

Form

990Department 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

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 10/01/06, and ending 9/30/07**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 identification 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).

H and are not applicable to section 527 organizations I

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ☐ Yes ☐ No**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

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: WWW.HOPE-HAVEN.ORG**J** Organization type(check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 4,703,642

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**1** Contributions, gifts, grants, and similar amounts received**a** Contributions to donor advised funds**b** Direct public support (not included on line 1a)**c** Indirect public support (not included on line 1a)**d** Government contributions (grants) (not included on line 1a)**e** Total (add lines 1a through 1d) (cash \$ 2,577,931 noncash \$)

1a	
1b	1,084,585
1c	1,043,146
1d	450,200

1e 2,577,931**2** Program service revenue including government fees and contracts (from Part VII, line 93)**2** 1,188,471**3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4****5** Dividends and interest from securities**5** 63,385**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

853,350

8a**b** Less cost or other basis and sales expenses

795,014

8b**c** Gain or (loss) (attach schedule)

58,336

8c**d** Net gain or (loss). Combine line 8c, columns (A) and (B) SEE STMT 1**8d** 58,336**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 1b)**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** 20,505**12** Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11**12** 3,908,628**13** Program services (from line 44, column (B))**13** 3,174,720**14** Management and general (from line 44, column (C))**14** 390,638**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** 3,565,358**18** Excess or (deficit) for the year. Subtract line 17 from line 12**18** 343,270**19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** 2,940,833**20** Other changes in net assets or fund balances (attach explanation)

SEE STATEMENT 2

20 46,814**21** Net assets or fund balances at end of year. Combine lines 18, 19, and 20**21** 3,330,917

6172

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 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
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here ☐	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here ☐	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a			
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 2,161,641	1,978,337	183,304	
27 Pension plan contributions not included on lines 25a, b, and c	27 100,478	92,470	8,008	
28 Employee benefits not included on lines 25a - 27	28 307,611	261,577	46,034	
29 Payroll taxes	29 153,296	140,722	12,574	
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
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 72,292	26,629	45,663	
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 82,278	74,725	7,553	
43 Other expenses not covered above (itemize) a SEE STATEMENT 3	43a 687,762	600,260	87,502	
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 3,565,358	3,174,720	390,638	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 the instructions.)

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.

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

a (SEE ATTACHMENT)

(Grants and allocations \$ 0) If this amount includes foreign grants, check here ☐ 3,174,720

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐ 0

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐ 0

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐ 0

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ☐ 0

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services)

3,174,720

Form **990** (2006)

Part IV Balance Sheets (See 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	191,091	45	189,219
	46 Savings and temporary cash investments	389,766	46	619,851
	47a Accounts receivable	96,641		
	b Less allowance for doubtful accounts	20,800	89,667	47c 75,841
	48a Pledges receivable	1,796,330		
	b Less allowance for doubtful accounts			48c 1,796,330
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)		50b	
	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	50,849	53	34,327
	54a Investments—publicly-traded securities SEE STATEMENT 4 ☐ Cost ☒ FMV	972,134	54a	931,516
	b Investments—other securities (attach schedule) ☐ Cost ☐ FMV		54b	
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	2,522,593			
b Less accumulated depreciation (attach schedule) SEE STATEMENT 5	1,111,739	1,463,183	57c 1,410,854	
58 Other assets, including program-related investments (describe SEE STATEMENT 6)	2,919	58	2,050	
59 Total assets (must equal line 74) Add lines 45 through 58	3,159,609	59	5,059,988	
Liabilities	60 Accounts payable and accrued expenses	195,818	60	208,043
	61 Grants payable		61	
	62 Deferred revenue SEE STATEMENT 7	22,958	62	21,028
	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 8)		65	1,500,000
	66 Total liabilities. Add lines 60 through 65	218,776	66	1,729,071
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	2,828,710	67	2,795,086
	68 Temporarily restricted	112,123	68	535,831
	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 and column (B) must equal line 21)	2,940,833	73	3,330,917
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	3,159,609	74	5,059,988

