

Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2004

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

A For the 2004 calendar year, or tax year beginning 7/1/2004, and ending 6/30/05

## B Check if applicable:

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

Please use IRS label or print or type. See Specific Instructions.

## C Name of organization

HAVEN OF HOPE INC

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

113 WESTSIDE DRIVE

City or town, state or country, and ZIP + 4

TULLAHOMA, TN 37388

## D Employer identification number

58-1612531

## E Telephone number

F Accounting 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.

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? ☐ Yes ☒ No  
(If "No," attach a list. See instructions.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

## I Group Exemption Number ▶

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

## G Website: ▶

J Organization type (check only one) ☒ 501(c)(3) (insert no.) 4947(a)(1) or 527K Check here ☐ 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 Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 408,874

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	148,058		
b	Indirect public support	1b			
c	Government contributions (grants)	1c	260,247		
d	Total (add lines 1a through 1c) (cash \$ 406,545 noncash \$ 1,760)	1d	408,305		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5	1,298		
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities 8a	(B) Other -729		
b	Less: cost or other basis and sales expenses	8b			
c	Gain or (loss) (attach schedule)	8c	-729		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	-729		
9	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 1a)	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			
10a	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			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	408,874		
13	Program services (from line 44, column (B))	13	291,609		
14	Management and general (from line 44, column (C))	14	51,023		
15	Fundraising (from line 44, column (D))	15			
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 13 and 14, column (A))	17	342,632		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	66,242		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	192,732		
20	Other changes in net assets or fund balances (attach explanation) PRIOR YEAR ADJUSTMENT	20	0		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	258,974		

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

Form 990 (2004)

\* PER AMENDED RETURN

**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 page 22 of 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
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25			
26 Other salaries and wages . . . . .	26 231,731	187,388	44,343	
27 Pension plan contributions . . . . .	27 4,421	3,470	951	
28 Other employee benefits . . . . .	28 10,356	8,688	1,668	
29 Payroll taxes . . . . .	29 20,854	17,462	3,392	
30 Professional fundraising fees . . . . .	30			
31 Accounting fees . . . . .	31 7,293	7,293		
32 Legal fees . . . . .	32			
33 Supplies . . . . .	33 7,472	7,228	244	
34 Telephone . . . . .	34 * 8,719	* 8,719		
35 Postage and shipping . . . . .	35 1,602	1,602		
36 Occupancy . . . . .	36 * 19,254	* 19,254		
37 Equipment rental and maintenance . . . . .	37 3,410	3,410		
38 Printing and publications . . . . .	38			
39 Travel . . . . .	39 7,412	6,987	425	
40 Conferences, conventions, and meetings . . . . .	40 1,527	1,527		
41 Interest . . . . .	41			
42 Depreciation, depletion, etc. (attach schedule) . . . . .	42 8,480	8,480		
43 Other expenses not covered above (itemize): a	43a			
b INSURANCE	43b * 8,579	* 8,579		
c ADVERTISING	43c 179	179		
d LICENSE & MEMBERSHIP	43d 1,343	1,343		
e	43e			
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15 . . . . .	44 342,632	291,609	51,023	

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 page 25 of the instructions.)What is the organization's primary exempt purpose? **SHELTER FOR BATTERED WOMEN & CHILDREN**

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	THE PURPOSE OF THE PROGRAM IS TO PROVIDE A SAFE TEMPORARY SHELTER FOR WOMEN AND THEIR MINOR CHILDREN WHO HAVE BEEN ABUSED OR THREATENED WITH EMOTIONAL OR PHYSICAL ABUSE. (Grants and allocations \$ _____)	* 291,609
b	_____ (Grants and allocations \$ _____)	
c	_____ (Grants and allocations \$ _____)	
d	_____ (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . .	291,609

