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**Return of Organization Exempt From Income Tax**

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

**2007**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2007 calendar year, or tax year beginning** Jan 01, 2007, and ending Dec 31, 2007

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Termination
  - Amended return
  - Application pending

**C** Name of organization, number and street, city, town, state, and ZIP code

Please use IRS label or print or type  
 See Specific Instructions

HAVEN HEART COMMUNITY DEVELOPMENT  
CENTER INC  
6616 CROSSING CREEK POINT  
AUSTELL GA 30168

**D** Employer identification number  
58-2255217

**E** Telephone number  
770-485-2205

**F** Acctg. method:  Cash  Accrual  
 Other (specify) ▶

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

**H and I** are not applicable to section 527 organizations

**G Website:** ▶ WWW.HAVENHEARTS.ORG

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

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

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included? (if "No," attach a list. See instructions)  Yes  No

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**I** Group Exemption Number ▶

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 195,654.

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions)

<b>1</b> Contributions, gifts, grants, and similar amounts received				
a Contributions to donor advised funds		1a		
b Direct public support (not included on line 1a)		1b		
c Indirect public support (not included on line 1a)		1c		
d Government contributions (grants) (not included on line 1a)		1d		
e Total (add lines 1a through 1d) (cash \$ noncash \$ )		1e		
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)		2		225,739.
<b>3</b> Membership dues and assessments		3		
<b>4</b> Interest on savings and temporary cash investments		4		
<b>5</b> Dividends and interest from securities		5		
<b>6 a</b> Gross rents		6a		
b Less. rental expenses		6b		
c Net rental income or (loss). Subtract line 6b from line 6a		6c		
<b>7</b> Other investment income (describe ▶)		7		
<b>8 a</b> Gross amount from sales of assets other than inventory		(A) Securities	(B) Other	
b Less. cost or other basis & sales expenses		8a	8b	
c Gain or (loss) (attach schedule)		8c		
d Net gain or (loss). Combine line 8c, columns (A) and (B)		8d		
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ of contributions reported on line 1b)		9a		
b Less. direct expenses other than fundraising expenses		9b		
c Net income or (loss) from special events. Subtract line 9b from line 9a		9c		
<b>10 a</b> Gross sales of inventory, less returns and allowances		10a		
b Less. cost of goods sold		10b		
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c		
<b>11</b> Other revenue (from Part VII, line 103)		11		
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12		225,739.
<b>13</b> Program services (from line 44, column (B))		13		189,243.
<b>14</b> Management and general (from line 44, column (C))		14		30,084.
<b>15</b> Fundraising (from line 44, column (D))		15		
<b>16</b> Payments to affiliates (attach schedule)		16		
<b>17</b> Total expenses. Add lines 16 and 44, column (A)		17		219,327.
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12		18		6,412.
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))		19		89.
<b>20</b> Other changes in net assets or fund balances (attach explanation)		20		
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21		6,501.

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

Form **990** (2007)

SCANNED AUG 12 2010

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A	<b>25a</b> 24100.	24100.		
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B	<b>25b</b> 1.	1.		
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 103482.	83201.	20281.	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>			
<b>29</b> Payroll taxes	<b>29</b> 3488.	3488.		
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b> 6000.	6000.		
<b>32</b> Legal fees	<b>32</b> 28344.	26644.	1700.	
<b>33</b> Supplies	<b>33</b> 20401.	19098.	1303.	
<b>34</b> Telephone	<b>34</b> 2900.	2100.	800.	
<b>35</b> Postage and shipping	<b>35</b> 3642.	3442.	200.	
<b>36</b> Occupancy	<b>36</b>			
<b>37</b> Equipment rental and maintenance	<b>37</b> 2433.	1233.	1200.	
<b>38</b> Printing and publications	<b>38</b> 590.	290.	300.	
<b>39</b> Travel	<b>39</b> 378.	378.		
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b> 54.	54.		
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b>			
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> REPAIRS & MAINTENANCE	<b>43a</b> 8099.	5699.	2400.	
<b>b</b> ELECTRICITY	<b>43b</b> 2300.	1800.	500.	
<b>c</b> GA NATURAL GAS	<b>43c</b> 4400.	3000.	1400.	
<b>d</b> SANITATION	<b>43d</b> 450.	450.		
<b>e</b> WATER	<b>43e</b> 1440.	1440.		
<b>f</b> CABLE	<b>43f</b> 1260.	1260.		
<b>g</b> VAN GAS	<b>43g</b> 5565.	5565.		
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b> 219327.	189243.	30084.	

