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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at *www.IRS.gov/form990*

OMB No 1545-0047

**2013**

**Open to Public Inspection**

**A For the 2013 calendar year, or tax year beginning 10-01-2013 , 2013, and ending 09-30-2014**

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
HOPE HAVEN ASSOCIATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
4600 BEACH BLVD

City or town, state or province, country, and ZIP or foreign postal code
JACKSONVILLE, FL 32207

**D Employer identification number**
59-0668485

E Telephone number
(904) 346-5100

G Gross receipts $ 3,182,858

F Name and address of principal officer
JOANNE ROBERTSON
4600 BEACH BLVD
JACKSONVILLE, FL 32207

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

J **Website: ▶** WWW HOPE-HAVEN ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1963

M State of legal domicile FL

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities
HOPE HAVEN'S MULTI-DISCIPLINARY TEAM PROVIDES EXCELLENCE IN EDUCATIONAL, PSYCHOLOGICAL AND RELATED THERAPEUTIC SERVICES FOR CHILDREN, FAMILIES AND YOUNG ADULTS WITH SPECIAL NEEDS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 16 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 16 |
| 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | 5 | 115 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 35 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 1,945,265 | 1,695,189 |
| | 9 | Program service revenue (Part VIII, line 2g) | 1,491,891 | 1,453,231 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 24,936 | 29,225 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 14,983 | 5,213 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,477,075 | 3,182,858 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | | 0 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 2,615,810 | 2,665,149 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶0 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 986,916 | 877,450 |
| | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 3,602,726 | 3,542,599 |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | -125,651 | -359,741 |

| | | | Beginning of Current Year | End of Year |
|---|---|---|---|---|
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 4,708,365 | 4,304,631 |
| | 21 | Total liabilities (Part X, line 26) | 279,760 | 235,767 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 4,428,605 | 4,068,864 |

## Part II Signature Block

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

**Sign Here**

****** 2014-01-05
Signature of officer Date

JOANNE ROBERTSON CEO
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| T KIPP GORDON | | 2015-01-14 | | P00082868 |

Firm's name ▶ GORDON & NEWSOM PA — Firm's EIN ▶ 26-1499029

Firm's address ▶ 3041 MONUMENT RD STE 2
JACKSONVILLE, FL 322251706 — Phone no (904) 642-7456

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . . . . . . . . . ☑

**1** Briefly describe the organization's mission

HOPE HAVEN'S MULTI-DISCIPLINARY TEAM PROVIDES EXCELLENCE IN EDUCATIONAL, PSYCHOLOGICAL AND RELATED THERAPEUTIC SERVICES FOR CHILDREN, FAMILIES AND YOUNG ADULTS WITH SPECIAL NEEDS

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses $ 441,576 including grants of $ ) (Revenue $ 241,874 )

COUNSELING PSYCHOLOGY HOPE HAVEN OFFERS PROFESSIONAL COUNSELING SERVICES FOR THE FAMILYS INDIVIDUAL NEEDS COUNSELING IS OFFERED FOR CHILDREN, ADOLESCENTS AND FAMILIES WITH A WIDE RANGE OF SERVICES INCLUDING PARENT-CHILD INTERACTION THERAPY, INDIVIDUAL OR FAMILY THERAPY, ANGER MANAGEMENT GROUPS AND SPECIALIZED TRAINING FOR PARENTS OF CHILDREN WITH SPECIAL NEEDS THE CLINIC ASSESSES ANXIETY AND DEPRESSION IN CHILDREN AND ADOLESCENTS, AND OFFERS TREATMENT CONTINUED - COUNSELING PSYCHOLOGY - CONTINUED INDIVIDUAL COUNSELING INDIVIDUAL COUNSELING IS AVAILABLE IN THE AREAS OF BEHAVIOR THERAPY, COGNITIVE BEHAVIOR THERAPY, DISABILITY CHALLENGES, AND CHILD/ADOLESCENT COUNSELING FAMILY COUNSELING FAMILY COUNSELING SERVICES INCLUDE CHILD MANAGEMENT, ADJUSTMENT TO DIVORCE, BLENDED FAMILIES AND STEP-FAMILY ISSUES, PROBLEM SOLVING AT HOME AND SCHOOL, AND INDIVIDUAL ADULT/PARENT THERAPY GROUP COUNSELING COUNSELING GROUPS ARE AVAILABLE IN THE FOLLOWING AREAS PARENTING, SOCIAL SKILLS, ANGER MANAGEMENT, AND GRIEF ANXIETY DISORDERS CLINIC ANXIETY DISORDERS ARE THE MOST COMMON TYPE OF MENTAL HEALTH PROBLEM IN CHILDREN AND ADOLESCENTS TODAY ANXIETY DISORDERS INTERFERE WITH A CHILDS PERSONAL WELL-BEING AND DEVELOPMENT SUCH DISORDERS CAUSE CHILDREN TO HAVE PROBLEMS MAKING AND KEEPING FRIENDS, REACHING ACADEMIC POTENTIAL, PARTICIPATING IN FAMILY ACTIVITIES, ACHIEVING A GENERAL SENSE OF HAPPINESS AND DEVELOPING A POSITIVE SELF-IMAGE ANXIOUS CHILDREN ARE MORE LIKELY TO BECOME ANXIOUS ADULTS

