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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2004

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning 7/01/04 , and ending 6/30/05

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 — Room/suite

City or town, state or country, and ZIP + 4: ATHENS GA 30606

D Employer identification no. 58-0836267

E Telephone number 706-548-4361

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

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

H and I are not applicable to section 527 organizations

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

H(b) If "Yes," enter 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)

G Website: ▶ N/A

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 ▶ 1,631,587

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a			
	b	Indirect public support	1b	86,005		
	c	Government contributions (grants)	1c	502,339		
	d	Total (add lines 1a through 1c) (cash $ 588,344 noncash $)			1d	588,344
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	1,031,556
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	4,405
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a			
	b	Less· rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
	7	Other investment income (describe ▶)			7	
	8a	Gross amount from sales of assets other than inventory — (A) Securities: ; (B) Other:	8a			
	b	Less. cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
	9	Special events and activities (attach schedule) 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	7,282
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	1,631,587
Expenses	13	Program services (from line 44, column (B))			13	1,500,440
	14	Management and general (from line 44, column (C))			14	100,594
	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	1,601,034
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	30,553
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	524,391
	20	Other changes in net assets or fund balances (attach explanation) See Statement 1			20	-28,396
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	526,548

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
DAA

Form **990** (2004)

9

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	71,528	64,375	7,153	
26 Other salaries and wages	26	855,816	800,911	54,905	
27 Pension plan contributions	27	16,512	15,407	1,105	
28 Other employee benefits	28	71,399	66,621	4,778	
29 Payroll taxes	29	79,010	73,723	5,287	
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	36,944	36,944		
34 Telephone	34	17,071	16,217	854	
35 Postage and shipping	35				
36 Occupancy	36	114,497	110,782	3,715	
37 Equipment rental and maintenance	37	6,351	6,033	318	
38 Printing and publications	38				
39 Travel	39	37,290	35,426	1,864	
40 Conferences, conventions, and meetings	40	9,060	9,060		
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	49,012	32,675	16,337	
43 Other expenses not covered above (itemize): a	43a				
b See Statement 2	43b	236,544	232,266	4,278	
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	1,601,034	1,500,440	100,594	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? ▶ 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)	**Program Service Expenses** (Required for 501(c)(3) & (4) orgs , & 4947(a)(1) trusts, but optional for others)
a See Statement 3 (Grants and allocations $)	1,500,440
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) ▶	1,500,440

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
Assets	45 Cash-non-interest-bearing			200	45	350
	46 Savings and temporary cash investments			472,875	46	257,833
	47a Accounts receivable	47a	196,651			
	b Less. allowance for doubtful accounts	47b		375,704	47c	196,651
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable			59,806	49	41,862
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a Other notes and loans receivable (attach schedule) See Worksheet	51a	133,959			
	b Less allowance for doubtful accounts	51b		108,862	51c	133,959
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			13,753	53	8,255
	54 Investments-securities ▶ ☐ Cost ☐ FMV				54	
	55a Investments-land, buildings, and equipment: basis	55a				
	b Less accumulated depreciation (attach schedule)	55b			55c	
	56 Investments-other (attach schedule)				56	
	57a Land, buildings, and equipment basis	57a	349,300			
	b Less accumulated depreciation (attach schedule)	57b	265,004	126,319	57c	84,296
	58 Other assets (describe ▶)				58	
	59 **Total assets** (add lines 45 through 58) (must equal line 74)			1,157,519	59	723,206
Liabilities	60 Accounts payable and accrued expenses			509,026	60	88,534
	61 Grants payable			59,806	61	41,862
	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 ▶ See Statement 4)			64,296	65	66,262
	66 **Total liabilities** (add lines 60 through 65)			633,128	66	196,658
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here ▶** ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			524,391	67	417,454
	68 Temporarily restricted				68	109,094
	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)			524,391	73	526,548
	74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)			1,157,519	74	723,206

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 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements ▶	a	1,631,587
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	1,631,587
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	1,631,587

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

a	Total expenses and losses per audited financial statements ▶	a	1,601,034
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	1,601,034
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	1,601,034

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
MICHAEL WALKER WATKINSVILLE GA	EXEC DIRECTO 40	71,528	7,153	0
SEE ATTACHED SCHEDULE ATHENS GA	DIRECTORS	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 28 of the instructions