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ GROUP HOME FOR JUNVENILE GIRL

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)

a 24 HR HOME CARE FOR TEEN AGE GIRL

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

b AUGUSTAS COMMUNITY RESOURCE CENTER - A COUNSELING SERVICE  
5604 WENDY BAGWELL PARKWAY SUITE 411 AUSTELL, GA 30168

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

c

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

d

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

e Other program services (attach schedule)

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

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

**Part IV Balance Sheets** (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing	5,000.	<b>45</b>	5,000.
	<b>46</b> Savings and temporary cash investments		<b>46</b>	
	<b>47a</b> Accounts receivable	<b>47a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>	<b>47c</b>	
	<b>48a</b> Pledges receivable	<b>48a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>	<b>48c</b>	
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) (attach schedule)		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>	<b>51c</b>	
	<b>52</b> Inventories for sale or use		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges		<b>53</b>	
	<b>54a</b> Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54a</b>	
	<b>b</b> Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54b</b>	
	<b>55a</b> Investments - land, buildings, and equipment basis	<b>55a</b>		
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>55b</b>	<b>55c</b>	
	<b>56</b> Investments - other (attach schedule)		<b>56</b>	
	<b>57a</b> Land, buildings, and equipment: basis	<b>57a</b>		
<b>b</b> Less accumulated depreciation (attach schedule)	<b>57b</b>	<b>57c</b>		
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> )		<b>58</b>		
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58	5,000.	<b>59</b>	5,000.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses		<b>60</b>	
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64b</b>	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> )		<b>65</b>	
<b>66 Total liabilities.</b> Add lines 60 through 65		<b>66</b>		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	<b>67</b> Unrestricted		<b>67</b>	
	<b>68</b> Temporarily restricted		<b>68</b>	
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 70 through 74			
	<b>70</b> Capital stock, trust principal, or current funds	89.	<b>70</b>	89.
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	89.	<b>73</b>	89.	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.	89.	<b>74</b>	89.	





Part VI Other Information (continued)			Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>		X
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	<b>82b</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>		X
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>		X
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>		
<b>85a</b>	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	<b>85a</b>		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>85b</b>		
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>		
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>		
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>		
<b>86</b>	501(c)(7) orgs. Enter: a. Initiation fees and capital contributions included on line 12	<b>86a</b>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>		
<b>87</b>	501(c)(12) orgs. Enter: a. Gross income from members or shareholders	<b>87a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>		
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88a</b>		X
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	<b>88b</b>		X
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
<b>b</b>	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<b>89b</b>		
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ _____			
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>		X
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>		X
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89g</b>		X
<b>90a</b>	List the states with which a copy of this return is filed ▶ <u>GA</u>			
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	<b>90b</b>		1
<b>91a</b>	The books are in care of ▶ <u>SONJA HOPKINS</u> Telephone no ▶ _____ Located at ▶ <u>6616 CROSSING CREEK POINT</u> ZIP + 4 ▶ <u>30084</u>			
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	<b>91b</b>	Yes	No

**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶   
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

**Part VII Analysis of Income-Producing Activities** (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a DEPT OF FAMILY CHI					195,654.
b					
c					
d					
e					
f Medicare/Medicaid payments					30,085.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), & (E))					225,739.
105 Total (add line 104, columns (B), (D), and (E))					225,739.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
A	PROVIDE FOR PROGRAM ACTIVITY FROM GROUP HOME SERVICE TO YOUTH
C	PROVIDE FOR PROGRAM ACTIVITY FROM FROUP HOME SERVICE TO YOUTH

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions)

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

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

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

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

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

Yes	No

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

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

Yes	No

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

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

Yes	No

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

5/15/10  
 Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 SONJA HOPKINS EXE DIR  
 Type or print name and title

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst X)
	Firm's name (or yours if self-employed), address, and ZIP + 4	C AND C TAX SERVICE NORTHLAK 172 LOGAN STREET 106 Atlanta GA 30312-	EIN	20-8272396 Phone no 770-369-5688

For calendar year 2007 or tax year beginning Jan 01, 2007 and ending Dec 31, 2007

Name HAVEN HEART COMMUNITY DEVELOPMENT EIN 58-225217
Name line 2 CENTER INC
Address 6616 CROSSING CREEK POINT Telephone No. 770-485-2205
City, State, and Zip Code AUSTELL GA 30168

Email address
Web site address WWW.HAVENHEARTS.ORG
Fiduciary name, if applicable
Name of officer signing return SONJA HOPKINS
Title of officer/trustee/fiduciary signing return EXE DIR
Group exemption number
Check if exemption application is pending
Accounting method Cash [X] Accrual [ ] Other: [ ] Specify
List states desired GA

Type of exempt organization:

- [X] Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) (Form 990)
[ ] Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year (Form 990-EZ)
[ ] Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF)
[ ] Exempt organization with unrelated business income (Form 990-T)

Preparer ID
Preparer name
Preparer SSN
Firm's name: C AND C TAX SERVICE NORTHLAKE LLC
Address 172 LOGAN STREET 106
City, State, ZIP Code Atlanta GA 30312-
Time in this return: 195 minutes
Date
PTIN
Self-employed: [ ]
Firm's EIN: 20-8272396
Phone: 770-369-5688

Preparer notes These notes will print and proforma

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