Part IV-A

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Instructions			
a	Total revenue, gains, and other support per approved financial statements	a	3,955,442
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	46,814
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify)	b4	
	Add lines b1 through b4	b	46,814
c	Subtract line b from line a	c	3,908,628
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify)	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12) Add lines c and d	e	3,908,628

Part IV-B

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	3,565,355
b	Amounts included on line a but not Part I, line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify)	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	3,565,355
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	SEE STATEMENT 9			
	Add lines d1 and d2		d	3
e	Total expenses (Part I, line 17) Add lines c and d		e	3,565,358

Part V-A

Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

[illegible]

Part V-A	Current Officers, Directors, Trustees, and Key Employees (continued)
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Yes	No
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75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization "	75c		X
If "Yes," attach a statement that includes the information described in the instructions			
d Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]**Part VI** **Other Information (See the instructions.)**

Yes	No
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76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	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 			
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

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
84b			
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
c	Dues, assessments, and similar amounts from members		
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			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI.		X
88b			
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.	N/A	
89b			
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 .		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
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, 2006 (See instructions.)	90b	69
91a	The books are in care of SUSAN KIRKPATRICK 4600 BEACH BLVD Located at JACKSONVILLE, FL	Telephone no 904-346-5100 ZIP + 4 32207	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	91b	X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

Yes No

X

If "Yes," enter the name of the foreign country ▶

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 the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a PATIENT FEES					564,669
b CHILDREN FIRST IN DIVORCE					114,550
c FLORIDA FOR ASSISTIVE SERVICE					95,536
d					
e					
f Medicare/Medicaid payments					144,239
g Fees and contracts from government agencies					269,477
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	63,385	
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					58,336
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b OTHER REVENUE					20,505
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		63,385	1,267,312
105 Total (add line 104, columns (B), (D), and (E))					1,330,697

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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	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 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 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)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

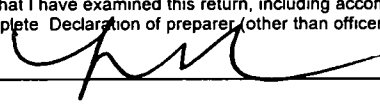
	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

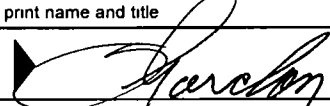
**Please
Sign
Here**

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 of officer  Date 1/22/08

Type or print name and title _____

**Paid
Preparer's
Use Only**

Preparer's signature  Date 1/09/08 Check if self-employed ☐

Firm's name (or yours if self-employed), address, and ZIP + 4 GORDON & COMPANY, P.A. EIN 59-1917627

3041-2 MONUMENT RD Phone 904-642-7456

JACKSONVILLE, FL 32225-1706 no 904-642-7456

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 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2006Department of the Treasury
Internal Revenue Service**Supplementary Information-(See separate instructions.)**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

HOPE HAVEN ASSOCIATION, INC.

Employer identification number

59-0668485

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 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) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
LAURIE PRICE 1487 BELVEDERE AVE JACKSONVILLE FL 32205	EXECUTIVE DI 40	116,069	6,900	0
JOSEPH PESKE 10383 SCOTT MILL ROAD JACKSONVILLE FL 32217	PHYSICIAN 40	104,531	6,200	0
JOANN HOZA 567 SELVA LAKES CIRCLE ATLANTIC BEACH FL 32233	PSYCHOLOGIST 40	73,802	4,400	0
TIMOTHY STAVROPULOS PO BOX 2152 ST. AUGUSTINE FL 32085	SPEECH PATHO 40	70,498	4,200	0
NICHOLAS ROUSIS 12940 BRADY ROAD JACKSONVILLE FL 32223	SOCIAL WORKE 40	69,258	4,100	0
Total number of other employees paid over \$50,000 ▶		5		

Part II-A 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 II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None " See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
FIRST STUDENT 10017 103RD STREET JACKSONVILLE FL 32210	BUS SERVICES	54,000
Total number of other contractors receiving over \$50,000 for other services ▶		0

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

Schedule A (Form 990 or 990-EZ) 2006

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** Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c

d Enter the total number of donor advised funds owned at the end of the tax year ► _____

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____ 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____ 0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- ☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ►					