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 ▶ See Statement 5 and check whether it is [X] 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.) — 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations **a** Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members — 85c			
d	Section 162(e) lobbying and political expenditures — 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
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? N/A	85h		
86	501(c)(7) orgs Enter **a** Initiation fees and capital contributions included on line 12 — 86a			
b	Gross receipts, included on line 12, for public use of club facilities — 86b			
87	501(c)(12) orgs Enter: **a** Gross income from members or shareholders — 87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) — 87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization ▶ 0			

90a List the states with which a copy of this return is filed ▶ GA

b Number of employees employed in the pay period that includes March 12, 2004 (See instructions) 90b 49

91 The books are in care of ▶ MIKE WALKER Telephone no ▶ 706-548-4361

Located at ▶ ATHENS, GA 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 page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by sec 512, 513, or 514 (C) Exclusion code	Excluded by sec 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue					
a Program Service Revenue					155,808
b					
c					
d					
e					
f Medicare/Medicaid payments					863,248
g Fees and contracts from government agencies					12,500
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					4,405
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 MISCELLANEOUS			41	7,282	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		7,282	1,035,961
105 Total (add line 104, columns (B), (D), and (E)) ▶					1,043,243

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.)

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	HOPE HAVEN PROVIDES EDUCATIONAL AND SUPPORTED EMPLOYMENT OPPORTUNITIES, INTEGRATION AND SOCIAL SERVICES TO CLIENTS WHO ARE DISABLED BY SOME FORM OF DEVELOPMENTAL DISABILTIY

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.)

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

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

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

Please Sign Here

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

▶ [signature] 1-18-2006
Signature of officer | Date

▶ Robert A Matthews, Board Treasure
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ [signature]	Date 12/11/05	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Instr W) 258-02-4578
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Robert Baker and Associates, CPA's 316 W. Residence Avenue Albany, GA 31701-2319		EIN ▶ 58-1183307	Phone no ▶ 229-435-9500

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2004

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 empl ben plans & deferred comp	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶				

Part II **Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See page 2 of the 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 ▶		

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)	1		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?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		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)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		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 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	601,578	597,228	601,673	893,990	2,694,469
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	1,084,308	1,189,465	1,045,766	280,534	3,600,073
18 Gross income from interest, dividends, amounts received from payments 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	3,002	784			3,786
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit 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	17,300	43,370		72,693	133,363
23 Total of lines 15 through 22	1,706,188	1,830,847	1,647,439	1,247,217	6,431,691
24 Line 23 minus line 17	621,880	641,382	601,673	966,683	2,831,618
25 Enter 1% of line 23	17,062	18,308	16,474	12,472	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 56,632

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 2000 through 2003 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 2,831,618

d Add: Amounts from column (e) for lines 18 3,786 19 ______ 22 133,363 26b ______ ▶ 26d 137,149

e Public support (line 26c minus line 26d total) ▶ 26e 2,694,469

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 95.1565 %

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

(2003) (2002) (2001) (2000)

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

(2003) (2002) (2001) (2000)

c Add. Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c

d Add. Line 27a total. ______ and line 27b total ______ ▶ 27d

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

f Total support for section 509(a)(2) test Enter amount from 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 2000 through 2003, 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?	31		
	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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table-	41		
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		

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
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

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

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

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(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 11 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.	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines **c** through **h.**)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

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

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

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

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		HOPE HAVEN FUND	LESSEE/LESSOR

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

b If "Yes," complete the following schedule.

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

2031 12/11/2005 12 53 PM

Forms 990 / 990-PF	Other Notes and Loans Receivable For calendar year 2004, or tax year beginning 7/01/04 , and ending 6/30/05	2004

Name	Employer Identification Number
HOPE HAVEN OF NORTHEAST GEORGIA,INC	58-0836267

Form 990, Part IV, Line 51a - Additional Information

	Name of borrower	Relationship to disqualified person
(1)	DUE FROM HOPE HAVEN TRUST	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)		108,862	133,959	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Totals		108,862	133,959	

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2004

Attachment Sequence No **67**

Name(s) shown on return	Identifying number
HOPE HAVEN OF NORTHEAST GEORGIA, INC	58-0836267

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain 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	102,000
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	410,000
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 page 3 of the instructions	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 2003 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 2005. 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 instructions)	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	49,009

Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	0
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B-Assets Placed in Service During 2004 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	
			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 2004 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b)	(c)	(d)	(e)	(f)	(g)
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 8 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	49,009
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** (2004)

