

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

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning **7/01/07**, and ending **6/30/08**

- B** Check if applicable:
- Address change
- Name change
- Initial return
- Termination
- 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) Room/suite
795 NEWTON BRIDGE ROAD

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

D Employer identification number
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," 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: **N/A**

J Organization type (check only one) 501(c) (**3**) (insert no) 4947(a)(1) or 527

K Check 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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 2,523,154**

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	1a			
b	Direct public support (not included on line 1a)	1b			
c	Indirect public support (not included on line 1a)	1c	95,252		
d	Government contributions (grants) (not included on line 1a)	1d	542,037		
e	Total (add lines 1a through 1d) (cash \$ 637,289 noncash \$)	1e		637,289	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		1,865,033	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		11,989	
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	
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c			
8d		8d			
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
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		8,843	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		2,523,154	
13	Program services (from line 44, column (B))	13		2,523,088	
14	Management and general (from line 44, column (C))	14		95,603	
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		2,618,691	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		-95,537	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		472,543	
20	Other changes in net assets or fund balances (attach explanation)	20		-79,291	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		297,715	

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MAY 13 2009

OGDEN, UT

SCANNED JUN 10 2009 Revenue

18

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 <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A SEE STATEMENT 2	84,255	76,755	7,500	
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B				
25c	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)				
26	Salaries and wages of employees not included on lines 25a, b, and c	1,564,101	1,508,866	55,235	
27	Pension plan contributions not included on lines 25a, b, and c	78,753	75,756	2,997	
28	Employee benefits not included on lines 25a - 27	116,596	112,158	4,438	
29	Payroll taxes	127,520	122,667	4,853	
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	110,532	110,532		
34	Telephone	26,583	25,254	1,329	
35	Postage and shipping				
36	Occupancy	104,364	100,384	3,980	
37	Equipment rental and maintenance	8,776	8,337	439	
38	Printing and publications				
39	Travel	60,823	57,782	3,041	
40	Conferences, conventions, and meetings	4,962	4,962		
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	21,863	14,575	7,288	
43	Other expenses not covered above (itemize):				
43a	a SEE STATEMENT 3	309,563	305,060	4,503	
43b	b				
43c	c				
43d	d				
43e	e				
43f	f				
43g	g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	2,618,691	2,523,088	95,603	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?

► DEVELOPMENTALLY DISABLED CONSUMER FACILITY

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

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

2,523,088

b

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

c

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

d

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

e Other program services (attach schedule)

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

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

2,523,088

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)		(B)		
		Beginning of year		End of year		
Assets	45	Cash—non-interest-bearing		45		
	46	Savings and temporary cash investments		381,438	308,127	
	47a	47a	158,363	221,048	47c	158,363
	b	47b				
	48a	48a	Pledges receivable		48c	
	b	48b	Less allowance for doubtful accounts			
	49	Grants receivable		45,170	49	43,370
	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)			51c	
	b	51b	Less allowance for doubtful accounts			
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		7,321	53	33,248
	54a	Investments—publicly-traded securities			54a	
	b	Investments—other securities (attach schedule)			54b	
	55a	Investments—land, buildings, and equipment: basis			55c	
	b	55b	Less accumulated depreciation (attach schedule)			
	56	Investments—other (attach schedule)			56	
	57a	57a	Land, buildings, and equipment, basis	425,674	81,095	57c
b	57b	Less accumulated depreciation (attach schedule) SEE STATEMENT 4	359,532			
58	Other assets, including program-related investments (describe ▶)			58		
59	Total assets (must equal line 74) Add lines 45 through 58		736,072	59	609,250	
Liabilities	60	Accounts payable and accrued expenses		55,591	60	75,819
	61	Grants payable		45,170	61	43,370
	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 5)		162,768	65	192,346
66	Total liabilities. Add lines 60 through 65		263,529	66	311,535	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted		370,266	67	274,729
	68	Temporarily restricted		102,277	68	22,986
	69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		472,543	73	297,715	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73		736,072	74	609,250	

