

Short Form

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.

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

OMB No. 1545-1150

2003

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

A For the 2003 calendar year, or tax year beginning 2003, and ending 20

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

90597 **AUTO**SCH 5-DIGIT 33609
HILLSBORO HOUSE OF HOPE INC
C/O MARGARET PALMER
PO BOX 320064
TAMPA FL 33679-2064

I P 150 R
B 12 S

D Employer identification number
59: 354 8286

E Telephone number
(813) 231-5122

F Group Exemption Number

Accounting method: Cash Accrual
Other (specify)

Section 501(c)(3)

Hillsborough

I Website:

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

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

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 37 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received	1	65,674
2	Program service revenue including government fees and contracts	2	-
3	Membership dues and assessments	3	-
4	Investment income	4	-
5a	Gross amount from sale of assets other than inventory	5a	-
5b	Less: cost or other basis and sales expenses	5b	-
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	-
6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
6a	Gross revenue (not including \$ 2190 of contributions reported on line 1)	6a	3285
6b	Less: direct expenses other than fundraising expenses	6b	2620
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	665
7a	Gross sales of inventory, less returns and allowances	7a	-
7b	Less: cost of goods sold	7b	-
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	-
8	Other revenue (describe <u>Rental Assistance - Outside Program + Residents</u>)	8	4646
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	70,985
10	Grants and similar amounts paid (attach schedule)	10	-
11	Benefits paid to or for members	11	-
12	Salaries, other compensation, and employee benefits	12	19,814
13	Professional fees and other payments to independent contractors	13	-
14	Occupancy, rent, utilities, and maintenance	14	19,896
15	Printing, publications, postage, and shipping	15	5,026
16	Other expenses (describe <u>General Administration</u>)	16	6,080
17	Total expenses (add lines 10 through 16)	17	50,816
18	Excess or (deficit) for the year (line 9 less line 17)	18	20,169
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	85,710
20	Other changes in net assets or fund balances (attach explanation) <u>Prior Period</u> <input checked="" type="checkbox"/>	20	<710>
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	105,169

RECEIVED
MAY 26 2004
EXPENSES

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.

(See page 40 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	24,517	22 34,190
23 Land and buildings	130,335	23 127,917
24 Other assets (describe <u>Deposits / Equip't</u>)	2,858	24 4,735
25 Total assets	157,710	25 166,842
26 Total liabilities (describe <u>R/E Mtg debt / payroll taxes w/held</u>)	72,000	26 61,673
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	85,710	27 105,169

Part III Statement of Program Service Accomplishments (See page 41 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.)
28	<u>Attachment -</u> (Grants \$)	28a <u>Attachment.</u>
29	(Grants \$)	29a
30	(Grants \$)	30a
31	Other program services (attach schedule) (Grants \$)	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 41 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<u>Attachment</u>				

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <u>37a</u>	<input checked="" type="checkbox"/>	
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. <u>38b</u>	<input checked="" type="checkbox"/>	
39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 <u>39a</u>	<input checked="" type="checkbox"/>	
b Gross receipts, included on line 9, for public use of club facilities <u>39b</u>	<input checked="" type="checkbox"/>	
40a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>	<input checked="" type="checkbox"/>	
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? If "Yes," attach an explanation.		<input checked="" type="checkbox"/>
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ <u>0</u>	<input checked="" type="checkbox"/>	
d Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ <u>0</u>	<input checked="" type="checkbox"/>	
41 List the states with which a copy of this return is filed. ▶ <u>Florida</u>		
42 The books are in care of ▶ <u>Program Manager</u> Telephone no. ▶ <u>(813) 231-5122</u> Located at ▶ <u>PO Box 320064, Tampa, FL</u> ZIP + 4 ▶ <u>33679</u>		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> or accrued during the tax year ▶ <u>43</u>		

I, the preparer, including accompanying schedules and statements, and to the best of my knowledge and belief, the information on this return is based on all information of which preparer has any knowledge.

5-19-04

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2003

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Hillsborough House of Hope, Inc

Employer identification number

59: 354 8286

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None over \$50,000				
Total number of other employees paid over \$50,000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶		

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Hillsh. House of Hope
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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?		✓
b Lending of money or other extension of credit?		✓
c Furnishing of goods, services, or facilities?		✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		✓
e Transfer of any part of its income or assets?		✓
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		✓
b Do you have a section 403(b) annuity plan for your employees?		✓
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		✓

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)(vii). (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 6 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	41,016	12,120	11,130	N/A	64,266
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	8,083	19,655	9,567		37,305
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	242	739	-		981
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	49,341	32,514	20,697		102,552
24 Line 23 minus line 17	41,258	12,859	11,130		65,247
25 Enter 1% of line 23	493	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 1999 through 2002 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 _____ 26d
 22 _____ 26b _____

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:

(2002) 0 (2001) 0 (2000) 0 (1999) -

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:

(2002) 0 (2001) 0 (2000) 0 (1999) -

c Add: Amounts from column (e) for lines: 15 64,266 16 -
 17 37,305 20 - 21 - 27c 101,571

d Add: Line 27a total _____ and line 27b total _____ 27d

e Public support (line 27c total minus line 27d total) 27e 101,571

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e). 27f 102,552

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g 99 %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h 1 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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.