DAA

There are no amounts for Page 2

HOPE HAVEN OF NORTHEAST GEORGIA,INC 58-0836267

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A-Depreciation and Other Information (Caution: See page 9 of the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

(a) Type of prop (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 8 of the instructions)						25		
26 Property used more than 50% in a qualified business use (see page 8 of the instructions).								
		%						
		%						
27 Property used 50% or less in a qualified business use (see page 8 of the instructions)								
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles-See page 2 of the instructions)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see page 10 of the instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 10 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 10 of the instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2004 tax year (see page 11 of the instructions):					
43 Amortization of costs that began before your 2004 tax year				43	0
44 **Total.** Add amounts in column (f) See page 12 of the instructions for where to report				44	

Federal Statements

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
WHITE 1994 CHEVY ASTRO EXTENDED CAB							
Purchase		6/06/95	6/30/05	$	$ 25,500	$ 25,500	$
2 IMAC GS 233 MHZ COMPUTER							
Purchase		10/16/98	6/30/05		2,702	2,702	
G3 266 MHZ COMPUTER							
Purchase		4/16/99	6/30/05		1,199	1,199	
POWER MAC Ge DUAL 2 GHZ							
Purchase		6/01/04	6/30/05		2,399	2,399	
Total				$ 0	$ 31,800	$ 31,800	$ 0

Federal Statements

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

Description	Amount
PRIOR PERIOD ADJ-A/R WRITE OFF	$ -6,120
USE OF RESTRICTED FUNDS	-22,276
Total	$ -28,396

Federal Statements

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

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	$	$	$	$
Expenses				
EQUIPMENT < $1,000	9,914	9,914		
FOOD	19,062	19,062		
INSURANCE AND BONDING	32,134	30,527	1,607	
CONTRACTED SERVICES	43,782	43,782		
OTHER OPERATING	40,466	38,443	2,023	
PERSONNEL EXPENSES	12,723	12,723		
VEHICLE EXPENSES	12,956	12,308	648	
WORK ACTIVITY SALARIES	47,842	47,842		
RESPITE CARE	9,993	9,993		
CLIENT BENEFITS-RENT	7,672	7,672		
Total	$ 236,544	$ 232,266	$ 4,278	$ 0

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 IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
ACCRUED WAGES	$ 25,614	$ 34,750
ANNUAL LEAVE	38,682	31,512
Total	$ 64,296	$ 66,262

Federal Statements

Statement 5 - Form 990, Part VI, Line 80b - Name of Related Organization(s)

Name of related organization(s)	Type
HOPE HAVEN SCHOOL FOR THE MENTALLY RETARDED, INC. FUND #58-6202750	Exempt