\* Per Amended Return

**Part IV. Balance Sheets** (See page 25 of 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
Assets	45 Cash - non-interest-bearing . . . . .	42,636	45	34,920
	46 Savings and temporary cash investments . . . . .	54,653	46	71,962
	47a Accounts receivable . . . . .	47a		
	b Less: allowance for doubtful accounts . . . . .	47b	47c	
	48a Pledges receivable . . . . .	48a	12,753	
	b Less: allowance for doubtful accounts . . . . .	48b		
	49 Grants receivable . . . . .	25,557	48c	12,753
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .	7,752	49	17,871
	51a Other notes and loans receivable (attach schedule) . . . . .		50	
	b Less: allowance for doubtful accounts . . . . .	51a		
	52 Inventories for sale or use . . . . .	51b	51c	
	53 Prepaid expenses and deferred charges . . . . .	52		
	54 Investments - securities (attach schedule) . . . . .	904	53	0
	55a Investments - land, buildings, and equipment: basis . . . . .		54	
	b Less: accumulated depreciation (attach schedule) . . . . .	55a		
56 Investments - other (attach schedule) . . . . .	55b	55c		
57a Land, buildings, and equipment: basis . . . . .	56			
b Less: accumulated depreciation (attach schedule) . . . . .	57a	312,246		
58 Other assets (describe . . . . .)	57b	52,259		
59 Total assets (add lines 45 through 58) (must equal line 74) . . . . .	91,474	57c	259,987	
Liabilities	60 Accounts payable and accrued expenses . . . . .		58	
	61 Grants payable . . . . .		59	397,493
	62 Deferred revenue . . . . .	25,916	60	33,762
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		61	
	64a Tax-exempt bond liabilities (attach schedule) . . . . .		62	
	b Mortgages and other notes payable (attach schedule) . . . . .		63	
	65 Other liabilities (describe . . . . .)		64a	
	66 Total liabilities (add lines 60 through 65) . . . . .		64b	98,364
	67 Unrestricted . . . . .	4,328	65	6,393
	68 Temporarily restricted . . . . .		66	138,519
Net Assets or Fund Balances	69 Permanently restricted . . . . .			
	70 Capital stock, trust principal, or current funds . . . . .			
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .			
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .			
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .			
	74 Total liabilities and net assets / fund balances (add lines 66 and 73) . . . . .			
	75 Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. . . . .	192,732	67	246,221
	76 Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74. . . . .		68	12,753
	77 Capital stock, trust principal, or current funds . . . . .		69	
	78 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		70	
79 Retained earnings, endowment, accumulated income, or other funds . . . . .		71		
80 Total net assets or fund balances (add lines 77 through 79 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .		72		
81 Total liabilities and net assets / fund balances (add lines 66 and 73) . . . . .	192,732	73	258,974	
82 Total liabilities and net assets / fund balances (add lines 66 and 73) . . . . .	222,976	74	397,493	

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.

\* Rex Amador Roman

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	449,062
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$		
(2)	Donated services and use of facilities \$ 40,188		
(3)	Recoveries of prior year grants . . . . \$		
(4)	Other (specify):		
	_____ \$		
	Add amounts on lines (1) through (4) ▶	b	40,188
c	Line a minus line b . . . . . ▶	c	408,874
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	_____ \$		
	Add amounts on lines (1) and (2) . . ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) . . . . . ▶	e	408,874

**Part IV-B** Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements . . . . ▶	a	382,820
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ 40,188		
(2)	Prior year adjustments reported on line 20, Form 990 . . . . \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	_____ \$		
	Add amounts on lines (1) through (4) . . ▶	b	40,188
c	Line a minus line b . . . . . ▶	c	342,632
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	_____ \$		
	Add amounts on lines (1) and (2) . . ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶	e	342,632

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 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
MARGARET HENDERSON	CHAIRPERSON			
213 REGWOOD DRIVE, TULLAHOMA, TN	1	0		
NANCY HERLONG	TREASURER			
4623 MOUNTAIN VIEW ROAD, MANCHESTER, TN	2	0		
JOE NIX	VICE CHAIRPERSON/SECRETARY			
206 SOUTH LINDA DRIVE, SHELBYVILLE, TN	2 1/2	0		
DEBBIE BROCK	BOARD MEMBER			
40 WESTVIEW CIRCLE, WINCHESTER, TN	1/2	0		
MARY HICKERSON	BOARD MEMBER			
103 DICKS DRIVE, TULLAHOMA, TN	1/2	0		
BOB BELLAR	BOARD MEMBER			
639 BEECHWOOD ROAD, BELL BUCKLE, TN	1/2	0		
ANN YOUNG	BOARD MEMBER			
512 WESTWOOD DRIVE, TULLAHOMA, TN	1/2	0		
JOHN CARTER SAIN	BOARD MEMBER			
2430 MOUNTAIN VIEW ROAD, MANCHESTER, TN	1/2	0		
TAMMY JERNIGAN	BOARD MEMBER			
2240 FRAZIER ROAD, BEECH GROVE, TN	1/2	0		
MONA MASON	DIRECTOR			
1918 PAUL MARRELL ROAD, BEECH GROVE, TN	37 1/2	44,343	951	

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No

If "Yes," attach schedule - see page 28 of the instructions.

\* Per AmeriCorps Return

Yes	No
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Form 990 (2004)

\* Per Amicus letter

**Part VII Analysis of Income-Producing Activities** (See page 33 of 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					
b					
c					
d					
e					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .			14	1,298	
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), and (E)) . . . . .				1,298	
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					1,298

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of 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).

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, 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).

<b>Please Sign Here</b>	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 <i>Ramona S. Mason</i>		Date 8/21/06	
<b>Paid Preparer's Use Only</b>	Type or print name and title. <i>Ramona S. Mason, Executive Director</i>			
	Preparer's signature <i>[Signature]</i>	Date 08/10/06	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 THOMAS A WARNER EA 113 WESTSIDE DR TULLAHOMA, TN 37388	EIN 62-0880834	Phone no. 931-393-1040	