**4b** (Code ) (Expenses $ 548,993 including grants of $ ) (Revenue $ 511,886 )

TUTORING HOPE HAVEN PROVIDES GROUP AND INDIVIDUAL TUTORING, COMPUTER-BASED TUTORING AND SPECIAL READING PROGRAMS HOPE HAVEN WORKS TO COORDINATE TUTOR LESSONS WITH CLASSROOM ACTIVITIES FOR MAXIMUM BENEFIT TRADITIONAL TUTORING PROGRAMS TUTORING AT HOPE HAVEN HOPE HAVEN OFFERS HOURLY, INDIVIDUAL TUTORING USING STUDENTS SCHOOL TEXTS AND MATERIALS, TUTOR-SELECTED SUPPLEMENTAL MATERIALS, AND EDUCATIONAL COMPUTER PROGRAMS EXPERIENCED TUTORS ARE CONTINUED - TUTORING - CONTINUED AVAILABLE FOR STUDENTS OF ALL AGES, FROM PRESCHOOLERS NEEDING READINESS SKILLS TO HIGH-SCHOOL STUDENTS NEEDING HELP IN SPECIFIC SUBJECT AREAS TUTORING SERVICES ARE AVAILABLE AT HOPE HAVEN ON MONDAYS THROUGH THURSDAYS FROM 8 A M TO 8 P M AND ON FRIDAYS AND SATURDAYS FROM 8 A M TO 1 P M SPECIALIZED READING PROGRAMS HOPE HAVEN OFFERS SPECIALIZED READING PROGRAMS TO ADDRESS VERY SPECIFIC NEEDS OF STUDENTS THE HOURLY REQUIREMENTS VARY ACCORDING TO THE LEARNING PROGRAM USED AND THE NEEDS OF THE CHILD TUTORS ARE ALSO AVAILABLE TO COORDINATE WITH OTHER HOPE HAVEN STAFF TO INCORPORATE ASSISTIVE TECHNOLOGY WHEN NEEDED TUTORING, OTHER LOCATIONS HOPE HAVEN TUTORS ARE AVAILABLE AT MANY PRIVATE AND PUBLIC SCHOOLS IN THE GREATER JACKSONVILLE AREA SCHOOL-SITE TUTORING IS A CONVENIENT OPTION FOR PARENTS AND STUDENTS THAT ALSO ALLOWS FOR FREQUENT TUTOR-TEACHER COMMUNICATION HOURS VARY BY LOCATION TECHNOLOGY TUTORING PROGRAMS COMPUTER TUTORING COMPUTER-ASSISTED TUTORING IS MOTIVATING FOR EVEN THE MOST RELUCTANT LEARNER IT IS AN INEXPENSIVE OPTION FOR STUDENTS WHO DO NOT NEED MORE INTENSIVE PRIVATE TUTORING TO BUILD READING, WRITING OR MATH SKILLS COMPUTER TUTORING IS ESPECIALLY EFFECTIVE FOR REMEDIATION, PRACTICE AND ENRICHMENT OF ALL BASIC ACADEMIC SKILLS HOPE HAVEN TUTORS WORK WITH FOUR STUDENTS PER HOUR ON INDIVIDUALIZED COMPUTER-ASSISTED LESSONS, USING RECENT TEST SCORES, REPORT CARDS, AND OTHER SCHOOL INFORMATION TO ACCURATELY PLAN EACH LESSON TWO HOURS PER WEEK ARE RECOMMENDED, AND CONVENIENT AFTER SCHOOL HOURS (4 P M TO 8 P M , MONDAYS THROUGH THURSDAYS) ARE AVAILABLE SPECIAL NEEDS TUTORING CHILDREN WITH PHYSICAL/DEVELOPMENTAL DISABILITIES HAVE FAR GREATER OPPORTUNITIES TO LEARN, WORK, PLAY AND LIVE INDEPENDENTLY, THANKS TO THE MANY DIFFERENT ASSISTIVE DEVICES MADE AVAILABLE BY ADVANCES IN COMPUTER TECHNOLOGY HOPE HAVENS LUCY GOODING CENTER FOR ASSISTIVE TECHNOLOGY NOW OFFERS COMPUTER-ASSISTED TUTORING AND COMMUNICATION INSTRUCTION, USING COMPUTER ADAPTATIONS, ASSISTIVE DEVICES AND SOFTWARE PROGRAMS APPROPRIATE TO INDIVIDUAL NEEDS HOURS AND FEES VARY

**4c** (Code ) (Expenses $ 377,841 including grants of $ ) (Revenue $ 166,643 )

ASSISTIVE TECHNOLOGY ASSISTIVE TECHNOLOGY CAN UNLEASH THE POTENTIAL OF CHILDREN AND ADULTS WITH DISABILITIES DEVICES SUCH AS SWITCH-OPERATED TOYS, COMMUNICATION TOOLS AND VOICE-ACTIVATED COMPUTERS GIVE MOTION TO THOSE WHO CANNOT MOVE AND VOICES TO THOSE WHO CANNOT SPEAK, ENABLING MORE INDEPENDENT LIVING SKILL DEVELOPMENT FOR SATISFYING LIVES AND CAREERS HOPE HAVENS LUCY GOODING CENTER FOR LEARNING PROVIDES EVALUATIONS, TRAINING, TUTORING, WORKSHOPS, AND COMMUNITY SUPPORT CONTINUED - ASSISTIVE TECHNOLOGY - CONTINUED FLORIDA ALLIANCE FOR ASSISTIVE SERVICES AND TECHNOLOGY (FAAST) THE FAAST NORTHEAST REGIONAL DEMONSTRATION CENTER IS LOCATED AT HOPE HAVEN THE MISSION OF FAAST IS TO ENHANCE THE QUALITY OF LIFE FOR FLORIDIANS WITH DISABILITIES, REGARDLESS OF AGE, BY PROMOTING THE AWARENESS OF, ACCESS TO, AND ADVOCACY FOR ASSISTIVE TECHNOLOGY HOUSED AT HOPE HAVEN, FAAST PROVIDES THE FOLLOWING SERVICES ASSISTIVE TECHNOLOGY INFORMATION AND REFERRAL THE NORTHEAST REGIONAL DEMONSTRATION CENTER PROVIDES INFORMATION AND REFERRALS CONCERNING ASSISTIVE TECHNOLOGY DEVICES, FUNDING SOURCES AND DEALERS ADAPTIVE EQUIPMENT LENDING LIBRARY THE CENTER MAINTAINS AN INVENTORY OF ASSISTIVE TECHNOLOGY DEVICES THAT MAY BE BORROWED FOR UP TO 30 DAYS ADAPTED TOY LENDING LIBRARY THE CENTER MAINTAINS AN INVENTORY OF ADAPTED TOYS THAT MAY BE BORROWED FOR UP TO 30 DAYS DEMONSTRATIONS, TOURS AND PRESENTATIONS FAAST PROVIDES BOTH FORMAL AND INFORMAL DEMONSTRATIONS, TOURS AND PRESENTATIONS TO ORGANIZATIONS ON A VARIETY OF TOPICS RELATED TO ASSISTIVE TECHNOLOGY ASSISTIVE TECHNOLOGY EVALUATIONS AND TRAINING THIS SERVICE HELPS INDIVIDUALS AND BUSINESSES IDENTIFY TYPES OF ASSISTIVE TECHNOLOGY THAT WILL ASSIST INDIVIDUALS IN LIVING AND WORKING MORE INDEPENDENTLY TRAINING ON HOW TO USE A DEVICE OR ASSISTIVE SOFTWARE IS ALSO AVAILABLE

(Code ) (Expenses $ 1,710,028 including grants of $ ) (Revenue $ 2,179,873 )