2031 HOPE HAVEN OF NORTHEAST GEORGIA,INC 12/11/2005 12:53 PM
58-0836267
FYE: 6/30/2005

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
97	#0189938 BLACK CABINET	3/01/83	233				233	20	MO	S/L	233	0
98	#0189939 BLACK CABINET	3/01/83	100				100	20	MO	S/L	100	0
279	#0215742 GE REFRIGERATOR	6/01/86	917				917	15	MO	S/L	917	0
301	#0225217 PORTABLE MINI BUILDING	6/01/87	3,328				3,328	20	MO	S/L	3,108	167
316	#0225234 OFFICE TABLE	6/01/87	154				154	15	MO	S/L	154	0
333	SOFA	6/30/93	1,188				1,188	15	MO	S/L	911	79
334	WOOD TRIMMED CHAIR	6/30/93	674				674	10	MO	S/L	674	0
337	CUSTOM CABINET	6/30/93	175				175	15	MO	S/L	137	12
367	JVC VCR	5/30/95	328				328	10	MO	S/L	312	16
369	WHITE FRIGIDAIRE REFRIGERATOR	5/31/95	529				529	10	MO	S/L	503	26
370	BASSETT COFFEE TABLE	5/31/95	186				186	10	MO	S/L	176	10
371	BASSETT END TABLE	5/31/95	186				186	10	MO	S/L	176	10
372	HOOKER ENT CENTER	5/31/95	822				822	10	MO	S/L	780	42
376	3 BROYHILL TRIPLE DRESSERS	5/31/95	3,049				3,049	10	MO	S/L	2,897	152
377	3 MATTRESSES	5/31/95	985				985	10	MO	S/L	935	50
378	3 BED RAIL SETS	5/31/95	76				76	10	MO	S/L	72	4
379	1 HOLIDAY BRASS LAMPS	5/31/95	303				303	10	MO	S/L	288	15
381	BROYHILL CHINA CABINET	5/31/95	858				858	10	MO	S/L	815	43
382	COSTAR DATABASE VALUE PACK	6/15/95	302				302	5	MO	S/L	302	0
384	GAS LIFT SEC CHAIR	6/16/95	42				42	10	MO	S/L	40	2
385	HYDRAULIC PATIENT LIFT	6/21/95	694				694	10	MO	S/L	659	35
386	FILE FRAM2	6/21/95	477				477	10	MO	S/L	453	24
387	FOUR ROCKERS	6/22/95	726				726	10	MO	S/L	690	36
388	IVAN ALLEN OFFICE CHAIR	8/31/95	212				212	10	MO	S/L	180	21
389	IVAN ALLEN OFFICE CHAIR	8/31/95	212				212	10	MO	S/L	180	21
390	VERTICAL FILE	9/11/95	289				289	10	MO	S/L	246	29
391	MINOLTA COPIER	12/05/95	12,620				12,620	10	MO	S/L	10,727	1,262
392	MINOLTA FAX MACHINE	12/05/95	2,448				2,448	10	MO	S/L	2,081	245
394	FLOOR BUFFER	12/14/95	768				768	10	MO	S/L	653	76
395	PERSONAL LASERWRITER 300	5/07/96	667				667	5	MO	S/L	667	0
397	TIME CLOCK	8/08/96	519				519	10	MO	S/L	390	51
399	UMAX DESKTOP COMPUTER	11/19/96	1,515				1,515	5	MO	S/L	1,515	0
401	EXECUTIVE DESK	12/10/96	318				318	10	MO	S/L	239	31
402	LABLEWRITER XL	1/14/97	163				163	5	MO	S/L	163	0
403	12 LINE KEY PHONE	1/27/97	227				227	10	MO	S/L	170	23
404	ABSOCLD REFRIGERATOR	3/07/97	158				158	10	MO	S/L	118	16
405	BARK FOLDING TABLE	3/20/97	111				111	10	MO	S/L	83	11
406	INDUSTRIAL MEDICINE CABINET	4/14/97	207				207	10	MO	S/L	155	21
407	PS 500 SHEET FEEDER	4/28/97	329				329	5	MO	S/L	329	0
408	ZIP DRIVE	4/28/97	162				162	5	MO	S/L	162	0
409	WHITE WESTINGHOUSE CHEST FREE;	5/29/97	212				212	10	MO	S/L	159	21
415	WHITE 1994 CHEVY ASTRO EXTENDE	6/06/95	25,500				25,500	5	MO	S/L	25,500	0
	Sold/Scrapped 6/30/05											
416	1995 FORD DELUXE SHUTTLE BUS	10/31/95	34,302				34,302	5	MO	S/L	34,302	0
423	VIEWSONIC GT770	8/26/97	650				650	5	MO	S/L	650	0
424	WORK CENTER AND TIME CLOCK	9/25/97	802				802	7	MO	S/L	775	27
425	RACK WITH STORAGE	11/17/97	415				415	7	MO	S/L	393	22
426	EXPLORATION RESOURCES, INC	11/20/97	364				364	7	MO	S/L	344	20
427	2 TIER SORTER W/ STAND	1/07/98	1,033				1,033	7	MO	S/L	956	77
428	MICROWAVE	1/28/98	136				136	7	MO	S/L	125	11
429	1 EXEC CHAIR AND 2 CHARCOAL HIB	12/09/97	770				770	7	MO	S/L	722	48
430	PRINTER	12/16/97	223				223	5	MO	S/L	223	0
431	BED RAILS	12/31/97	121				121	7	MO	S/L	112	9
432	CHARCOAL HIBACK SWIVEL CHAIR	12/31/97	251				251	7	MO	S/L	233	18
433	2 BULETIN BOARDS	2/04/98	403				403	7	MO	S/L	368	35
434	ICE/WATER DISPENSER	3/20/98	4,653				4,653	7	MO	S/L	3,028	665
435	AV CART & STAND/WHITE OAK FRAM	3/06/98	792				792	7	MO	S/L	715	77
436	FEDERAL SIGNAL CORP	3/12/98	358				358	7	MO	S/L	323	35
437	CHARCOAL HIBACK SWIVEL CHAIR	3/19/98	251				251	7	MO	S/L	226	25
439	TV/VCR COMBO	4/14/98	488				488	7	MO	S/L	433	55
441	BOX SPRINGS	8/31/98	139				139	7	MO	S/L	116	20
442	2 IMAC GS 233 MHZ COMPUTER	10/16/98	2,702				2,702	5	MO	S/L	2,702	0
	Sold/Scrapped 6/30/05											
443	DRYER	10/12/98	289				289	7	MO	S/L	289	0
444	FARMER'S FURNITURE	10/20/98	21				21	7	MO	S/L	17	4
445	WASHER	10/26/98	494				494	7	MO	S/L	400	71
446	SUPER DISK IMATION USB	1/19/99	153				153	7	MO	S/L	118	22
447	G3 266 MHZ COMPUTER	4/16/99	1,199				1,199	7	MO	S/L	885	314

