

2005

Open to Public Inspection

Form 990-EZ

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.

Department of the Treasury Internal Revenue Service

A For the 2005 calendar year, or tax year beginning 2005, and ending 20

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: 59-354-8286. E Telephone number: (813) 231-5122. F Group Exemption Number.

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.

I Website: http://www.hillsboroughhouseofhope.org. J Organization type: 501(c)(3).

K Check if the organization's gross receipts are normally not more than \$25,000. L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 48,499. Expenses total: 64,182. Net Assets total: 83,031.

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 7 rows for Balance Sheets. Total assets: 134,369. Total liabilities: 51,338. Net assets or fund balances: 83,031.

SCANNED SEP 21 2006

Handwritten marks: 'P' and '10'.

Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <u>CHARITABLE RESIDENTIAL WOMENS REHAB</u> 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.		
28	<u>STATEMENT ATTACHED</u>	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule)	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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 42 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>LIST ATTACHED</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	33	<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	34	<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		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36	<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/> 37a	37a	
b	Did the organization file Form 1120-POL for this year?	37b	<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?	38a	<input checked="" type="checkbox"/>
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input 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.	40b	<input checked="" type="checkbox"/>
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter amount of tax on line 40c reimbursed by the organization		

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

- 41 List the states with which a copy of this return is filed. ▶ FLORIDA
- 42a The books are in care of ▶ PROGRAM MANAGER Telephone no. ▶ (913) 231-5122
 Located at ▶ P.O. Box 320064, TAMPA, FL ZIP + 4 ▶ 33629-2064
- 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)?
- | | Yes | No |
|-----|-----|-------------------------------------|
| 42b | | <input checked="" type="checkbox"/> |
| 42c | | <input checked="" type="checkbox"/> |
- If "Yes," enter the name of the foreign country: ▶ _____
- See the instructions for exceptions and filing requirements for Form TD F 90-22.1.
- c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
- If "Yes," enter the name of the foreign country: ▶ _____
- 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 ▶ | 43 |

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

Signature of officer: *Patrick J. Hannon* Date: August 24, 2006

Type or print name and title: PATRICK J. HANNON - TREASURER

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no ()	

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

Form 990- EZ

Year 2005

Part III: Statement of Program Service Accomplishments

Line 28: Describe what was achieved in carrying out the organization's exempt purposes:

Part III: Line 28

During 2005, Hillsborough House of Hope (HHH) accommodated 34 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, clothing, personal hygiene items and groceries.

Once in the program, the ladies receive assistance to find employment, enroll in appropriate government assistance programs (Medicare, food stamps, ect.) and secure transportation to and 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, childcare, career training and other courses.

In 2005, 34 women resided at HHH (length of time varied per individual). The residence can house up to three ladies at a time.

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Year 2005

Part IV: List of Officers, Directors, Key Employees

A. Name & Address	B. Title & Avg. Hrs worked	C. Compensation	D. Benefits	D. Expense Account
Tom Morris P.O. Box 320064 Tampa, Fl 33679-0064	Director 4.0	-0-	-0-	-0-
Diane North P>O> Box 320064 Tampa, Fl 33679-0064	Secretary/Director 4.0	-0-	-0-	-0-
Darrin Quam P.O. Box 320064 Tampa, Fl 33679-0064	Director 2.5	-0-	-0-	-0-
Claudia Sellers P.O. Box 320064 Tampa, Fl 33679-0064	President/Ex. Director 5.5	-0-	-0-	-0-
David Smith P.O. Box 320064 Tampa, Fl 33679-0064	Director 3.5	-0-	-0-	-0-
Patrick Hannon P.O. Box 320064 Tampa, Fl 33679-0064	Treasurer/Director 4.0	-0-	-0-	-0-