OTHER PROGRAMS EDUCATIONAL SERVICES HOPE HAVENS EDUCATIONAL SERVICES ARE DESIGNED TO ENHANCE A CHILDS LEARNING BY PINPOINTING SPECIFIC STRENGTHS AND WEAKNESSES INDIVIDUALLY ADMINISTERED TESTS ARE USED TO MEASURE INTELLIGENCE AND ACADEMIC ACHIEVEMENT THE RESULTS CAN BE USED TO DIAGNOSE LEARNING DISABILITIES, RECOMMEND REMEDIAL PROGRAMS, ASSESS SCHOOL-RELATED BEHAVIOR PROBLEMS AND IDENTIFY STRATEGIES THAT CAN BEST MEET EACH CHILDS LEARNING NEEDS SPECIAL ACADEMIC SUPPORTS HOPE HAVEN OFFERS A RANGE OF ACADEMIC SUPPORT PROGRAMS, INCLUDING AFTER-SCHOOL PROGRAMS THAT PROVIDE ENRICHMENT ACTIVITIES AND SUMMER CAMPS DESIGNED TO HELP STUDENTS WITH SPECIAL NEEDS MAINTAIN LEARNING PROGRESS AND PREPARE FOR THE NEXT ACADEMIC YEAR OCCUPATIONAL THERAPY OCCUPATIONAL THERAPY ADDRESSES SKILLS FOR THE JOB OF LIVING FOR A CHILD, THESE MAY INCLUDE PLAY SKILLS, SELF-CARE SKILLS AND SCHOOL READINESS SKILLS PHYSICAL THERAPY PHYSICAL THERAPY ADDRESSES THE POSTURE, MOVEMENT AND MOBILITY OF CHILDREN WITH NEUROLOGICAL IMPAIRMENTS, CONGENITAL SYNDROMES OR OTHER IMPAIRMENTS THAT RESULT IN GROSS MOTOR DEVELOPMENTAL DELAYS SPEECH AND LANGUAGE A CHILDS SPEECH AND LANGUAGE SKILLS ARE CRITICAL FOR BOTH COMMUNICATION AND ACADEMIC SUCCESS EARLY SPEECH AND LANGUAGE PROBLEMS, LEFT UNDETECTED, MAY RESULT IN READING DIFFICULTIES AND ACADEMIC DELAYS APPLIED BEHAVIOR ANALYSIS TO ADDRESS PROBLEM BEHAVIOR, HOPE HAVEN USES FUNCTIONAL ASSESSMENT, A RESEARCH-BASED SET OF STRATEGIES DESIGNED TO DETERMINE WHY A CHILD IS ENGAGING IN A PROBLEM BEHAVIOR CONSULTATION INVOLVES DETAILED ANALYSIS OF THE SITUATION, DEFINITION OF THE DESIRED CHANGE, AND APPLICATION OF WELL-RESEARCHED TECHNIQUES AND INTERVENTIONS BEHAVIORS THAT CAN BE ADDRESSED INCLUDE, BUT ARE NOT LIMITED TO, AGGRESSION (HITTING, KICKING, BITING), PROPERTY DESTRUCTION, PICA (EATING INEDIBLE ITEMS), NON-COMPLIANCE AND TANTRUMS DIVORCE-RELATED SERVICES HOPE HAVEN PROVIDES THE REQUIRED FOUR-HOUR PARENT EDUCATION AND FAMILY STABILIZATION COURSE (CHILDREN FIRST IN DIVORCE) FOR THE FOURTH JUDICIAL DISTRICT, WHICH IS COMPOSED OF DUVAL, CLAY, AND NASSAU COUNTIES HOPE HAVEN ALSO OFFERS A 15-HOUR PARENT EDUCATION COURSE (CO-PARENTING BEYOND DIVORCE) DESIGNED ESPECIALLY FOR HIGH-CONFLICT FAMILIES THAT CONTINUE TO RE-LITIGATE AFTER THEIR DIVORCE IS FINAL IN ADDITION, HOPE HAVEN CONDUCTS COURT-ORDERED CUSTODY EVALUATIONS TO ASSIST THE JUDGE IN DETERMINING THE PRIMARY RESIDENTIAL PLACEMENT THAT WILL BE IN THE CHILDS BEST INTEREST ATTENTION DEFICIT/HYPERACTIVITY DISORDER ADHD IS A NEUROCHEMICAL BRAIN DISORDER THAT AFFECTS BEHAVIORS RELATED TO ATTENTION, ACTIVITY AND IMPULSIVITY HOPE HAVEN PROVIDES EXPERT EVALUATION, TREATMENT, THERAPY, SUMMER CAMPS AND TUTORING TO ADDRESS THE SPECIAL CHALLENGES ADHD POSES FOR CHILDREN, THEIR FAMILIES AND THEIR TEACHERS AUTISM AUTISM IS A NEUROBIOLOGICAL DISORDER OF DEVELOPMENT THAT CAUSES DIFFERENCES IN THE WAY INFORMATION IS PROCESSED THESE DIFFERENCES AFFECT THE ABILITY TO UNDERSTAND AND USE LANGUAGE, RESPOND APPROPRIATELY TO THE ENVIRONMENT, UNDERSTAND AND RESPOND TO STIMULI, RELATE TO PEOPLE, EVENTS AND OBJECTS, FORM RELATIONSHIPS, AND ENGAGE IN IMAGINATIVE PLAY HOPE HAVEN PROVIDES A COMPREHENSIVE ASSESSMENT AND A RANGE OF THERAPEUTIC, EDUCATIONAL AND BEHAVIORAL SERVICES TO MEET THE NEEDS OF CHILD AND FAMILY DOWN SYNDROME DOWN SYNDROME IS A CONGENITAL DISORDER CAUSED BY CHROMOSOMAL ABNORMALITIES THAT RESULT IN HIGHLY VARIABLE DEGREES OF LEARNING DIFFICULTIES AND PHYSICAL DEVELOPMENT HOPE HAVENS DOWN SYNDROME CENTER PROVIDES EVALUATIONS IN THE AREAS OF MEDIAL, SPEECH/COMMUNICATIONS, GROSS MOTOR, FINE MOTOR, BEHAVIORAL/SOCIAL AND EDUCATIONAL DEVELOPMENT IT ALSO PROVIDES PARENT AND FAMILY RESOURCES, SUPPORT SERVICES, AND PRENATAL/NEWBORN CONSULTATIONS YOUNG ADULTS HOPE HAVENS ADULT DAY TRAINING AND VOCATIONAL REHABILITATION SERVICES HELP YOUNG ADULTS WITH DEVELOPMENTAL DISABILITIES TRANSITION FROM SCHOOL TO WORK THE PROGRAM HELPS CLIENTS PREPARE FOR INDEPENDENT LIVING AS WELL AS SEEKING AND RETAINING A JOB OR VOLUNTEER POSITION FOLLOW-ALONG SERVICES FOR GRADUATES ARE ALSO PROVIDED

**4d** Other program services (Describe in Schedule O )

(Expenses $ 1,710,028 including grants of $ ) (Revenue $ 2,179,873 )

**4e** **Total program service expenses** ▶ 3,078,438

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.* | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | | No |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)* | 17 | | No |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | No |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | | |
|---|---|---|---|---|
| **21** | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | | No |
| **22** | Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | | No |
| **23** | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | Yes | |
| **24a** | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | 24a | | No |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| **c** | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| **25a** | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | 25a | | No |
| **b** | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | No |
| **26** | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II* | 26 | | No |
| **27** | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | No |
| **28** | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| **a** | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28a | | No |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28b | | No |
| **c** | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | 28c | | No |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | No |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | No |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | No |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | No |
| **33** | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | 33 | | No |
| **34** | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | | No |
| **35a** | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| **b** | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | |
| **36** | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | No |
| **37** | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | No |
| **38** | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O | 38 | Yes | |

## Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . . . . . . . . . . . ☐

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a | 18 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 115 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? | | | 3a | | No |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* | | | 3b | | |
| 4a | 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)? | | | 4a | | No |
| b | If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | | | 7a | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | 7h | | |
| 8 | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | 8 | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | | |
| a | Did the organization make any taxable distributions under section 4966? | | | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | **Section 501(c)(7) organizations.** Enter | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | **Section 501(c)(12) organizations.** Enter | | | | | |
| a | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) | 11b | | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O | | | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | | |
| c | Enter the amount of reserves on hand | 13c | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | | | 14b | | |

**Part VI** **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . ☑

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | 1a: 16 | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . . . | 1b: 16 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . | | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . | | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | | 5 | | No |
| 6 | Did the organization have members or stockholders? . . . | | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . | | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . | | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| a | The governing body? . . . | | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? . . . | | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . . | | 9 | | No |

## Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Did the organization have local chapters, branches, or affiliates? . . . | 10a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . | 11a | | No |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . | | | |
| 12a | Did the organization have a written conflict of interest policy? *If "No," go to line 13* . . . | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* . . . | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? . . . | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? . . . | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official . . . | 15a | Yes | |
| b | Other officers or key employees of the organization . . . | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . | 16b | | |

## Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
▶JOANNNE ROBERTSON 4600 BEACH BLVD
JACKSONVILLE, FL 32207 (904) 346-5100

**Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . . . . . . . . ☐

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☑ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| (1) SJ LARKINS<br>DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (2) JOANN MANNING<br>DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (3) DEBORAH PASS DURHAM<br>DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (4) LINDA SLADE<br>CHAIRPERSON | | X | | X | | | | 0 | 0 | 0 |
| (5) JENNY R KOBIN<br>DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (6) FITCH KING III<br>VICE CHAIRPE | | X | | | | | | 0 | 0 | 0 |
| (7) PHILIP MOBLEY<br>DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (8) JEANNE WARD<br>DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (9) DOUG LEEBY<br>DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (10) TIMOTHY CAPLEY<br>VICE CHAIR | | X | | X | | | | 0 | 0 | 0 |
| (11) LAURI-ELLEN SMITH<br>DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (12) MICHAEL L DUNCAN<br>DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (13) STEPHRN G LAZOFF MD<br>DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (14) GEORGE OWEN<br>CHAIR | | X | | X | | | | 0 | 0 | 0 |
| (15) LAUREN U SNYDER<br>DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (16) ERIC A THOMPSON<br>SECRETARY/TR | | X | | X | | | | 0 | 0 | 0 |
| (17) LAURIE PRICE<br>EXECUTIVE DI | 60 00 | | | | | | X | 122,220 | 0 | 2,259 |

**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position: Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
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| | | | | | | | | | | |

| | (D) | (E) | (F) |
|---|---|---|---|
| **1b Sub-Total** . . . . . . . . . . . . . . . . . ▶ | | | |
| **c Total from continuation sheets to Part VII, Section A** . . . . ▶ | | | |
| **d Total (add lines 1b and 1c)** . . . . . . . . . . . . . . . ▶ | 122,220 | | 2,259 |

**2** Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶1

| | | Yes | No |
|---|---|---|---|
| **3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . . . . . . . . . . . . . . . | 3 | Yes | |
| **4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 4 | | No |
| **5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . . . . . . . | 5 | | No |

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . . . . . . . . . . . . ☐

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|---|---|---|---|---|---|
| **Contributions, Gifts, Grants and Other Similar Amounts** | **1a** Federated campaigns | 1a | | | | | |
| | **b** Membership dues | 1b | | | | | |
| | **c** Fundraising events | 1c | | | | | |
| | **d** Related organizations | 1d | | | | | |
| | **e** Government grants (contributions) | 1e | 338,527 | | | | |
| | **f** All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,356,662 | | | | |
| | **g** Noncash contributions included in lines 1a-1f $ | | | | | | |
| | **h Total.** Add lines 1a-1f ▶ | | | 1,695,189 | | | |
| **Program Service Revenue** | | | Business Code | | | | |
| | **2a** PATIENT FEES | | 624100 | 644,170 | 644,170 | | |
| | **b** OTHER CONTRACT REVENUE | | 624100 | 562,772 | 562,772 | | |
| | **c** FLORIDA FOR ASSISTIVE SERVICE | | 611710 | 110,460 | 110,460 | | |
| | **d** CHILDREN FIRST IN DIVORCE | | 624100 | 94,664 | 94,664 | | |
| | **e** MEDICAID WAIVER | | 624100 | 41,165 | 41,165 | | |
| | **f** All other program service revenue | | | | | | |
| | **g Total.** Add lines 2a–2f ▶ | | | 1,453,231 | | | |
| **Other Revenue** | **3** Investment income (including dividends, interest, and other similar amounts) ▶ | | | 29,225 | 29,225 | | |
| | **4** Income from investment of tax-exempt bond proceeds ▶ | | | | | | |
| | **5** Royalties ▶ | | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | **6a** Gross rents | | | | | | |
| | **b** Less rental expenses | | | | | | |
| | **c** Rental income or (loss) | | | | | | |
| | **d** Net rental income or (loss) ▶ | | | | | | |
| | | (i) Securities | (ii) Other | | | | |
| | **7a** Gross amount from sales of assets other than inventory | | | | | | |
| | **b** Less cost or other basis and sales expenses | | | | | | |
| | **c** Gain or (loss) | | | | | | |
| | **d** Net gain or (loss) ▶ | | | | | | |
| | **8a** Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 | a | | | | | |
| | **b** Less direct expenses | b | | | | | |
| | **c** Net income or (loss) from fundraising events ▶ | | | | | | |
| | **9a** Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| | **b** Less direct expenses | b | | | | | |
| | **c** Net income or (loss) from gaming activities ▶ | | | | | | |
| | **10a** Gross sales of inventory, less returns and allowances | a | | | | | |
| | **b** Less cost of goods sold | b | | | | | |
| | **c** Net income or (loss) from sales of inventory ▶ | | | | | | |
| | Miscellaneous Revenue | | Business Code | | | | |
| | **11a** OTHER REVENUE | | | 5,213 | 5,213 | | |
| | **b** | | | | | | |
| | **c** | | | | | | |
| | **d** All other revenue | | | | | | |
| | **e Total.** Add lines 11a–11d ▶ | | | 5,213 | | | |
| | **12 Total revenue.** See Instructions ▶ | | | 3,182,858 | 1,487,669 | | |

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . . . . . . . . . . . . . ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the United States See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . | | | | |
| 7 Other salaries and wages | 2,254,615 | 2,061,692 | 192,923 | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . | 28,641 | | 28,641 | |
| 9 Other employee benefits . . . . . . . . | 222,025 | 174,855 | 47,170 | |
| 10 Payroll taxes . . . . . . . . . . . . . | 159,868 | 146,445 | 13,423 | |
| 11 Fees for services (non-employees) | | | | |
| a Management . . . . . . . | | | | |
| b Legal . . . . . . . . . . | | | | |
| c Accounting . . . . . . . . . . . . . | | | | |
| d Lobbying . . . . . . . . . . . . . | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees . . . . . . . | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O ) . . . . . . . . . | 213,703 | 131,723 | 81,980 | |
| 12 Advertising and promotion . . . . | 368 | | 368 | |
| 13 Office expenses . . . . . . . . | 149,837 | 142,670 | 7,167 | |
| 14 Information technology . . . . . . . | | | | |
| 15 Royalties . . | | | | |
| 16 Occupancy . . . . . . . . . . . . . | 126,387 | 113,441 | 12,946 | |
| 17 Travel . . . . . . . . . . . . . . . | 19,094 | 3,139 | 15,955 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . . . | | | | |
| 19 Conferences, conventions, and meetings . . . . | | | | |
| 20 Interest . . . . . . . . . . . . . | | | | |
| 21 Payments to affiliates . . . . . . . . | | | | |
| 22 Depreciation, depletion, and amortization . . . . . . | 144,717 | 138,337 | 6,380 | |
| 23 Insurance . . . . . . . . . . . . . . . . . . | 56,590 | 51,330 | 5,260 | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O ) | | | | |
| a CONTRACTED SERVICES | 46,013 | 46,013 | | |
| b BANK AND CREDIT CARD FEES | 28,404 | 1,318 | 27,086 | |
| c AUTOMOBILE | 24,903 | 24,584 | 319 | |
| d TAXES AND LICENSES | 16,916 | 11,614 | 5,302 | |
| e All other expenses | 50,518 | 31,277 | 19,241 | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 3,542,599 | 3,078,438 | 464,161 | 0 |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . . . . . . . . . . . ☐

| | | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | | | 112,799 | 1 | 236,212 |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 29,997 | 3 | 55,638 |
| | 4 | Accounts receivable, net | | | 317,131 | 4 | 122,309 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 83,806 | 9 | 54,641 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 5,460,115 | | | |
| | b | Less accumulated depreciation | 10b | 1,772,399 | 3,818,802 | 10c | 3,687,716 |
| | 11 | Investments—publicly traded securities | | | 344,630 | 11 | 146,015 |
| | 12 | Investments—other securities See Part IV, line 11 | | | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | 1,200 | 15 | 2,100 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | | 4,708,365 | 16 | 4,304,631 |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 267,837 | 17 | 224,674 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 11,923 | 19 | 11,093 |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | | | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | | 279,760 | 26 | 235,767 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | | |
| | 27 | Unrestricted net assets | | | 4,365,728 | 27 | 3,931,364 |
| | 28 | Temporarily restricted net assets | | | 62,877 | 28 | 137,500 |
| | 29 | Permanently restricted net assets | | | | 29 | |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.** | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | | 32 | |
| | 33 | Total net assets or fund balances | | | 4,428,605 | 33 | 4,068,864 |
| | 34 | Total liabilities and net assets/fund balances | | | 4,708,365 | 34 | 4,304,631 |

**Part XI** **Reconcilliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI . . . . . . . . . . . . . . ☐

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3,182,858 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,542,599 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -359,741 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 4,428,605 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 4,068,864 |

**Part XII** **Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII . . . . . . . . . . . . . . ☐

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ____________<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br>☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | | |

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**SCHEDULE A**
**(Form 990 or 990EZ)**

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**
**▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

**Name of the organization**
HOPE HAVEN ASSOCIATION INC

**Employer identification number**
59-0668485

## Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state ____________

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9 ☐ 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 exempt 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).** (Complete Part III )

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

**a** ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

**e** ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

**f** If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

**g** Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | | Yes | No |
|---|---|---|---|
| **(i)** A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | **11g(i)** | | |
| **(ii)** A family member of a person described in (i) above? | **11g(ii)** | | |
| **(iii)** A 35% controlled entity of a person described in (i) or (ii) above? | **11g(iii)** | | |

**h** Provide the following information about the supported organization(s)

| **(i) Name of supported organization** | **(ii)** EIN | **(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions)**) | **(iv)** Is the organization in col **(i)** listed in your governing document? | | **(v)** Did you notify the organization in col **(i)** of your support? | | **(vi)** Is the organization in col **(i)** organized in the U S ? | | **(vii)** Amount of monetary support |
|---|---|---|---|---|---|---|---|---|---|
| | | | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Total** | | | | | | | | | |

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | 1,805,495 | 2,019,765 | 1,699,993 | 1,945,315 | 1,695,189 | 9,165,757 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | 1,805,495 | 2,019,765 | 1,699,993 | 1,945,315 | 1,695,189 | 9,165,757 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 3,622,952 |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | 5,542,805 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 1,805,495 | 2,019,765 | 1,699,993 | 1,945,315 | 1,695,189 | 9,165,757 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 35,287 | 1,758 | 13,689 | 11,621 | 7,066 | 69,421 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | 8,865 | 16,364 | 9,460 | 14,983 | 5,213 | 54,885 |
| 11 **Total support** (Add lines 7 through 10) | | | | | | 9,290,063 |

12 Gross receipts from related activities, etc (see instructions) | 12 | 1,487,669

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . ▶☐

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 59 660 %

15 Public support percentage for 2012 Schedule A, Part II, line 14 | 15 | 60 130 %

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

**Part III** **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support** (Subtract line 7c from line 6 ) | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12 ) | | | | | | |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | |

## Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from **2012** Schedule A, Part III, line 17 | 18 | |

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

| Return Reference | Explanation |
|---|---|
| PART II, LINE 10 | OTHER INCOME 54,885 |

**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

**2013**

**Open to Public Inspection**

**Name of the organization**
HOPE HAVEN ASSOCIATION INC

**Employer identification number**
59-0668485

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | | | Held at the End of the Year |
|---|---|---|---|
| a | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶______________

4 Number of states where property subject to conservation easement is located ▶______________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶______________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______________

(ii) Assets included in Form 990, Part X ▶ $ ______________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______________

b Assets included in Form 990, Part X ▶ $ ______________

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

| | | | Amount |
|---|---|---|---|
| c | Beginning balance | 1c | |
| d | Additions during the year | 1d | |
| e | Distributions during the year | 1e | |
| f | Ending balance | 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . . . . ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|---|---|---|---|---|---|---|
| 1a | Beginning of year balance . . . . | | | | | |
| b | Contributions . . . . . . . . . | | | | | |
| c | Net investment earnings, gains, and losses | | | | | |
| d | Grants or scholarships . . . . . | | | | | |
| e | Other expenditures for facilities and programs . . . . . . . . . | | | | | |
| f | Administrative expenses . . . . | | | | | |
| g | End of year balance . . . . . . | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

| | | | Yes | No |
|---|---|---|---|---|
| | **(i)** unrelated organizations . . . . . . . . . . . . . . . . . . . . . . . . | 3a(i) | | |
| | **(ii)** related organizations . . . . . . . . . . . . . . . . . . . . . . . . | 3a(ii) | | |
| b | If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . . . . . . | 3b | | |

4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land . . . . . . . . . . . . . . . . . | | 284,199 | | 284,199 |
| b Buildings . . . . . . . . . . . . . . . | | 4,727,793 | 1,466,416 | 3,261,377 |
| c Leasehold improvements . . . . . . . . . . . | | | | |
| d Equipment . . . . . . . . . . . . . . . | | 394,623 | 266,920 | 127,703 |
| e Other . . . . . . . . . . . . . . . . | | 53,500 | 39,063 | 14,437 |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . . . . . . . ▶ | | | | 3,687,716 |

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 12 )* ▶ | | |

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
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| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 13 )* ▶ | | |

**Part IX Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|---|---|
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| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . . . . . . . ▶ | |

**Part X Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1 (a) Description of liability | (b) Book value |
|---|---|
| Federal income taxes | |
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| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | |

**2.** Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 3,182,858 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | 3,182,858 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII ) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12 ) | | | 5 | 3,182,858 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 3,542,599 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | 3,542,599 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII ) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18 ) | | | 5 | 3,542,599 |

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

| Return Reference | Explanation |
|---|---|
| SCHEDULE D, PAGE 4, PART XII, LINE 2D | BOOK / TAX DEPRECIATION DIFFERENCE 10,008 |
| | |
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**Part XIII Supplemental Information *(continued)***

| Return Reference | Explanation |
|---|---|
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**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
**▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
**▶ Attach to Form 990. ▶ See separate instructions.**
**▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization
HOPE HAVEN ASSOCIATION INC