2031 HOPE HAVEN OF NORTHEAST GEORGIA,INC — 12/11/2005 12:53 PM

58-0836267

Federal Asset Report

FYE: 6/30/2005

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	Per	Conv	Meth	Prior	Current
	Sold/Scrapped 6/30/05											
448	BED, MATTRESS, & BOX SPRINGS	4/29/99	884				884	7	MO	S/L	652	127
449	4 COMPUTER TABLES & 3 PICNIC TAE	5/25/99	912				912	7	MO	S/L	662	131
450	BACKUPS 300 NEW DESIGNS	5/25/99	533				533	7	MO	S/L	387	76
451	IMAC COMPUTER	6/30/99	2,216				2,216	5	MO	S/L	2,216	0
452	VACCUUM CLEANER	6/30/99	180				180	7	MO	S/L	129	25
453	DESK	6/30/99	202				202	7	MO	S/L	144	29
454	COMPUTER CART	6/23/99	128				128	7	MO	S/L	92	18
455	5 SHELF METAL BOOKCASE	9/18/98	229				229	7	MO	S/L	188	33
456	CARPET	5/25/99	291				291	7	MO	S/L	212	41
457	INDUSTRIAL MICROWAVE OVEN	11/22/99	2,461				2,461	7	MO	S/L	1,611	352
458	SONY CAMCORDER	11/30/99	1,197				1,197	7	MO	S/L	784	171
459	UPGRADE OF ACCOUNTING COMPUT	1/18/00	13,636				13,636	5	MO	S/L	12,045	1,591
460	ERGONOMIC TASK CHAIR	10/29/99	136				136	7	MO	S/L	91	19
461	INDUSTRIAL SHELVING	12/29/99	907				907	7	MO	S/L	583	130
462	FLOOR MATTING- WORK ACTIVITY A	2/14/00	828				828	7	MO	S/L	523	118
463	AUTOMATIC TOILET FLUSHER	12/15/99	191				191	7	MO	S/L	125	27
464	PLATFORM TRUCKS	12/15/99	638				638	7	MO	S/L	418	91
465	SOFA	9/23/99	788				788	7	MO	S/L	535	112
466	SOFA	9/23/99	788				788	7	MO	S/L	535	112
467	HEWLETT PACKARD OFFICE JET 600	3/22/00	432				432	7	MO	S/L	262	62
468	WASHER	9/01/99	428				428	7	MO	S/L	296	61
469	SOUND SYSTEM	11/30/99	843				843	7	MO	S/L	552	121
470	HOSPITAL BED	11/30/99	570				570	7	MO	S/L	373	82
471	ELECTRIC HAND DRYERS	12/29/99	754				754	7	MO	S/L	484	108
472	2000 GMC SAVANNA VAN	8/25/99	26,946				26,946	5	MO	S/L	26,047	899
473	CHAIR-ORANGE-BREAK ROOM	6/01/01	328				328	7	MO	S/L	145	47
474	SHREDDER4160X	5/21/01	1,926				1,926	7	MO	S/L	848	275
475	DRYER-RESPITE	2/26/01	292				292	7	MO	S/L	139	42
476	TABLE & CHAIRS-RESPITE	10/09/00	791				791	7	MO	S/L	424	113
477	BED/MATTRESS-RESPITE	10/09/00	257				257	7	MO	S/L	138	36
478	SOFTWARE-NETOPIA	9/19/00	1,085				1,085	7	MO	S/L	581	155
479	DISPLAY BOARD& CASE	11/30/00	661				661	7	MO	S/L	338	95
480	TELEVISION-RESPITE-27"	1/01/01	290				290	7	MO	S/L	145	41
481	PALLETT JACK	7/14/00	321				321	7	MO	S/L	183	46
