

Form **990**

OMB No 1545-0047

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)

2003

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 2003 calendar year, or tax year beginning 10/01/03, **and ending** 9/30/04**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 ASSOCIATION, INC.

Number and street (or P.O. box if mail is not delivered to street address)

4600 BEACH BLVD.

Room/suite

City or town, state or country, and ZIP + 4

JACKSONVILLE

FL 32207

D Employer ID number

59-0668485

E Telephone number

904-346-5100

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).**

G Website: ▶ WWW.HOPE-HAVEN.ORG**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 ▶ 3,404,968

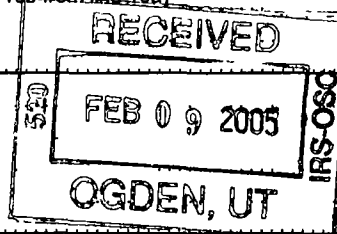
H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ 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? ☐ Yes ☐ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)**

1	Contributions, gifts, grants, and similar amounts received:			
a	Direct public support	1a	216,467	
b	Indirect public support	1b	812,569	
c	Government contributions (grants)	1c	611,628	
d	Total (add lines 1a through 1c) (cash \$ 1,606,664 noncash \$ 34,000)	1d	1,640,664	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	961,527	
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4		
5	Dividends and interest from securities	5	48,546	
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	689,375	8a
b	Less: cost or other basis and sales expenses		679,538	8b
c	Gain or (loss) (attach schedule)		9,837	8c
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	SEE STMT 1		8d
9	Special events and activities (attach schedule). If any amount is from gaming, check here ☐			
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		
b	Less: direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
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 (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11	64,856	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,725,430	
13	Program services (from line 44, column (B))	13	2,657,133	
14	Management and general (from line 44, column (C))	14	393,901	
15	Fundraising (from line 44, column (D))	15		
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 44, column (A))	17	3,051,034	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-325,604	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,322,899	
20	Other changes in net assets or fund balances (attach explanation)	20	11,992	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	3,009,287	



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 22 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			
26 Other salaries and wages	26 2,060,600	1,839,924	220,676	
27 Pension plan contributions	27 77,324	70,286	7,038	
28 Other employee benefits	28 234,452	201,563	32,889	
29 Payroll taxes	29 149,674	133,529	16,145	
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32 37,470	3,880	33,590	
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40 43,127	25,374	17,753	
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 82,548	73,489	9,059	
43 Other expenses not covered above (itemize): a	43a			
b SEE STATEMENT 3	43b 365,839	309,088	56,751	
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 3,051,034	2,657,133	393,901	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 page 25 of the instructions.)

What is the organization's primary exempt purpose?

► CHILDREN'S OUTPATIENT CLINIC

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 ATTACHMENT)

(Grants and allocations \$ _____) 2,657,133

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)

► 2,657,133

Part IV Balance Sheets (See page 25 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	107,013	45	101,296
46	Savings and temporary cash investments	587,431	46	175,167
47a	Accounts receivable	121,717		
b	Less: allowance for doubtful accounts	20,800	47c	100,917
48a	Pledges receivable		48c	
b	Less: allowance for doubtful accounts			
49	Grants receivable		49	
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	32,297	53	17,479
54	Investments-securities SEE STMT 4 ☐ Cost ☒ FMV	1,089,090	54	1,262,557
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	2,429,212		
b	Less: accumulated depreciation (attach schedule)	867,852	57c	1,561,360
58	Other assets (describe SEE STMT 5)	2,440	58	3,252
59	Total assets (add lines 45 through 58) (must equal line 74)	3,508,380	59	3,222,028
60	Accounts payable and accrued expenses	169,081	60	200,133
61	Grants payable		61	
62	Deferred revenue	16,400	62	12,608
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)	185,481	66	212,741
Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	3,278,179	67	2,987,787
68	Temporarily restricted	44,720	68	21,500
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		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)	3,322,899	73	3,009,287
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	3,508,380	74	3,222,028

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.

Form 990 (2003)

HOPE HAVEN ASSOCIATION, INC.