**Employer identification number**
59-0668485

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items<br>☐ First-class or charter travel<br>☐ Travel for companions<br>☐ Tax idemnification and gross-up payments<br>☐ Discretionary spending account<br>☐ Housing allowance or residence for personal use<br>☐ Payments for business use of personal residence<br>☐ Health or social club dues or initiation fees<br>☐ Personal services (e g , maid, chauffeur, chef) | | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | **1b** | | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | **2** | | |
| **3** | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III<br>☐ Compensation committee<br>☐ Independent compensation consultant<br>☐ Form 990 of other organizations<br>☐ Written employment contract<br>☐ Compensation survey or study<br>☐ Approval by the board or compensation committee | | | |
| **4** | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | | No |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | **4c** | | No |
| | **Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.** | | | |
| **5** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| **a** | The organization? | **5a** | | No |
| **b** | Any related organization?<br>If "Yes," to line 5a or 5b, describe in Part III | **5b** | | No |
| **6** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| **a** | The organization? | **6a** | | No |
| **b** | Any related organization?<br>If "Yes," to line 6a or 6b, describe in Part III | **6b** | | No |
| **7** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | | No |
| **8** | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III | **8** | | No |
| **9** | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | **9** | | |

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| **(A)** Name and Title | | **(B)** Breakdown of W-2 and/or 1099-MISC compensation | | | **(C)** Retirement and other deferred compensation | **(D)** Nontaxable benefits | **(E)** Total of columns (B)(i)-(D) | **(F)** Compensation reported as deferred in prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | **(i)** Base compensation | **(ii)** Bonus & incentive compensation | **(iii)** Other reportable compensation | | | | |
| **(1)**LAURIE PRICE EXECUTIVE DIRECTOR | **(i)** | 116,220 | | 6,000 | 2,259 | | 124,479 | |
| | **(ii)** | | | | | | | |

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

| Return Reference | Explanation |
| --- | --- |

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# SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**
**▶ Attach to Form 990 or 990-EZ.**
**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization
HOPE HAVEN ASSOCIATION INC

**Employer identification number**
59-0668485

| Return Reference | Explanation |
|---|---|
| FORM 990, PAGE 2, PART III, LINE 4A | COUNSELING PSYCHOLOGY - CONTINUED INDIVIDUAL COUNSELING INDIVIDUAL COUNSELING IS AVAILABLE IN THE AREAS OF BEHAVIOR THERAPY, COGNITIVE BEHAVIOR THERAPY, DISABILITY CHALLENGES, AND CHILD/ADOLESCENT COUNSELING FAMILY COUNSELING FAMILY COUNSELING SERVICES INCLUDE CHILD MANAGEMENT, ADJUSTMENT TO DIVORCE, BLENDED FAMILIES AND STEP-FAMILY ISSUES, PROBLEM SOLVING AT HOME AND SCHOOL, AND INDIVIDUAL ADULT/PARENT THERAPY GROUP COUNSELING COUNSELING GROUPS ARE AVAILABLE IN THE FOLLOWING AREAS PARENTING, SOCIAL SKILLS, ANGER MANAGEMENT, AND GRIEF ANXIETY DISORDERS CLINIC ANXIETY DISORDERS ARE THE MOST COMMON TYPE OF MENTAL HEALTH PROBLEM IN CHILDREN AND ADOLESCENTS TODAY ANXIETY DISORDERS INTERFERE WITH A CHILDS PERSONAL WELL-BEING AND DEVELOPMENT SUCH DISORDERS CAUSE CHILDREN TO HAVE PROBLEMS MAKING AND KEEPING FRIENDS, REACHING ACADEMIC POTENTIAL, PARTICIPATING IN FAMILY ACTIVITIES, ACHIEVING A GENERAL SENSE OF HAPPINESS AND DEVELOPING A POSITIVE SELF-IMAGE ANXIOUS CHILDREN ARE MORE LIKELY TO BECOME ANXIOUS ADULTS |

| Return Reference | Explanation |
|---|---|
| FORM 990, PAGE 2, PART III, LINE 4B | TUTORING - CONTINUED AVAILABLE FOR STUDENTS OF ALL AGES, FROM PRESCHOOLERS NEEDING READINESS SKILLS TO HIGH-SCHOOL STUDENTS NEEDING HELP IN SPECIFIC SUBJECT AREAS TUTORING SERVICES ARE AVAILABLE AT HOPE HAVEN ON MONDAYS THROUGH THURSDAYS FROM 8 A M TO 8 P M AND ON FRIDAYS AND SATURDAYS FROM 8 A M TO 1 P M SPECIALIZED READING PROGRAMS HOPE HAVEN OFFERS SPECIALIZED READING PROGRAMS TO ADDRESS VERY SPECIFIC NEEDS OF STUDENTS THE HOURLY REQUIREMENTS VARY ACCORDING TO THE LEARNING PROGRAM USED AND THE NEEDS OF THE CHILD TUTORS ARE ALSO AVAILABLE TO COORDINATE WITH OTHER HOPE HAVEN STAFF TO INCORPORATE ASSISTIVE TECHNOLOGY WHEN NEEDED TUTORING, OTHER LOCATIONS HOPE HAVEN TUTORS ARE AVAILABLE AT MANY PRIVATE AND PUBLIC SCHOOLS IN THE GREATER JACKSONVILLE AREA SCHOOL-SITE TUTORING IS A CONVENIENT OPTION FOR PARENTS AND STUDENTS THAT ALSO ALLOWS FOR FREQUENT TUTOR-TEACHER COMMUNICATION HOURS VARY BY LOCATION TECHNOLOGY TUTORING PROGRAMS COMPUTER TUTORING COMPUTER-ASSISTED TUTORING IS MOTIVATING FOR EVEN THE MOST RELUCTANT LEARNER IT IS AN INEXPENSIVE OPTION FOR STUDENTS WHO DO NOT NEED MORE INTENSIVE PRIVATE TUTORING TO BUILD READING, WRITING OR MATH SKILLS COMPUTER TUTORING IS ESPECIALLY EFFECTIVE FOR REMEDIATION, PRACTICE AND ENRICHMENT OF ALL BASIC ACADEMIC SKILLS HOPE HAVEN TUTORS WORK WITH FOUR STUDENTS PER HOUR ON INDIVIDUALIZED COMPUTER-ASSISTED LESSONS, USING RECENT TEST SCORES, REPORT CARDS, AND OTHER SCHOOL INFORMATION TO ACCURATELY PLAN EACH LESSON TWO HOURS PER WEEK ARE RECOMMENDED, AND CONVENIENT AFTER SCHOOL HOURS (4 P M TO 8 P M , MONDAYS THROUGH THURSDAYS) ARE AVAILABLE SPECIAL NEEDS TUTORING CHILDREN WITH PHYSICAL/DEVELOPMENTAL DISABILITIES HAVE FAR GREATER OPPORTUNITIES TO LEARN, WORK, PLAY AND LIVE INDEPENDENTLY, THANKS TO THE MANY DIFFERENT ASSISTIVE DEVICES MADE AVAILABLE BY ADVANCES IN COMPUTER TECHNOLOGY HOPE HAVENS LUCY GOODING CENTER FOR ASSISTIVE TECHNOLOGY NOW OFFERS COMPUTER-ASSISTED TUTORING AND COMMUNICATION INSTRUCTION, USING COMPUTER ADAPTATIONS, ASSISTIVE DEVICES AND SOFTWARE PROGRAMS APPROPRIATE TO INDIVIDUAL NEEDS HOURS AND FEES VARY |

