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Form **990**

Return of Organization Exempt From Income Tax

2005

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

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 2005 calendar year, or tax year beginning 11/01, 2005, and ending 10/31, 2006

- 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.

ISAIAH'S HOPE, INC.
P.O. BOX 1005
DOWNEY, CA 90240

D Employer identification number
33-0762206

E Telephone number
949-553-9444

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: 3
- 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

G Web site: N/A

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

K 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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

I Group Exemption Number: _____

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

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12. 446,617.

Part III Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

		(A) Securities		(B) Other			
REVENUE	1 Contributions, gifts, grants, and similar amounts received:						
	a Direct public support	1a					
	b Indirect public support	1b					
	c Government contributions (grants)	1c		446,616.			
	d Total (add lines 1a through 1c) (cash \$ <u>446,616.</u> noncash \$ _____)	1d				446,616.	
	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				1.	
	5 Dividends and interest from securities	5					
	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							
			8a				
			8b				
			8c				
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d						
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>							
			9a				
			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				
			10b				
			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				446,617.		
EXPENSES	13 Program services (from line 44, column (B))	13				314,804.	
	14 Management and general (from line 44, column (C))	14				126,526.	
	15 Fundraising (from line 44, column (D))	15					
	16 Payments to affiliates (attach schedule)	16					
	17 Total expenses (add lines 16 and 44, column (A))	17				441,330.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18				5,287.		
NET ASSETS	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19				165.	
	20 Other changes in net assets or fund balances (attach explanation)	20					
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21				5,452.	

Handwritten note: This was done 06-15-2007

Handwritten: 5-1-07 [Signature]

SCANNED MAY 11 2010

Form 990 (2005) ISAAH'S HOPE, INC.

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.

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 (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (att sch)				
24 Benefits paid to or for members (att sch)				
25 Compensation of officers, directors, etc	105,000.	26,250.	78,750.	0.
26 Other salaries and wages	146,407.	146,407.		
27 Pension plan contributions				
28 Other employee benefits				
29 Payroll taxes	23,510.	16,222.	7,288.	
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	346.	346.		
34 Telephone	9,626.	4,813.	4,813.	
35 Postage and shipping	177.		177.	
36 Occupancy	46,000.	46,000.		
37 Equipment rental and maintenance	2,420.		2,420.	
38 Printing and publications				
39 Travel	247.		247.	
40 Conferences, conventions, and meetings				
41 Interest	3,966.		3,966.	
42 Depreciation, depletion, etc (attach schedule)	9,481.	6,447.	3,034.	
43 Other expenses not covered above (itemize):				
a See Statement 1	94,150.	68,319.	25,831.	
b				
c				
d				
e				
f				
g				
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	441,330.	314,804.	126,526.	0.

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 \$ _____

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Form 990 (2005)

Part III Statement of Program Service Accomplishments

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? See Statement 2. 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)(2) and (4) organizations and 4947(a)(1) trusts; but optional for others)

Table with 3 columns: Description, Amount, and Program Service Expenses. Row a: PROVIDE RESIDENTIAL PROGRAM FOR 12 DEVELOPMENTALLY DISABLED CHILDREN, THAT ARE 6 YEARS OF AGE AND OLDER. PROVIDE HOUSING, TRAINING AND COUNSELING. (Grants and allocations \$) If this amount includes foreign grants, check here. 314,804.

f Total of Program Service Expenses (should equal line 44, column (B), Program services)... 314,804.

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Part IV Balance Sheets (See 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	4,083.	33,101.
	46 Savings and temporary cash investments		
	47a Accounts receivable		
	b Less: allowance for doubtful accounts		
	48a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		
	51a Other notes & loans receivable (attach sch)		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges		
	54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55a Investments - land, buildings, & equipment: basis		
	b Less: accumulated depreciation (attach schedule)		
	56 Investments - other (attach schedule)		
	57a Land, buildings, and equipment: basis	81,207.	
	b Less: accumulated depreciation (attach schedule) <u>Statement 3</u>	63,812.	
	58 Other assets (describe <u>See Statement 4</u>)	4,254.	3,091.
59 Total assets (must equal line 74) Add lines 45 through 58	34,593.	53,587.	
LIABILITIES	60 Accounts payable and accrued expenses		
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees (attach schedule) <u>See Srn. 5</u>	13,766.	15,000.
	64a Tax-exempt bond liabilities (attach schedule)		
	b Mortgages and other notes payable (attach schedule)	2,596.	
	65 Other liabilities (describe <u>See Statement 6</u>)	18,066.	33,135.
66 Total liabilities. Add lines 60 through 65	34,428.	48,135.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted		
	68 Temporarily restricted		
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.		
	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	165.	5,452.
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)	165.	5,452.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	34,593.	53,587.	