59-0668485

Page 4

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	2,737,422
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): SEE STMT 6 \$ 11,992		
	Add amounts on lines (1) through (4)	b	11,992
c	Line a minus line b	c	2,725,430
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	2,725,430

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

a	Total expenses and losses per audited financial statements	a	3,051,034
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	3,051,034
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	3,051,034

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 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) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ALAN GIBBS 7806 WOODSDALE L JACKSONVIL FL 32256	TREASURER	0	0	0
MICHAEL FISHER 200 RIVERPLACE B JACKSONVIL FL 32207	DIRECTOR	0	0	0
DANIEL EDELMAN 6622 SOUTHPOINT JACKSONVIL FL 32216	CHAIRMAN	0	0	0
DEBORAH PASS 9700 PHILIPS HIG JACKSONVIL FL 32256	DIRECTOR	0	0	0
R. SKINNER, III 2245 ST JOHNS AV JACKSONVIL FL 32204	DIRECTOR	0	0	0
STEPHEN LAZOFF 3945 SAN JOSE PA JACKSONVIL FL 32217	DIRECTOR	0	0	0
LAURA PRICE 1487 BELVEDERE A JACKSONVIL FL 32205	EXECUTIVE DI 40	98,280	9,688	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?
If "Yes," attach schedule-see page 28 of the instructions.

Yes ☐ No ☒

Part VI Other Information (See page 28 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	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 income 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?	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 and indirect political expenditures. See line 81 instructions	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.) SEE STMT 7	82b	34,000
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?	83b	N/A
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?	84b	N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
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 on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
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 <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	89b	N/A
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 ☐ NONE		
b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	154
91 The books are in care of ☐ SUSAN KIRKPATRICK Located at ☐ JACKSONVILLE, FL		
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	

Telephone no. ☐ 904-346-5100
ZIP + 4 ☐ 32207

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

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	
				424,770
				136,080
				66,588
				141,801
				192,288
		14	48,546	
		14	9,837	
				64,856
	0		58,383	1,026,383
				1,084,766

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 page 34 of the instructions.)
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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)
93A	MEDICAL, PSYCHOLOGICAL, & EDUCATIONAL CLINIC SERVICES
93B	COUNSELING FOR FAMILIES INVOLVED IN DIVORCE
93C	DEVELOPMENTAL SERVICES FOR CLIENTS NOT ENROLLED IN PUBLIC SCHOOLS TO INCREASE THEIR INCLUSION IN THE COMMUNITY

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 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 34 of the instructions)
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- | | | | | |
|---|--|-----|-------------------------------------|----|
| (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.

Executive Director Date 2/7/05

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

2003Department 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 ASSOCIATION, INC.

59-0668485

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
JOSEPH PESKE 10383 SCOTT MILL ROAD	PHYSICIAN 40	116,118	16,297	0
LAURIE PRICE 1487 BELVEDERE AVE.	EXECUTIVE DI 40	98,280	9,688	0
JOANN HOZA 567 SELVA LAKES CIRCLE	PSYCHOLOGIST 40	65,991	7,663	0
NICHOLAS ROUSIS 12940 BRADY ROAD	SOCIAL WORKE 40	59,996	10,288	0
TIMOTHY STAVROPULOS PO BOX 2152	SPEECH PATHO 40	59,201	7,377	0
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 instructions. 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 ▶		

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

Schedule A (Form 990 or 990-EZ) 2003

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 amounts on line 38, Part VI-A, or line I of Part VI-B.)		X
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.		
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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expense if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
3b Do you have a section 403(b) annuity plan for your employees?	X	
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,410,840	1,870,638	2,080,859	2,775,196	8,137,533
16 Membership fees received					0
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	984,192	987,724	876,685	851,369	3,699,970
18 Gross income from interest, dividends, amounts received from payment on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	67,857	56,912	80,155	81,326	286,250
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefits and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0
23 Total of lines 15 through 22	2,462,889	2,915,274	3,037,699	3,707,891	12,123,753
24 Line 23 minus line 17	1,478,697	1,927,550	2,161,014	2,856,522	8,423,783
25 Enter 1% of line 23	24,629	29,153	30,377	37,079	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 168,476
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 1999 through 2002 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 8,423,783
d Add: Amounts from column (e) for lines:	18 286,250	19	22	26b	26d 286,250
e Public support (line 26c minus line 26d total)					26e 8,137,533
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 96.6019%
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
(2002)	(2001)	(2000)	(1999)		
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
(2002)	(2001)	(2000)	(1999)		
c Add: Amounts from column (e) for lines:	15	16	17	20	21
d Add: Line 27a total					
e Public support (line 27c total minus line 27d total)					27e
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 1999 through 2002, 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/ACheck ☐ **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-		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is-		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$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) 2003	(b) 2002	(c) 2001	(d) 2000	(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 instructions.) 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

2/3/2005 11:26 AM

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities

Desc		How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
PUBLICLY TRADED SECURITIES									
						\$ 689,375	\$ 679,538	\$	9,837
TOTAL						\$ 689,375	\$ 679,538	\$ 0	\$ 9,837

Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc		How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
2004 DISPOSITIONS									
						VARIOUS 9/30/04	\$ 6,322	\$ 6,322	\$
TOTAL						\$ 0	\$ 6,322	\$ 6,322	\$ 0