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PAGE 2, PART III, LINE 4C | ASSISTIVE TECHNOLOGY - CONTINUED FLORIDA ALLIANCE FOR ASSISTIVE SERVICES AND TECHNOLOGY (FAAST) THE FAAST NORTHEAST REGIONAL DEMONSTRATION CENTER IS LOCATED AT HOPE HAVEN THE MISSION OF FAAST IS TO ENHANCE THE QUALITY OF LIFE FOR FLORIDIANS WITH DISABILITIES, REGARDLESS OF AGE, BY PROMOTING THE AWARENESS OF, ACCESS TO, AND ADVOCACY FOR ASSISTIVE TECHNOLOGY HOUSED AT HOPE HAVEN, FAAST PROVIDES THE FOLLOWING SERVICES ASSISTIVE TECHNOLOGY INFORMATION AND REFERRAL THE NORTHEAST REGIONAL DEMONSTRATION CENTER PROVIDES INFORMATION AND REFERRALS CONCERNING ASSISTIVE TECHNOLOGY DEVICES, FUNDING SOURCES AND DEALERS ADAPTIVE EQUIPMENT LENDING LIBRARY THE CENTER MAINTAINS AN INVENTORY OF ASSISTIVE TECHNOLOGY DEVICES THAT MAY BE BORROWED FOR UP TO 30 DAYS ADAPTED TOY LENDING LIBRARY THE CENTER MAINTAINS AN INVENTORY OF ADAPTED TOYS THAT MAY BE BORROWED FOR UP TO 30 DAYS DEMONSTRATIONS, TOURS AND PRESENTATIONS FAAST PROVIDES BOTH FORMAL AND INFORMAL DEMONSTRATIONS, TOURS AND PRESENTATIONS TO ORGANIZATIONS ON A VARIETY OF TOPICS RELATED TO ASSISTIVE TECHNOLOGY ASSISTIVE TECHNOLOGY EVALUATIONS AND TRAINING THIS SERVICE HELPS INDIVIDUALS AND BUSINESSES IDENTIFY TYPES OF ASSISTIVE TECHNOLOGY THAT WILL ASSIST INDIVIDUALS IN LIVING AND WORKING MORE INDEPENDENTLY TRAINING ON HOW TO USE A DEVICE OR ASSISTIVE SOFTWARE IS ALSO AVAILABLE |

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PAGE 2, PART III, LINE 4D | OTHER PROGRAMS EDUCATIONAL SERVICES HOPE HAVENS EDUCATIONAL SERVICES ARE DESIGNED TO ENHANCE A CHILDS LEARNING BY PINPOINTING SPECIFIC STRENGTHS AND WEAKNESSES INDIVIDUALLY ADMINISTERED TESTS ARE USED TO MEASURE INTELLIGENCE AND ACADEMIC ACHIEVEMENT THE RESULTS CAN BE USED TO DIAGNOSE LEARNING DISABILITIES, RECOMMEND REMEDIAL PROGRAMS, ASSESS SCHOOL-RELATED BEHAVIOR PROBLEMS AND IDENTIFY STRATEGIES THAT CAN BEST MEET EACH CHILDS LEARNING NEEDS SPECIAL ACADEMIC SUPPORTS HOPE HAVEN OFFERS A RANGE OF ACADEMIC SUPPORT PROGRAMS, INCLUDING AFTER-SCHOOL PROGRAMS THAT PROVIDE ENRICHMENT ACTIVITIES AND SUMMER CAMPS DESIGNED TO HELP STUDENTS WITH SPECIAL NEEDS MAINTAIN LEARNING PROGRESS AND PREPARE FOR THE NEXT ACADEMIC YEAR OCCUPATIONAL THERAPY OCCUPATIONAL THERAPY ADDRESSES SKILLS FOR THE JOB OF LIVING FOR A CHILD, THESE MAY INCLUDE PLAY SKILLS, SELF-CARE SKILLS AND SCHOOL READINESS SKILLS PHYSICAL THERAPY PHYSICAL THERAPY ADDRESSES THE POSTURE, MOVEMENT AND MOBILITY OF CHILDREN WITH NEUROLOGICAL IMPAIRMENTS, CONGENITAL SYNDROMES OR OTHER IMPAIRMENTS THAT RESULT IN GROSS MOTOR DEVELOPMENTAL DELAYS SPEECH AND LANGUAGE A CHILDS SPEECH AND LANGUAGE SKILLS ARE CRITICAL FOR BOTH COMMUNICATION AND ACADEMIC SUCCESS EARLY SPEECH AND LANGUAGE PROBLEMS, LEFT UNDETECTED, MAY RESULT IN READING DIFFICULTIES AND ACADEMIC DELAYS APPLIED BEHAVIOR ANALYSIS TO ADDRESS PROBLEM BEHAVIOR, HOPE HAVEN USES FUNCTIONAL ASSESSMENT, A RESEARCH-BASED SET OF STRATEGIES DESIGNED TO DETERMINE WHY A CHILD IS ENGAGING IN A PROBLEM BEHAVIOR CONSULTATION INVOLVES DETAILED ANALYSIS OF THE SITUATION, DEFINITION OF THE DESIRED CHANGE, AND APPLICATION OF WELL-RESEARCHED TECHNIQUES AND INTERVENTIONS BEHAVIORS THAT CAN BE ADDRESSED INCLUDE, BUT ARE NOT LIMITED TO, AGGRESSION (HITTING, KICKING, BITING), PROPERTY DESTRUCTION, PICA (EATING INEDIBLE ITEMS), NON-COMPLIANCE AND TANTRUMS DIVORCE-RELATED SERVICES HOPE HAVEN PROVIDES THE REQUIRED FOUR-HOUR PARENT EDUCATION AND FAMILY STABILIZATION COURSE (CHILDREN FIRST IN DIVORCE) FOR THE FOURTH JUDICIAL DISTRICT, WHICH IS COMPOSED OF DUVAL, CLAY, AND NASSAU COUNTIES HOPE HAVEN ALSO OFFERS A 15-HOUR PARENT EDUCATION COURSE (CO-PARENTING BEYOND DIVORCE) DESIGNED ESPECIALLY FOR HIGH-CONFLICT FAMILIES THAT CONTINUE TO RE-LITIGATE AFTER THEIR DIVORCE IS FINAL IN ADDITION, HOPE HAVEN CONDUCTS COURT-ORDERED CUSTODY EVALUATIONS TO ASSIST THE JUDGE IN DETERMINING THE PRIMARY RESIDENTIAL PLACEMENT THAT WILL BE IN THE CHILDS BEST INTEREST ATTENTION DEFICIT/HYPERACTIVITY DISORDER ADHD IS A NEUROCHEMICAL BRAIN DISORDER THAT AFFECTS BEHAVIORS RELATED TO ATTENTION, ACTIVITY AND IMPULSIVITY HOPE HAVEN PROVIDES EXPERT EVALUATION, TREATMENT, THERAPY, SUMMER CAMPS AND TUTORING TO ADDRESS THE SPECIAL CHALLENGES ADHD POSES FOR CHILDREN, THEIR FAMILIES AND THEIR TEACHERS AUTISM AUTISM IS A NEUROBIOLOGICAL DISORDER OF DEVELOPMENT THAT CAUSES DIFFERENCES IN THE WAY INFORMATION IS PROCESSED THESE DIFFERENCES AFFECT THE ABILITY TO UNDERSTAND AND USE LANGUAGE, RESPOND APPROPRIATELY TO THE ENVIRONMENT, UNDERSTAND AND RESPOND TO STIMULI, RELATE TO PEOPLE, EVENTS AND OBJECTS, FORM RELATIONSHIPS, AND ENGAGE IN IMAGINATIVE PLAY HOPE HAVEN PROVIDES A COMPREHENSIVE ASSESSMENT AND A RANGE OF THERAPEUTIC, EDUCATIONAL AND BEHAVIORAL SERVICES TO MEET THE NEEDS OF CHILD AND FAMILY DOWN SYNDROME DOWN SYNDROME IS A CONGENITAL DISORDER CAUSED BY CHROMOSOMAL ABNORMALITIES THAT RESULT IN HIGHLY VARIABLE DEGREES OF LEARNING DIFFICULTIES AND PHYSICAL DEVELOPMENT HOPE HAVENS DOWN SYNDROME CENTER PROVIDES EVALUATIONS IN THE AREAS OF MEDIAL, SPEECH/COMMUNICATIONS, GROSS MOTOR, FINE MOTOR, BEHAVIORAL/SOCIAL AND EDUCATIONAL DEVELOPMENT IT ALSO PROVIDES PARENT AND FAMILY RESOURCES, SUPPORT SERVICES, AND PRENATAL/NEWBORN CONSULTATIONS YOUNG ADULTS HOPE HAVENS ADULT DAY TRAINING AND VOCATIONAL REHABILITATION SERVICES HELP YOUNG ADULTS WITH DEVELOPMENTAL DISABILITIES TRANSITION FROM SCHOOL TO WORK THE PROGRAM HELPS CLIENTS PREPARE FOR INDEPENDENT LIVING AS WELL AS SEEKING AND RETAINING A JOB OR VOLUNTEER POSITION FOLLOW-ALONG SERVICES FOR GRADUATES ARE ALSO PROVIDED |