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	2,255,378	2,033,782	1,640,664	1,410,840	7,340,664
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	1,126,566	949,863	961,527	984,192	4,022,148
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	42,779	58,735	48,546	67,857	217,917
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 STMT 11	5,806	46,760	74,693		127,259
23 Total of lines 15 through 22	3,430,529	3,089,140	2,725,430	2,462,889	11,707,988
24 Line 23 minus line 17	2,303,963	2,139,277	1,763,903	1,478,697	7,685,840
25 Enter 1% of line 23	34,305	30,891	27,254	24,629	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	153,717
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 2002 through 2005 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	7,685,840
d Add Amounts from column (e) for lines 18 <u>217,917</u> 19 <u> </u> 22 <u>127,259</u> 26b <u> </u>	26d	345,176
e Public support (line 26c minus line 26d total)	26e	7,340,664
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	95.5089%

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	(2005)	(2004)	(2003)	(2002)	
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 11b, 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	(2005)	(2004)	(2003)	(2002)	
c Add Amounts from column (e) for lines 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u>					27c
d Add Line 27a total <u> </u> and line 27b total <u> </u>					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 2002 through 2005, 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 9 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 10 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		(a) Affiliated group totals	(b) To be completed for all electing organizations												
(The term "expenditures" means amounts paid or incurred)															
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-															
<table style="width:100%; border: none;"> <tr> <td style="width:50%;">If the amount on line 40 is-</td> <td style="width:50%;">The lobbying nontaxable amount is-</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is-	The lobbying nontaxable amount is-	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	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			
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														
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 13 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 13 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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 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?

- a Transfers from the reporting organization to a noncharitable exempt organization of**

(i) Cash

(ii) Other assets

- b Other transactions**

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

- 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.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

- 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

[illegible]

Federal Statements

1/9/2008

59-0668485

FYE: 9/30/2007

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								
					\$ 853,350	\$ 795,014	\$	\$ 58,336
TOTAL					\$ 853,350	\$ 795,014	0	\$ 58,336

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
9-2007 DISPOSITIONS								
PURCHASE			VARIOUS	9/30/07	\$	3,593	\$ 3,593	\$
TOTAL					\$ 0	3,593	3,593	0

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

Description	Amount
NET UNREALIZED GAINS ON INVESTMENTS	\$ 46,814
BOOK / TAX DEPREC DIFFERENCE	3
ROUNDING	-3
TOTAL	<u>\$ 46,814</u>

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
ADVERTISING	8,750	1,894	6,856	
AUTOMOBILE	26,478	25,638	840	
AWARDS	4,539	4,374	165	
CONTRACTED SERVICES	54,174	54,174		
DUES AND MEMEBERSHIPS	5,623	2,953	2,670	
INSTRUCTIONAL MATERIALS	40,007	34,574	5,433	
INSURANCE	76,135	71,193	4,942	
INVESTMENT FEES	16,743	420	16,323	
JANITORAL	6,036	5,484	552	
OFFICE EXPENSES	110,227	103,786	6,441	
PROFESSIONAL FEES	226,395	200,452	25,943	
RENTS	2,039	2,039		
REPAIRS AND MAINTENANCE	42,363	38,477	3,886	
TAXES AND LICENSES	11,100	2,783	8,317	
TELEPHONE	18,136	16,582	1,554	
UTILITIES	39,017	35,437	3,580	
TOTAL	<u>\$ 687,762</u>	<u>\$ 600,260</u>	<u>\$ 87,502</u>	<u>\$ 0</u>

Federal Statements**Statement 4 - Form 990, Part IV, Line 54a - Publicly Traded Securities**

Description	Beginning of Year	End of Year	Basis of Valuation
US AND STATE GOVERNMENT	\$	\$	
CORPORATE STOCK			
STOCKS	729,998	710,803	MARKET
CORPORATE BONDS			
BONDS	242,136	220,713	MARKET
TOTAL	\$ 972,134	\$ 931,516	