Federal Statements**Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
OTH AMTS INCLUDED ON FINANCIAL STMTS NOT ON RETURN	\$ 11,992
TOTAL	<u>\$ 11,992</u>

59-0668485

Federal Statements

FYE: 9/30/2004

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
ADVERTISING	9,320	1,366	7,954	
AUTOMOBILE	19,214	17,557	1,657	
AWARDS	6,321	6,160	161	
INVESTMENT FEES	18,101		18,101	
CONTRACTED SERVICES	24,420	24,420		
DUES AND MEMEBERSHIPS	8,095	3,605	4,490	
INSTRUCTIONAL MATERIALS	29,823	27,993	1,830	
INSURANCE	54,933	50,745	4,188	
JANITORAL	4,831	4,301	530	
OFFICE EXPENSES	84,103	77,239	6,864	
RENTS	13,500	13,500		
REPAIRS AND MAINTENANCE	27,891	25,166	2,725	
TAXES AND LICENSES	8,552	5,510	3,042	
TELEPHONE	25,874	23,804	2,070	
UTILITIES	30,861	27,722	3,139	
TOTAL	\$ 365,839	\$ 309,088	\$ 56,751	\$ 0

59-0668485

Federal Statements

FYE: 9/30/2004

Statement 4 - Form 990, Part IV, Line 54 - Investments in Securities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
US AND STATE GOVERNMENT	459,714	312,176	
CORPORATE STOCK	386,831	946,229	
CORPORATE BONDS	242,545	4,152	
	<u>1,089,090</u>	<u>1,262,557</u>	

Statement 5 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DEPOSITS	\$ 500	\$ 500
OTHER RECEIVABLES	140	952
INVENTORY	1,800	1,800
TOTAL	<u>\$ 2,440</u>	<u>\$ 3,252</u>

59-0668485

Federal Statements

FYE: 9/30/2004

Statement 6 - Form 990, Part IV-A - Other Revenue Included on Financial Statements

Description	Amount
UNREALIZED GAINS AND LOSSES ON INVESTMENTS, NET	\$ 11,992
TOTAL	\$ 11,992

59-0668485

Federal Statements

FYE: 9/30/2004

Statement 7 - Form 990, Part VI, Line 82b - Donated Services

Description	Amount
SATELLITE FACILITY USAGE	\$ 12,000
VAN	22,000
TOTAL	<u>\$ 34,000</u>

59-0668485

Federal Statements

FYE: 9/30/2004

Form 990, Part I, Line 1a - Direct Public Support

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
OTHER CONTRIBUTIONS	\$ 250,849	\$	\$ 250,849
TOTAL	<u>\$ 250,849</u>	<u>\$ 0</u>	<u>\$ 250,849</u>

Form 990, Part I, Line 1b - Indirect Public Support

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
OTHER CONTRIBUTIONS	\$ 812,569	\$	\$ 812,569
TOTAL	<u>\$ 812,569</u>	<u>\$ 0</u>	<u>\$ 812,569</u>

***Hope Haven Children's Clinic and Family Center
4600 Beach Boulevard
Jacksonville, Florida 32207***

Hope Haven Children's Clinic and Family Center, established in 1926 to care for sick and malnourished children, has a long history of serving children with special needs. The Clinic has evolved over time in response to the changing health care needs and environment of the Greater Jacksonville area. Since the 1980s, Hope Haven has served primarily as a specialty outpatient clinic, working to meet the physical, psychological, educational, and developmental needs of children and their families.

Today, Hope Haven offers the expertise of physicians, educators, psychologists, speech pathologists, and occupational and physical therapists working together in teams to maximize the academic success and independence of children with disabilities. Many of those served have Down syndrome, autism, learning disabilities, attention deficit disorders or other developmental delays. Through Hope Haven, families can access comprehensive diagnostics, medical evaluations, psychological and educational testing, counseling, tutoring, language enrichment, and other medical therapies. For adults with disabilities, employment readiness and job coaching are also available.

Through a formal outcomes assessment process, Hope Haven continually measures its programs in terms of accessibility, effectiveness, and value of services to its constituents. Hope Haven has served Jacksonville for over 77 years, currently providing care to over 5,000 families annually. In return, members of the community contribute both volunteer time and financial support. Hope Haven is committed to responsible stewardship of its resources, and one hundred percent of Hope Haven's donations are applied directly to service delivery. Hope Haven's staff is one of its most valuable resources, with highly qualified professionals dedicated to changing the future one child at a time.

For additional information on Hope Haven or copy of the annual report, please call (904) 346-5100 or visit our website at www.hope-haven.org.