

Short Form

Form 990-EZ

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)
For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year
organization may have to use a copy of this return to satisfy state reporting requirements

2002

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2002 calendar year, or tax year beginning 2002, and ending 2002

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: Hillsborough House of Hope Inc. D Employer identification number: 59-3548286. E Telephone number: (813) 231-5122. F Enter 4-digit (GEN):

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

G Accounting method: Cash [checked] Accrual Other (specify)

I Web site: J Organization type (check only one): 501(c)3 (insert no.) 4947(a)(1) or 527

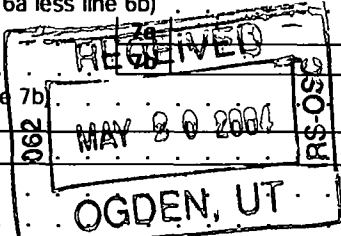
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 36 of the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue items include contributions, program service revenue, membership dues, investment income, gross amount from sale of assets, special events, gross sales of inventory, and other revenue. Total revenue is 49,341. Expenses include grants, salaries, professional fees, occupancy, printing, and other expenses. Total expenses is 10,495. Net assets at beginning of year is 46,864 and at end of year is 85,710.



Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 27 rows for Balance Sheets. Columns (A) Beginning of year and (B) End of year. Items include cash, land and buildings, other assets (Equipment, Utility, Deposits), total assets, total liabilities (Bank Debt, Mortgage), and net assets or fund balances. Total assets at end of year is 85,710.

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2002)

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Part III Statement of Program Service Accomplishments (See page 39 of the instructions.)

What is the organization's primary exempt purpose? Christian Residential Rehab. Women
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)

Table with 2 columns: Description of program service and Expenses. Rows include: 28 In 2002 a single-family dwelling was purchased, renovated and out-fitted to house potential residents. House can accommodate up to 3 residents at a time. 28a 4,108; 29 Program developed and defined, and staff identified for house to open 01/2003. Program defined as to selection of residents on-going training. 29a 2,467; 30 Counseling programs with estimated time of successful residency being 6 months/resident. 30a; 31 Other program services (attach schedule). 31a; 32 Total program service expenses (add lines 28a through 31a). 32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 40 of the instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation, (E) Expense account and other allowances. Content: See Schedule.

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)

Table with 3 columns: Question, Yes, No. Rows include: 33 Did the organization engage in any activity not previously reported to the IRS?; 34 Were any changes made to the organizing or governing documents but not reported to the IRS?; 35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.; 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year?; 37a Enter amount of political expenditures, direct or indirect, as described in the instructions.; 37b Did the organization file Form 1120-POL for this year?; 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?; 38b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.; 39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9; b Gross receipts, included on line 9, for public use of club facilities.; 40a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955; b 501(c)(3) and (4) organizations. 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?; c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958; d Enter: Amount of tax on line 40c, above, reimbursed by the organization.; 41 List the states with which a copy of this return is filed.; 42 The books are in care of; Located at; Telephone no.; ZIP + 4.; 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
Signature of officer: Margaret Palmer, Mrs. Date: 5-11-04
Title: President

Table with 4 columns: Date, Check if self-employed, Preparer's SSN or PTIN (See Gen. Inst. W)

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

- a Sale, exchange, or leasing of property? 2a
- b Lending of money or other extension of credit? 2b
- c Furnishing of goods, services, or facilities? 2c
- d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2d
- e Transfer of any part of its income or assets? 2e

3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.) 3

4 Do you have a section 403(b) annuity plan for your employees? 4

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.)

The organization is not a private foundation because it is. (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	12,120	11,130	N/A	N/A	23,250
16 Membership fees received	-	-			
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	19,655	9,567			29,222
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	739	-			739
19 Net income from unrelated business activities not included in line 18	-	-			-
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	-	-			-
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	-	-			-
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	-	-			-
23 Total of lines 15 through 22	32,514	20,697			53,211
24 Line 23 minus line 17	12,859	11,130			23,989
25 Enter 1% of line 23	325	207			
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a -				
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b -				
c Total support for section 509(a)(1) test. Enter line 24, column (e)	26c -				
d Add. Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d -				
e Public support (line 26c minus line 26d total)	26e -				
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f - %				
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year. (2001) _____ (2000) _____ (1999) _____ (1998) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add: Amounts from column (e) for lines: 15 23,250 16 - 17 29,222 20 - 21 -	27c 52,472				
d Add: Line 27a total _____ and line 27b total _____	27d -				
e Public support (line 27c total minus line 27d total)	27e 52,472				
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f 53,211				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g 98.6 %				
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h 1.4 %				
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.	N/A				

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d	Copies of all material used by the organization or on its behalf to solicit contributions?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b	Admissions policies?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c	Employment of faculty or administrative staff?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d	Scholarships or other financial assistance?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e	Educational policies?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f	Use of facilities?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g	Athletic programs?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h	Other extracurricular activities?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
34a	Does the organization receive any financial aid or assistance from a governmental agency?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
41	Lobbying nontaxable amount. Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40. Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	Lobbying nontaxable amount.				
46	Lobbying ceiling amount (150% of line 45(e)).				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers.
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount

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

Form 990-EZ
Part I: Revenue, Expenses, and Changes in Net Assets
#6: Special Events – Detail

Hillsborough House of Hope, Inc.
59-3548286

Part I. Line 6:

Fundraiser Income
(Breakfast of October 22, 2002)
Revenue

9,212

Expenses

Food/Beverage

497

Printing

532

Other

100

1,129

8,083

Net Proceeds

Part IV: List of Officers/Directors/Key Employees

Hillsborough House of Hope, Inc.
59-3548286

A. Name and Address	B. Title and Avg Hours/Week Devoted to Position	C. Compensation	D. Expense Acct
Michelle Berube PO Box 320064 Tampa, FL 33679	Treasurer/Director 3.0	-0-	-0-
Liz Hardin PO Box 320064 Tampa, FL 33679	Director 1.5	-0-	-0-
Pam Iorio PO Box 320064 Tampa, FL 33679	Director .5	-0-	-0-
Tom Morris PO Box 320064 Tampa, FL 33679	Director 3.0	-0-	-0-
Diane North PO Box 320064 Tampa, FL 33679	Secretary/Director 3.0	-0-	-0-
Margaret Palmer PO Box 320064 Tampa, FL 33679	President/Director 25.0	-0-	-0-
Darrin Quam PO Box 320064 Tampa, FL 33679	Director 2.0	-0-	-0-
Claudia Sellers PO Box 320064 Tampa, FL 33679	Execute Director 4.0	-0-	-0-
David Smith PO Box 320064 Tampa, FL 33679	Director 3.0	-0-	-0-