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

a	Total revenue, gains, and other support per audited financial statements		a	2,523,154
b	Amounts included on line a but not on Part I, line 12.		b	
1	Net unrealized gains on investments	b1		
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	
c	Subtract line b from line a		c	2,523,154
d	Amounts included on Part I, line 12, but not on line a:		d	
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	2,523,154

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

a	Total expenses and losses per audited financial statements		a	2,618,691
b	Amounts included on line a but not Part I, line 17		b	
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	2,618,691
d	Amounts included on Part I, line 17, but not on line a:		d	
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	2,618,691

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.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MICHAEL WALKER WATKINSVILLE GA 30606	EXEC DIRECTO 0	84,255	8,426	0
SEE ATTACHED SCHEDULE ATHENS GA 30606	DIRECTORS 0	0	0	0

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		
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		
85a	501(c)(4), (5), or (6) 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		
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		
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
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		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		
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 ▶ GA		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	92	
91a	The books are in care of ▶ MIKE WALKER 795 NEWTON BRIDGE R Located at ▶ ATHENS, GA	Telephone no. ▶ 706-548-4361	
		ZIP + 4 ▶ 30606	
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)?		
	91b		X
	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		

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
 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 WORK ACTIVITY			25	46,538	
b REHAB SERVICES			25	13,000	
c CLIENT FEES			25	34,880	
d TRANSPORTATION			25	59,984	
e					
f Medicare/Medicaid payments					1,710,631
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			25	11,989	
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	8,843	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		175,234	1,710,631
105 Total (add line 104, columns (B), (D), and (E))					1,885,865

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	TO PROVIDE EDUCATIONAL AND SUPPORTED EMPLOYMENT
93B	OPPORTUNITIES AND INTEGRATION AND SOCIAL SERVICES
93C	TO CLIENTS WHO ARE DISABLED BY SOME FORM OF DEVELOPMENTAL
93D	DISABILITY

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

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

Please Sign Here

5-7-09
 Signature of officer Date
MICHAEL WALKER **EXECUTIVE DIRECTOR**
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature		Date	3/24/09	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Instr X) P00776337
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	58-2283307
				Phone no	229-435-9500

**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

2007

Department 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 OF NORTHEAST GEORGIA, INC

Employer identification number

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 benefit plans & deferred comp	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶		0		

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
NONE		
Total number of other contractors receiving over \$50,000 for other 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)? **SEE PART V-A, FORM 990**

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 8 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 8 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 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	639,610	607,474	588,344	601,578	2,437,006
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	1,188,008	1,099,790	1,031,556	1,084,308	4,403,662
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	9,221	4,718	4,405	3,002	21,346
19 Net income from unrelated business activities not included in line 18	35,805	1,696			37,501
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.					0
23 Total of lines 15 through 22	1,872,644	1,713,678	1,624,305	1,688,888	6,899,515
24 Line 23 minus line 17	684,636	613,888	592,749	604,580	2,495,853
25 Enter 1% of line 23	18,726	17,137	16,243	16,889	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	49,917
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 2003 through 2006 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	2,495,853
d Add: Amounts from column (e) for lines. 18 <u>21,346</u> 19 <u>37,501</u> 22 _____ 26b _____	26d	58,847
e Public support (line 26c minus line 26d total)	26e	2,437,006
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	97.6422%

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

(2006)	(2005)	(2004)	(2003)
--------	--------	--------	--------

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 N/A

(2006)	(2005)	(2004)	(2003)
--------	--------	--------	--------

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 	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 2003 through 2006, 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		

Depreciation and Amortization
(Including Information on Listed Property)

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

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

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000
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 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 2006 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 2008. 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.) (See instructions.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	21,866

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B-Assets Placed in Service During 2007 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 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see 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	21,866
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.