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

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
BUILDING/EQUIPMENT/FURNITURE				
	\$ 2,492,643	\$ 1,029,460	\$ 2,238,394	\$ 1,111,739
TOTAL	\$ 2,492,643	\$ 1,029,460	\$ 2,238,394	\$ 1,111,739

Statement 6 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
OTHER RECEIVABLES	\$ 1,119	\$ 250
OTHER ASSETS	1,800	1,800
TOTAL	\$ 2,919	\$ 2,050

Statement 7 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	End of Year
DEFERRED TUITION	\$ 22,958	\$ 21,028
TOTAL	\$ 22,958	\$ 21,028

Statement 8 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
CONDITIONAL PROMISE TO GIVE	\$	\$ 1,500,000
TOTAL	\$ 0	\$ 1,500,000

Federal Statements

Statement 9 - Form 990, Part IV-B - Other Expenses included on Return

Description	Amount
BOOK / TAX DEPREC DIFFERENCE	\$ 3
TOTAL	\$ 3

Federal Statements

Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
DANIEL EDELMAN 4600 BEACH BLVD JACKSONVILLE FL 32207	DIRECTOR	3	0	0	0
JANICE GURNY 4600 BEACH BLVD JACKSONVILLE FL 32207	DIRECTOR	3	0	0	0
VICTORIA HAYWARD 4600 BEACH BLVD JACKSONVILLE FL 32207	DIRECTOR	3	0	0	0
S.J. LARKINS 4600 BEACH BLVD JACKSONVILLE FL 32207	DIRECTOR	3	0	0	0
JOANN MANNING 4600 BEACH BLVD JACKSONVILLE FL 32207	DIRECTOR	3	0	0	0
DEBORAH PASS 4600 BEACH BLVD JACKSONVILLE FL 32207	DIRECTOR	3	0	0	0
LINDA SLADE 4600 BEACH BLVD JACKSONVILLE FL 32207	DIRECTOR	3	0	0	0
DOUGLAS WARD 4600 BEACH BLVD JACKSONVILLE FL 32207	DIRECTOR	3	0	0	0
RICHARD WHITE 4600 BEACH BLVD JACKSONVILLE FL 32207	DIRECTOR	3	0	0	0

Federal Statements

Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
MICHAEL FISHER 4600 BEACH BLVD JACKSONVILLE FL 32207	DIRECTOR	3	0	0	0
HUGH HARRIS 4600 BEACH BLVD JACKSONVILLE FL 32207	DIRECTOR	3	0	0	0
FITCH KING 4600 BEACH BLVD JACKSONVILLE FL 32207	DIRECTOR	3	0	0	0
DR. STEPHEN LAZOFF 4600 BEACH BLVD JACKSONVILLE FL 32207	DIRECTOR	3	0	0	0
PHILIP MOBLEY 4600 BEACH BLVD JACKSONVILLE FL 32207	DIRECTOR	3	0	0	0
JANIE SIMPSON 4600 BEACH BLVD JACKSONVILLE FL 32207	DIRECTOR	3	0	0	0
MICHAEL STEWART 4600 BEACH BLVD JACKSONVILLE FL 32207	DIRECTOR	3	0	0	0
JEANNE WARD 4600 BEACH BLVD JACKSONVILLE FL 32207	DIRECTOR	3	0	0	0
DR. JOHN LOVEJOY 4600 BEACH BLVD JACKSONVILLE FL 32207	DIRECTOR	3	0	0	0

Federal Statements

Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
DAMON YERKES, JR. 4600 BEACH BLVD JACKSONVILLE FL 32207	DIRECTOR	3	0	0	0
		0	0	0	0

Federal Statements**Statement 11 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>
OTHER INCOME	\$ <u>5,806</u>	\$ <u>46,760</u>	\$ <u>74,693</u>	\$ <u> </u>
TOTAL	\$ <u><u>5,806</u></u>	\$ <u><u>46,760</u></u>	\$ <u><u>74,693</u></u>	\$ <u><u>0</u></u>

FORM 990 HOPE HAVEN CHILDRENS CLINIC 59-0668485

Form 990, page 3, Part III, line (a)

***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.