| Return Reference | Explanation |
|---|---|
| FORM 990, PAGE 6, PART VI, LINE 11B | ORGANIZATION'S EXECUTIVE MANAGEMENT REVIEWS AND APPROVES FORM 990 PRIOR TO FILING |

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PAGE 6, PART VI, LINE 12C | THE ETHICS AND CONFLICT OF INTEREST POLICIES ARE REVIEWD ANNUALLY AND ANY RELATED ISSUES ARE DISCUSSED AT BOARD MEETINGS AND RECORDED IN THE MINUTES ENFORCEMENT IS OUTLINED IN OUR POLICIES AND OUR COMPLIANCE PLAN |

| Return Reference | Explanation |
|---|---|
| FORM 990, PAGE 6, PART VI, LINE 15A | THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED USING COMPARATIVE STUDIES OF OTHER EXECUTIVES IN SIMILAR POSITIONS THE EXECUTIVE DIRECTOR'S COMPENSATION IS APPROVED BY THE EXECUTIVE COMMITTEE OF THE ASSOCIATION'S BOARD OF DIRECTORS |

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PAGE 6, PART VI, LINE 15B | THE COMPENSATION FOR OTHER KEY EMPLOYEES IS DETERMINED BY THE EXECUTIVE DIRECTOR AND INCLUDED IN THE ANNUAL BUDGET WHICH IS APPROVED BY THE BOARD OF DIRECTORS |

| Return Reference | Explanation |
|---|---|
| FORM 990, PAGE 6, PART VI, LINE 19 | THE ANNUAL AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE ON GUIDESTAR OTHER DOCUMENTS ARE AVAILABLE FOR INSPECTION AT THE ASSOCIATION'S MAIN OFFICE UPON REQUEST |

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART XI, LINE 9 | BOOK / TAX DEPRECIATION DIFFERENCE -10,008 |

| Return Reference | Explanation |
|---|---|
| FORM 990, PART XI, LINE 9 | TAX/BOOK DEPRECIATION 10,008 ROUNDING 0 |

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|---|---|---|

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

# Depreciation and Amortization
**(Including Information on Listed Property)**

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

OMB No 1545-0172

**2013**

Attachment Sequence No **179**

| Name(s) shown on return | Business or activity to which this form relates | Identifying number |
|---|---|---|
| HOPE HAVEN ASSOCIATION INC | INDIRECT DEPRECIATION | 59-0668485 |

**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 instructions) | 1 | 500,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,000,000 |
| 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 | |

| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|---|---|---|
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| 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 2012 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 2014 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 depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | 11,817 |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 134,673 |

**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 2013 | 17 | 8,347 |
| 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 ▶ ☐ | | |

**Section B—Assets Placed in Service During 2013 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 | | 11,818 | 5 0 | HY | 200 DB | 2,364 |
| 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 2013 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 instructions | 22 | 157,201 |
| 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 | |

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

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

**Section A—Depreciation and Other Information (Caution:** *See the instructions for limits for passenger automobiles.***)**

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

| **(a)** Type of property (list vehicles first) | **(b)** Date placed in service | **(c)** Business/ investment use percentage | **(d)** Cost or other basis | **(e)** Basis for depreciation (business/investment use only) | **(f)** Recovery period | **(g)** Method/ Convention | **(h)** Depreciation/ deduction | **(i)** Elected section 179 cost |
|---|---|---|---|---|---|---|---|---|
| **25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) | | | | | | **25** | | |
| **26** Property used more than 50% in a qualified business use | | | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| **27** Property used 50% or less in a qualified business use | | | | | | | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |

| | | |
|---|---|---|
| **28** Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 | **28** | |
| **29** Add amounts in column (i), line 26 Enter here and on line 7, page 1 . . . . . . . . . . | **29** | |

**Section B—Information on Use of Vehicles**

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

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

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

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

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

| | **Yes** | **No** |
|---|---|---|
| **37** Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | |
| **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . | | |
| **39** Do you treat all use of vehicles by employees as personal use? . . . . . . . . . . . . . . . . . . . . . | | |
| **40** Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received? . . . . . . . . . . . . . . . . . . . . . . . . . | | |
| **41** Do you meet the requirements concerning qualified automobile demonstration use? (See instructions ) . . . . . | | |
| **Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles | | |

**Part VI** **Amortization**

| **(a)** Description of costs | **(b)** Date amortization begins | **(c)** Amortizable amount | **(d)** Code section | **(e)** Amortization period or percentage | **(f)** Amortization for this year |
|---|---|---|---|---|---|
| **42** Amortization of costs that begins during your 2013 tax year (see instructions) | | | | | |
| | | | | | |
| | | | | | |

| | | |
|---|---|---|
| **43** Amortization of costs that began before your 2013 tax year . . . . . . . . . . . . . . | **43** | |
| **44 Total.** Add amounts in column (f) See the instructions for where to report . . . . . . . . | **44** | |