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

a	Total revenue, gains, and other support per audited financial statements	a	446,617.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify):	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	446,617.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	446,617.

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

a	Total expenses and losses per audited financial statements	a	441,330.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify):	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	441,330.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	441,330.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 and deferred compensation plans	(E) Expense account and other allowances
LORAIN CARR 20 PALATINE #249 IRVINE, CA 92612	President 0	52,500.	0.	0.
KATINA BLAND 20 PALATINE #249 IRVINE, CA 92612	Vice President 0	52,500.	0.	0.
KATIE KOCH 13735-C SW 84TH STREET MIAMI, FL 33183	Director 0	0.	0.	0.
CHARLENE MCNEAL 30301 SW 152ND AVENUE MIAMI, FL 33034	Director 0	0.	0.	0.
SANDRA DALEY 4203 HAVENRIDGE DRIVE CORONA, CA 92883	Director 0	0.	0.	0.
DORETHA MASON 1350 NE 13TH STREET #1 HOMESTEAD, FL 33030	Director 0	0.	0.	0.

Part III Other Information (continued)

		Yes	No
82 a	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?		X
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.)		
82 b			N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
83 b			
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84 b			N/A
85 a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
85 b			N/A
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.			
c	Dues, assessments, and similar amounts from members		N/A
85 c			N/A
d	Section 162(e) lobbying and political expenditures		N/A
85 d			N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85 e			N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85 f			N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85 g			N/A
h	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?		N/A
85 h			N/A
86 a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		N/A
86 a			N/A
b	Gross receipts, included on line 12, for public use of club facilities.		N/A
86 b			N/A
87 a	501(c)(12) organizations. Enter: a Gross income from members or shareholders		N/A
87 a			N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
87 b			N/A
88	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		X
89 a	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>		
b	501(c)(3) and 501(c)(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 a statement explaining each transaction.		X
89 b			X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed <u>None</u>		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		0
90 b			0
91 a	The books are in care of <u>GOLDMAN & PARKS, LLP</u> Telephone number <u>818-345-0388</u> Located at <u>18321 VENTURA BLVD STE 300 TARZANA, CA,</u> ZIP + 4 <u>91356</u>		
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: _____		X
91 b			X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements			
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country: _____		X
91 c			X
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 <u>92</u>	N/A	<input type="checkbox"/>
		N/A	N/A

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

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings & temporary cash invmnts, 96 Dividends & interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from pers prop., 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, 105 Total.

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 the instructions.)

Table with 2 columns: 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). Row 95: PROVIDE FUNDS TO HOUSE, TRAIN, COUNSEL DEVELOPMENTALLY DISABLED CHILDREN.

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

Table with 5 columns: (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. Row 1: N/A.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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 [X]
b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ... Yes [] No [X]
Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

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: Faxed Copy Do not Correspond for Signature
Date:
Type or print name and title:

Paid Preparer's Use Only: Preparer's signature: DAVID GOLDMAN; Date:
Check if self-employed: []
Preparer's SSN or PTIN (See General Instruction W): N/A
Firm's name (or yours if self-employed), address, and ZIP + 4: GPKM, LLP; 16133 VENTURA BLVD STE 880; ENCINO, CA 91436-2438
EIN: N/A
Phone no: (818) 784-9000

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

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

2005

Supplementary Information - (See separate instructions.)

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

Department of the Treasury Internal Revenue Service

Name of the organization

ISAIAH'S HOPE, INC.

Employer identification number

33-0762206

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None'.)

Table with 5 columns: (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 and deferred compensation; (e) Expense account and other allowances. All rows contain 'None'.

Total number of other employees paid over \$50,000

0

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000; (b) Type of service; (c) Compensation. All rows contain 'None'.

Total number of others receiving over \$50,000 for professional services

0

Part III Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000; (b) Type of service; (c) Compensation. All rows contain 'None'.

Total number of other contractors receiving over \$50,000 for other services

0

Part III Statements About Activities (See instructions.)

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4b regarding lobbying activities, grants, and credit counseling services.

Part IV Reason for Non-Private Foundation Status (See instructions)

- 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 [X] 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). Check the box that describes the type of supporting organization. Type 1 Type 2 Type 3

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

Table with 2 columns: (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 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.