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

<u>Description</u>	<u>Amount</u>
INCREASE IN RESTRICTED FUNDS	\$ 20,897
PAYMENT TO TRUST FOR BLDG REMODELING	-100,188
TOTAL	<u>\$ -79,291</u>

2031 HOPE HAVEN OF NORTHEAST GEORGIA, INC
Federal Statements

58-0836267
 FYE: 6/30/2008

Statement 2 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
EXPENSES	\$	\$	\$
COMPENSATION	76,755	7,500	
TOTAL	<u>\$ 76,755</u>	<u>\$ 7,500</u>	<u>\$ 0</u>

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt & General</u>	<u>Fund- Raising</u>
EXPENSES	\$	\$	\$	\$
EQUIPMENT < \$1,000				
FOOD	4,124	4,124		
INSURANCE AND BONDING	38,902	36,957	1,945	
CONTRACTED SERVICES	140,559	140,559		
OTHER OPERATING	29,225	27,764	1,461	
PERSONNEL EXPENSES	21,456	21,456		
VEHICLE EXPENSES	21,930	20,833	1,097	
WORK ACTIVITY SALARIES	13,424	13,424		
RESPITE CARE	9,742	9,742		
CLIENT BENEFITS-RENT	24,522	24,522		
CLIENT BENEFITS - OTHER	5,679	5,679		
TOTAL	<u>\$ 309,563</u>	<u>\$ 305,060</u>	<u>\$ 4,503</u>	<u>\$ 0</u>

Federal Statements**Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
	\$ 418,765	\$ 337,670	\$ 425,674	\$ 359,532
TOTAL	<u>\$ 418,765</u>	<u>\$ 337,670</u>	<u>\$ 425,674</u>	<u>\$ 359,532</u>

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

Description	Beginning of Year	End of Year
ACCRUED WAGES	\$ 17,715	\$ 27,919
ANNUAL LEAVE	48,874	63,229
DUE TO HOPE HAVEN TRUST	96,179	101,198
TOTAL	<u>\$ 162,768</u>	<u>\$ 192,346</u>