483	17 GUEST CHAIRS-CHARCOAL	9/27/99	1,410				1,410	7	MO	S/L	806	202
484	13 EXEC CHAIRS-CHARCOAL	9/27/99	1,302				1,302	7	MO	S/L	744	186
485	CONFERENCE ROOM TABLE	9/27/99	618				618	7	MO	S/L	353	88
486	2 DOOR COOLER	6/01/98	2,793				2,793	7	MO	S/L	1,596	399
487	12 OFFICE PARTITIONS	6/28/99	1,591				1,591	7	MO	S/L	909	227
488	2001 FORD VAN	4/27/01	45,503				45,503	5	MO	S/L	28,818	9,101
489	1999 FORD F250	10/26/99	15,806				15,806	5	MO	S/L	12,645	3,161
490	HANCOCK FABRICS	5/20/02	70				70	5	MO	S/L	29	14
491	CHAIR	6/20/02	75				75	7	MO	S/L	21	11
492	DINING ROOM TABLE	8/06/01	150				150	7	MO	S/L	63	21
493	6 OAK SIDE CHAIRS	2/13/02	1,862				1,862	7	MO	S/L	643	266
494	REFIRGERATOR-RESPITE	3/23/02	601				601	7	MO	S/L	193	86
495	2 SOFAS	6/14/02	963				963	7	MO	S/L	287	137
496	DIGITAL COPIER	6/14/02	711				711	7	MO	S/L	211	102
497	ICE MAKER	2/07/02	3,690				3,690	7	MO	S/L	1,274	527
498	COMP EQUIP-INTERNET	4/04/02	3,650				3,650	5	MO	S/L	1,642	730
499	OFFICE FURNITURE	3/04/02	717				717	7	MO	S/L	239	102
500	HP LASERJET 2200DN	5/30/02	1,163				1,163	5	MO	S/L	485	232
501	SHOWER CHAIR & ACCESSORIES	8/13/01	2,550				2,550	7	MO	S/L	1,063	364
502	HP 1 8 GHZ COMPUTER & MONITOR	5/14/02	1,808				1,808	5	MO	S/L	783	362
503	IMAC G3/500MHZ	4/26/02	1,060				1,060	5	MO	S/L	459	212
504	2002 FORD WINSTAR LX	7/01/02	26,435				26,435	5	MO	S/L	10,574	5,287
505	ACDEM FILEMAKER PRO 6 0	7/01/02	1,113				1,113	5	MO	S/L	445	223
506	EPSON POWERLITE 600P	7/01/02	2,680				2,680	5	MO	S/L	1,072	536
507	MSFT OFFICE MAC SA	7/01/02	2,400				2,400	5	MO	S/L	960	480
508	HP COLOR PRTR 4600DN	7/01/02	2,400				2,400	5	MO	S/L	960	480
509	IMAC G4 256/80GB	7/02/01	1,928				1,928	5	MO	S/L	771	386
510	POWER MAC G4 1.25/80	7/01/02	2,129				2,129	5	MO	S/L	852	425
511	POWER MAC G4 1 25/80	7/01/02	2,129				2,129	5	MO	S/L	852	425
512	2002 DODGE RESPITE VAN	12/09/02	37,454				37,454	5	MO	S/L	11,860	7,491
513	CUBY SYSTEM-SPEC DONATION	7/02/02	990				990	7	MO	S/L	283	141
514	GATEWAY 23696670	5/31/02	2,290				2,290	5	MO	S/L	916	458
515	POWERBOOK	6/13/01	2,779				2,779	5	MO	S/L	1,112	555
516	G4 SERVER	6/13/01	2,079				2,079	5	MO	S/L	832	415
517	POWER MAC G4	6/13/01	2,929				2,929	5	MO	S/L	1,172	585
518	IMAC G3	6/13/01	1,967				1,967	5	MO	S/L	787	393