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add amounts from column (e) for lines 18, 19, 22; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e numerator divided by line 26c denominator).

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person'; b For any amount included in line 17 that was received from each person; c Add amounts from column (c) for lines 15, 16, 17, 20, 21; d Add: Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test; g Public support percentage (line 27e numerator divided by line 27f denominator); h Investment income percentage (line 18, column (e) numerator divided by line 27f denominator).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.

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

		N/A	
		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?		
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?		
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.)		
32	Does the organization maintain the following:		
32a	a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32d	d Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
33a	a Students' rights or privileges?		
33b	b Admissions policies?		
33c	c Employment of faculty or administrative staff?		
33d	d Scholarships or other financial assistance?		
33e	e Educational policies?		
33f	f Use of facilities?		
33g	g Athletic programs?		
33h	h Other extracurricular activities?		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
34b	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.		
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.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.) (To be completed ONLY by an eligible organization that filed Form 5765)

N/A

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

Table with columns: (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include: 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 - Not over \$500,000, Over \$500,000 but not over \$1,000,000, Over \$1,000,000 but not over \$1,500,000, Over \$1,500,000 but not over \$17,000,000, Over \$17,000,000. The lobbying nontaxable amount is - 20% of the amount on line 40, \$100,000 plus 15% of the excess over \$500,000, \$175,000 plus 10% of the excess over \$1,000,000, \$225,000 plus 5% of the excess over \$1,500,000, \$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)

Table with columns: (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include: 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 instructions.)

N/A

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:

Table with columns: Yes, No, Amount. Rows include: 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.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with 3 columns: Question, Yes, No. Rows include 51 a (i) Cash, a (ii) Other assets, b (i) Sales or exchanges of assets, b (ii) Purchases of assets, b (iii) Rental of facilities, b (iv) Reimbursement arrangements, b (v) Loans or loan guarantees, b (vi) Performance of services, and c Sharing of facilities.

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ...

Yes No (X) No

b If 'Yes,' complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

2005

Federal Statements

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ISAIAH'S HOPE, INC.

33-0762206

Statement 1
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
ADVERTISING/PROMOTION	892.		892.	
AUTO EXPENSE	3,652.	3,652.		
BANK CHARGES	971.		971.	
CLIENT BENEFITS	3,561.	3,561.		
CLIENT COUNSELING	12,974.	12,974.		
DUES AND SUBSCRIPTIONS	332.		332.	
EDUCATION	1,270.		1,270.	
FOOD AND HOUSED CLIENTS	22,379.	22,379.		
INSURANCE	29,438.	14,719.	14,719.	
LICENSE AND PERMITS	2,330.		2,330.	
OFFICE EXPENSE	245.		245.	
PAYROLL PROCESSING	4,914.		4,914.	
PROPERTY TAXES	158.		158.	
REPAIRS AND MAINTENANCE	4,941.	4,941.		
UTILITIES	6,093.	6,093.		
Total	\$ 94,150.	\$ 68,319.	\$ 25,831.	\$ 0.

Statement 2
Form 990, Part III
Organization's Primary Exempt Purpose

RESIDENTIAL PROGRAM FOR DEVELOPMENTALLY DISABLED CHILDREN.

Statement 3
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Automobiles / Transportation Equipment	\$ 15,089.	\$ 10,841.	\$ 4,248.
Furniture and Fixtures	38,125.	32,489.	5,636.
Machinery and Equipment	24,493.	17,449.	7,044.
Improvements	3,500.	3,033.	467.
Total	\$ 81,207.	\$ 63,812.	\$ 17,395.

Statement 4
Form 990, Part IV, Line 58
Other Assets

TRUST FUNDS HELD		\$ 3,091.
Total		\$ 3,091.

2005

Federal Statements

Page 2

ISAIAH'S HOPE, INC.

33-0762206

Statement 5
Form 990, Part IV, Line 63
Loans from Officers, Directors, Trustees, and Key Employees

Balance Due

Lender's Name:
Lender's Title:
Purpose of Loan:
Balance Due:

KATINA BLAND
VICE-PRES
WORKING CAPITAL

Total \$ 15,000.
15,000.

Statement 6
Form 990, Part IV, Line 65
Other Liabilities

CREDIT CARDS PAYABLE.....	\$	30,043.
Rounding.....		1.
TRUST FUNDS HELD.....		3,091.
	Total \$	<u>33,135.</u>