BOARD MEMBERSHIP ADDRESSES AND PHONE NUMBERS

Appling, Alicia 1261 Summit Drive..... Watkinsville, GA 30677 Remax Top Performers..... 3651 Mars Hill Road, Suite 200-B Watkinsville, GA 30677	706-769-3005 770-725-0533	Kim, Beley 62 Grace Drive..... Jefferson, GA 30549 Gardenia Floral Design..... 62 Grace Drive Jefferson, GA 30549	706-367-4564 706-387-0597
Barden, Herbert 912 Old Kings Crossing..... Athens, GA 30605 Bourke, Mary Ann (Minn) 1131 Ramser Drive..... Bogart, GA 30622 Bourke, Nick 1131 Ramser Drive..... Bogart, GA 30622	706-549-2169 706-546-4991 706-546-4991	Krohn, DRee 164 Pinecrest Terracc..... Athens, GA 30606 DRee & Co..... 497 Prince Avenue Athens, GA 30601 Maddox, Charlie 115 Avalon Drive..... Athens, GA 30606	706-548-3808 706-548-0770 706-548-6948
Broadhurst, Rose - Director Emeritus 155 Ashton Drive..... Athens, GA 30606 Burnley, Terri - Treasurer 131 Timothy Park Lane..... Athens, GA 30605 Athens First Bank & Trust Co..... 124 East Hancock Avenue Athens, GA 30601 Byrd, Andrew 2954 Legislative Lane..... Buford, GA 30519 MusicMASTER DJs, Inc..... 6340 Sugarloaf Parkway, Suite 200 Duluth, GA 30097	706-543-0420 706-353-0407 706-353-6286 770-596-6872 770-614-0313	Manoll, III, Roy 1141 Scarlet Oak Circle..... Athens, GA 30606 Fortson, Bentley, & Griffin, P.A..... 2500 Daniell's Bridge Road, Building 200, Suite 3A Athens, GA 30606 McCollum, Ken 111 Bordeaux Lane..... Athens, GA 30605 The University of Georgia 223 Business Services Building Athens, GA 30602 Poss, Bob, III 160 Avalon Drive..... Athens, GA 30606 Northeast Salcs Distributing..... 840 Ronaldwood Road Winder, GA 30680	706-769-2329 706-548-1151 706-353-7043 706-542-0283 706-543-4464 678-963-7700
Chandler, Rev. Patrick Athens First Christian Church..... 268 West Dougherty Street Athens, GA 30601 Epps, Michael - Vice President 1530 Calls Creek Circle..... Watkinsville, GA 30677 Georgia Bank and Trust..... 1143 Prince Avenue Athens, GA 30606 Glenn, Kay 785 Cleveland Road..... Bogart, GA 30622 Hardell, Robert 1031 Queen Anna Court..... Watkinsville, GA 30677 Athens First Bank & Trust Co..... P.O. Box 1747 Athens, GA 30603 Harrison, Dr. Robert 1050 Fairway Ridge Road..... Greensboro, GA 30642 Institute for Community and Organizational Development, Inc. 1952 West Broad Street..... Athens, GA 30605 Heery, Ginger 479 Cobb Street..... Athens, GA 30606 Hobbs, Linda -Secretary 120 Canterbury Drive..... Athens, GA 30606 UGA-Fanning Institute 1240 South Lumpkin Street Athens, GA 30606 Irvin, Lisa 320 University Drive..... Athens, GA 30605 Johnson, Andy 380 Westview Drive..... Athens, GA 30606 Johnson & Patterson Insurance..... P.O. Box 6828 Athens, GA 30604 Jones, Bill 108 Concord Drive..... Watkinsville, GA 30677 Jones, Judge Steve 120 Double Bridges Crossing..... Winterville, GA 30683 Judge Of Superior Court..... P. O. Box 12623 Athens, GA 30603	706-549-1915 706-769-1846 706-549-0621 706-549-5461 706-769-1413 706-353-6290 706-454-1986 706-255-4390 706-549-3461 706-546-7940 706-548-5651 706-548-1187 706-546-1860 706-248-8677 706-369-8566 706-613-3782	Richt, Katharyn 1151 Scotland Bend..... Watkinsville, GA 30677 Trotochaud, Terry - President 746 Kings Road..... Athens, GA 30606 Duplicating Systems, Inc..... 177 Newton Bridge Road Athens, GA 30607 Turman, Thornton (TL) 145 Landrum Drive..... Bogart, GA 30622 Turner, Luke 165 McLeroy Drive..... Athens, GA 30606 Hope Tire and Automotive..... 3500 Jefferson Road Athens, GA 30607 Wall, Dianne 940 Timothy Road..... Athens, GA 30606 Cable East, Inc..... 370 Commerce Boulevard Bogart, GA 30622 Weaver, Melanie..... 265 Spratlin Way Hull, GA 30646 Williams, April 118 Clifton Drive..... Athens, GA 30606 Williams, Dave 482 W. Cloverhurst Avenue..... Athens, GA 30606 UGA Athletic Department..... 100 Smith Street Athens, GA 30603 Walker, Michael, Executive Director 1550 Calls Creek Circle..... Watkinsville, GA 30677-2581	706-769-1332 706-548-3533 706-546-1220 770-725-2126 706-207-7954 706-543-2843 706-354-0048 706-208-0019 706-354-0125 706-338-4454 705-548-6009 706-542-8274 706-769-4379

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the 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	For IRS use only
	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)

- | | | | |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **▶ MIKE WALKER**

Telephone No. **▶ 706-548-4361** 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 is for

- 4 I request an additional 3-month extension of time until **5/15/09** .
- 5 For calendar year _____ , or other tax year beginning **7/01/07** , and ending **6/30/08** .
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
THE AUDITED FINANCIAL INFORMATION HAS NOT BEEN COMPLETED SO WE ARE UNABLE TO FILE A COMPLETED TAX RETURN AT THIS TIME.

8a 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.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. 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	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature *John L. Belli*

Title **▶ CPA**

Date **▶ 2/04/09**