SA 354 8286
 Hillsh House of Hope
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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 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 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 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 type="checkbox"/>
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>
d Copies of all material used by the organization or on its behalf to solicit contributions?	<input checked="" type="checkbox"/>	<input 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 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 type="checkbox"/>
b Admissions policies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Employment of faculty or administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Scholarships or other financial assistance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Educational policies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Use of facilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g Athletic programs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h Other extracurricular activities?	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>
34a Does the organization receive any financial aid or assistance from a governmental agency?	<input checked="" type="checkbox"/>	<input 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 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 type="checkbox"/>

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

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(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 12 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:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

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

Form 990-EZ
Year 2003

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
(Dinner of October 23, 2003)
Dinners served – 219

Ticket price - \$25/dinner @ 219 = \$5475
Value - \$15/dinner @ 219 = \$3285
Revenue \$2190

Gross Revenue		3,285
Food/Beverage	1,819	
Printing	202	
Rentals/Supplies	<u>599</u>	<u>2,620</u>
Net Proceeds		665

Form 990-EZ

Year 2003

Part I: Revenue, Expenses, and Changes in Net Assets

#20: Other Changes in Net Assets

Hillsborough House of Hope, Inc.
59-3548286

Part I. Line 20:

\$710 – Other Change in Net Asset - It was discovered that insurance expenses for a prior year had been mis-booked into an asset account. To keep the current year expenses in line, the error was corrected as a prior period adjustment.

Part III: Statement of Program Service Accomplishments

#28: Describe What was Achieved in Carrying out the Organization's Exempt Purposes:

Hillsborough House of Hope, Inc. (HHH)
59-3548286

Part III: Line 28:

In January 2003, Hillsborough House of Hope (HHH) opened its doors to former female prison inmates. The ladies, prior to their jail release, were selected for the residential program based on recommendations from the correctional facility staff and interviews conducted by HHH staff. Upon the ladies' release, they were accepted into HHH, where they received a room to live in, clothing, personal hygiene items and groceries.

Once in the program, the ladies receive assistance to find employment, enroll in appropriate government assistance program (Medicare, food stamps, etc.), and secure transportation to/from their employment. While living in the house they are responsible for their own cooking, room and house cleaning and laundry. The ladies attend bible study as well as several different types of counseling sessions dealing with financial budgeting, child care, career choice/training, etc.

In 2003, 13 women resided at Hillsborough House of Hope (length of time varied per individual). The residence can house up to 3 ladies at a time. Of the 13, seven women are employed and living on their own. One lady was reunited with her pre-school age child. Those 7 appear to remain drug-free.

**Expenses: Directly related to program – Occupancy - \$19,896
Salaries - 19,814
\$ 39,710**

2003 Debt service - \$10,327

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 2.0	-0-	-0-
Liz Hardin PO Box 320064 Tampa, FL 33679	Director 2.0	-0-	-0-
Pam Iorio PO Box 320064 Tampa, FL 33679	Director .5	-0-	-0-
Tom Morris PO Box 320064 Tampa, FL 33679	Director 4.0	-0-	-0-
Diane North PO Box 320064 Tampa, FL 33679	Secretary/Director 4.0	-0-	-0-
Margaret Palmer PO Box 320064 Tampa, FL 33679	President/Director 29.0	-0-	-0-
Darrin Quam PO Box 320064 Tampa, FL 33679	Director 2.5	-0-	-0-
Claudia Sellers PO Box 320064 Tampa, FL 33679	Execute Director 5.5	-0-	-0-
David Smith PO Box 320064 Tampa, FL 33679	Director 3.5	-0-	-0-

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)
 Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization <u>Hillsborough House of Hope, Inc.</u>	Employer Identification number <u>59-3548286</u>
	Number, street, and room or suite no. If a P.O. box, see instructions. <u>P.O. Box 320064</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>Tampa, FL 33679-2064</u>	

Check type of return to be filed (file a separate application for each return):

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

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 8-15, 2004, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2003 or
 ▶ tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

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

Signature ▶ Margaret Palmer Title ▶ Founder / President ▶ 4/30/04
 For Paperwork Reduction Act Notice, see instruction Form **8868** (12-2000)