513
Johson & Patterson Insurance 1551 Jewwings Mill Road Athens GA 30606	546-1860	St. Mary's 1230 Baxter Street Athens GA 30606	788-3167
Johnston David 140 Wickersham Drive Athens GA 30606	548-3281	Wall Dianne 940 Timothy Road Athens GA 30606	354-3144
Southern Broadcasting 1010 Tower Place Bogart, GA 30622	549-6222	Cable East Inc. 370 Commerce Boulevard Bogart GA 30622	353-0048
Jones Judge Steve 120 Double Bridges Crossing Winchester, GA 30683	369-8566	Walton Marlene 1240 Truhead Drive Watkinsville GA 30677	208-0019
Judge Of Superior Court P.O. Box 12623 Athens GA 30603	613-3782	Wright Rod 285 McWhorter Drive Athens, GA 30606	769-5373
Mahefkey Ann 1400 Cliftelher Road Bogart GA 30622	769-8664	Walker Michael, Executive Director 1650 Colla Creek Circle Watkinsville, GA 30677-2581	546-0372
Brenau University Gainesville, GA 30501	770-534-6167		769-4379