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	Per	Conv	Meth	Prior	Current
519	EPSON 600P PROJECTOR	7/01/03	2,680				2,680	5	MO	S/L	536	536
520	POWER MAC Ge DUAL 2 GHZ	6/01/04	2,399				2,399	5	MO	S/L	40	2,359
	Sold/Scrapped 6/30/05											
521	IMAC G4	6/01/04	1,499				1,499	5	MO	S/L	25	300
522	MIELE FOLD DOWN ROTARY IRON	6/16/04	2,157				2,157	7	MO	S/L	0	308
523	TABLE & 4 CHAIRS-NEW RESPTIE	6/15/04	1,299				1,299	7	MO	S/L	15	186
524	LIVING ROOM GROUP-NEW RESPITE	6/22/04	1,999				1,999	7	MO	S/L	0	286
525	SHRINK TUNNEL	6/18/04	2,044				2,044	7	MO	S/L	0	292
526	HUTCH & BASE(CHINA CAB)-NEW RE:	6/15/04	1,499				1,499	7	MO	S/L	18	214
527	A/C UNIT -ADMIN	3/12/04	1,696				1,696	10	MO	S/L	57	169
528	HP COMPAQ COMPUTER	5/25/05	1,408				1,408	5	MO	S/L	0	23
529	APPLE CINEMA 23IN LCD	5/10/05	1,411				1,411	7	MO	S/L	0	34
530	G5 XSERVER RACK MOUNT SYSTEM	6/30/05	4,170				4,170	5	MO	S/L	0	0
	Total Other Depreciation		381,103				381,103				247,793	49,009
	Total ACRS and Other Depreciation		381,103				381,103				247,793	49,009
	Grand Totals		381,103				381,103				247,793	49,009
	Less: Dispositions		31,800				31,800				29,127	2,673
	Net Grand Totals		349,303				349,303				218,666	46,336

MEMBERSHIP, OFFICERS AND TERMS OF OFFICE

July 1, 2004 - June 30, 2005

OFFICERS

PRESIDENT................................ Terry Trotochaud
VICE PRESIDENT....................... Amy Bray
SECRETARY............................... Cindy Tucker
TREASURER............................... Rob Matthews

Terms To Expire June 2005

1. Mr. Brooks Arnold
2. Ms. Marie Garrison
3. Mrs. Linda Hobbs (constituent representative)
4. Mr. Dave Johnston
5. Judge Steve Jones
6. Mr. Rob Matthews
7. Mr. Bob Poss, III
8. Mr. Forrest Ramser
9. Mrs. Ba Steedman
10. Mrs. Cindy Tucker

Terms To Expire June 2006

11. Mrs. Janet Burd
12. Mrs. Dede Farmer
13. Mr. Loyd Florence
14. Mrs. Kay Glenn
15. Mrs. Carol Johnston
16. Mr. Bob Schindel
17. Mr. William H. Spratling
18. Mr. Terry Trotochaud
19. Mr. Gary Webb

Terms To Expire June 2007

20. Mr. Tom Barrow
21. Rev. David Batts
22. Mrs. Amy Bray
23. Ms. Nan Burks
24. Mr. Andy Johnson
25. Mr. Eric Keese
26. Ms. Mary Beth McDonald-Fain
27. Dr. Kent Middleton (constituent representative)
28. Mr. Ralph Powell
29. Mrs. Dianne Wall
30. Mrs. Marlene Walston
31. Mr. Rod Wright

Sustainers

DeDe Guest
Steve Middlebrooks
Stewart Richardson
Ed Standera

Emeritus

Rose Broadhurst

BOARD MEMBERSHIP ADDRESSES AND PHONE NUMBERS

Arnold, Brooks
1141 Two Oaks Drive 548-8820
Athens, GA 30606
Merrill Lynch 552-2090
355 Hawthorne Lane
Athens, GA 30606
Barrow, Tom
1040 Victoria Crossing 769-2597
Watkinsville, GA 30677
Bray, Amy - Vice President
292 Woodlake Drive 353-9366
Athens, GA 30606
Slippers, Inc. 548-3179
1696 South Lumpkin Street
Athens, GA 30606
Batts, Rev. David
238 Holmes Drive 548-4310
Athens, GA 30606
Greater Bethel AME Church 548-0014
140 Rose Street
Athens, GA 30606
Broadhurst, Rose - Director Emeritus
155 Ashton Drive 543-0420
Athens, GA 30606
Burd, Janet
1150 Millstone Run 227-0405
Bogart, GA 30622-2443
Burks, Nan
1161 Millstone Run 227-9094
Bogart, GA 30622
Farmer, Dede
130 Kings Place 353-1056
Athens, GA 30606
Holiday Inn 354-6409
197 East Broad Street
Athens, GA 30601
Florence, William Loyd
130 Tanglewood Road 543-4580
Athens, GA 30606
Garrison, Marie
205 Woodstone Drive, Unit 5 543-5059
Athens, GA 30605
Terry College Of Business, UGA 542-3210
Athens, GA 30602
Glenn, Kay
785 Cleveland Road 549-6461
Bogart, GA 30622
Hobbs, Linda
120 Canterbury Drive 546-7940
Athens, GA 30606
UGA-Chicopee Building 542-5266
1180 East Broad Street
Athens, GA 30602
Johnson, Andy
P.O. Box 6828 548-1187
Athens, GA 30604
Johnson & Patterson Insurance 546-1860
1551 Jennings Mill Road
Athens, GA 30606
Johnston, Carol
140 Wickersham Drive 548-3281
Athens, GA 30606
Southern Broadcasting 549-6222
1010 Tower Place
Bogart, GA 30622
Johnston, David
140 Wickersham Drive 548-3281
Athens, GA 30606
Southern Broadcasting 549-6222
1010 Tower Place
Bogart, GA 30622
Jones, Judge Steve
120 Double Bridges Crossing 369-8566
Winterville, GA 30683
Judge Of Superior Court 613-3782
P. O. Box 12623
Athens, GA 30603

Keese, Eric
101 Rockdale Court 546-8600
Athens, GA 30606
Clarke County School System 546-7721 ext.18263
240 Mitchell Bridge Road
Athens, GA 30606
Matthews, Rob – Treasurer
1171 victory Road 769-0367
Watkinsville, GA 30677
Oconee State bank 769-6611
35 North main Street
Watkinsville, GA 30677
Middleton, Kent
195 Clyde Road 549-8144
Athens, GA 30605
UGA Grady College 542-5034
Athens, GA 30602
McDonald-Fair, Mary Beth
160 Holly Falls Drive 543-0777
Athens, GA 30606
Poss, Bob, III
160 Avalon Drive 543-4464
Athens, GA 30606
Northeast Sales Distributing .... (678) 963-7700
840 Ronaldwood Road
Winder, GA 30680
Powell, Ralph
P.O. Box 1226 613-3215
Athens, GA 30606
Ramser, Forrest
190 Ashton Drive 543-8048
Athens, GA 30606
F.L.R. Management Consultants 548-2591
Schindel, Bob
240 Beechwood Drive 543-3786
Athens, GA 30606
Spratling, William H.
255 St. George Drive 548-4809
Athens, GA 30606
Steedman, Ba
230 Terrell Drive 546-1612
Athens, GA 30606
Alps Road Elementary School 548-2261
200 Alps Road
Athens, GA 30606
Trotochaud, Terry - President
746 Kings Road 548-3513
Athens, GA 30606
Duplicating Systems, Inc. 546-1220
177 Newton Bridge road
Athens, GA 30607
Tucker, Cindy - Secretary
2245 Crawford-Smithonia Road 788-3167
Colbert, GA 30628
St. Mary's Hospital 354-3144
1230 Baxter Street
Athens, GA 30606
Wall, Dianne
940 Timothy Road 353-0048
Athens, GA 30606
Cable East, Inc. 208-0019
370 Commerce Boulevard
Bogart, GA 30622
Walston, Marlene
1240 Trailwood Drive 769-5373
Watkinsville, GA 30677
Webb, Gary
118 Honeysuckle Road 353-0388
Colbert, GA 30628
Athens Packaging 770-725-0181 x149
1965 Statham Drive
Statham, GA 30666
Wright, Rod
285 McWhorter Drive 546-6742
Athens, GA 30606

Walker, Michael, Executive Director
1650 Calls Creek Circle 769-4379
Watkinsville, GA 30677-2581

2031 11/11/2005 10 34 AM

Form **8868**
(Rev December 2004)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time-** Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only ▶ [ ]

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns
Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041
Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers) However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www irs gov/efile

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization HOPE HAVEN OF NORTHEAST GEORGIA, INC	**Employer identification number** 58-0836267
	Number, street, and room or suite no If a P O. box, see instructions 795 NEWTON BRIDGE ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions ATHENS GA 30606	

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

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

- The books are in the care of ▶

Telephone No. ▶ FAX No. ▶

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

1 I request an automatic 3-month (6-months for a **Form 990-T corporation)** extension of time until 2/15/06 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year or
▶ [X] tax year beginning 7/01/04 , and ending 6/30/05 .

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions $ ______

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit $ ______

c **Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions $ ______

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions