

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)

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning 07/01/09, and ending 06/30/10

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization HOPE CRISIS CENTER		D Employer identification number 20-5807541
		Number and street (or P O box, if mail is not delivered to street address) 425 F STREET	Room/suite	E Telephone number 402-729-2570
		City or town, state or country, and ZIP + 4 FAIRBURY NE 68352-2633		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 Accrual
Other (specify) ▶

I Website: ▶ N/A

J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **399,084**

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

SCANNED February 2011	1	Contributions, gifts, grants, and similar amounts received	1	396,657
	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 (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 19)	6a	
	6b	Less direct expenses other than fundraising expenses	6b	
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	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 (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶ SEE STATEMENT 1)	8	2,427
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	399,084
	Expenses	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	234,433
13		Professional fees and other payments to independent contractors	13	2,294
14		Occupancy, rent, utilities, and maintenance	14	61,401
15		Printing, publications, postage, and shipping	15	
16		Other expenses (describe ▶ SEE STATEMENT 2)	16	65,715
17	Total expenses. Add lines 10 through 16	17	363,843	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	35,241
	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	81,936
	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 through 20	21	117,177

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	81,808	106,630
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 3)	29,658	39,288
25 Total assets	111,466	145,918
26 Total liabilities (describe ▶ SEE STATEMENT 4)	29,530	28,741
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	81,936	117,177

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

Form 990-EZ (2009)

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

		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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
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 outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b		
39	Section 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	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ NONE		
42a	The organization's books are in care of ▶ CARMEN HINMAN Telephone no ▶ 402-729-2570 P.O. BOX 365 Located at ▶ FAIRBURY, NE ZIP + 4 ▶ 68352		
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 ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			X
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 ▶ _____		X
42c			X
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 ▶ <input type="checkbox"/> 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

Table with 3 columns: Question number, Question text, Yes, No. Rows 46-49b.

Table for line 50: Complete this table for the organization's five highest compensated employees. Columns: (a) Name and address, (b) Title and average hours, (c) Compensation, (d) Contributions to benefit plans, (e) Expense account.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table for line 51: Complete this table for the organization's five highest compensated independent contractors. Columns: (a) Name and address, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000

Sign Here: Under penalties of perjury, I declare that I have examined this return, and believe 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: Heather Reason Lambert, Board Pres.

Paid Preparer's Use Only: Preparer's signature: Lyndee J Black. Firm's name (or yours if self-employed): THOMAS, KUNC & BLA. Address: 300 NORTH 44TH STR, LINCOLN, NE 68503.

May the IRS discuss this return with the preparer shown above? See instructions.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

HOPE CRISIS CENTER

Employer identification number

20-5807541

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9 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 exempt 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). (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		84,824	424,464	344,645	399,084	1,253,017
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3		84,824	424,464	344,645	399,084	1,253,017
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						1,253,017

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4		84,824	424,464	344,645	399,084	1,253,017
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			5,387	3,032	2,427	10,846
11 Total support. Add lines 7 through 10						1,263,863
12 Gross receipts from related activities, etc (see instructions)					12	2,427
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 10,846

Depreciation and Amortization
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **HOPE CRISIS CENTER** Identifying number **20-5807541**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,717

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	2,717
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
REIMBURSEMENTS	\$ 2,427
TOTAL	\$ 2,427

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
ADVERTISING	1,593
OFFICE EXPENSES	4,341
TRAVEL	22,058
CONFERENCES AND TRAINING	140
INSURANCE	7,933
CONTRACTED SERVICES	4,000
SUPPLIES	6,783
TELEPHONE	12,525
POSTAGE	942
PRINTING AND PUBLICITY	2,475
DUES AND MEMBERSHIPS	781
MISCELLANEOUS	2,144
TOTAL	\$ 65,715

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
GRANTS RECEIVABLE	\$ 16,597	\$ 23,743
PREPAID EXPENSES AND DEFERRED CHARGES	1,607	3,624
FURNITURE AND EQUIPMENT	15,320	18,504
LESS ACCUMULATED DEPRECIATION	3,866	6,583
	29,658	39,288

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 23,295	\$ 21,658
DEFERRED REVENUE	6,235	7,083
	29,530	28,741

0715N Hope Crisis Center
20-5807541
FYE: 6/30/2010

Federal Statements

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

HOPE CRISIS CENTER PROVIDES CRISIS LINE SERVICES AND
SHELTER TO DOMESTIC VIOLENCE AND SEXUAL ASSAULT VICTIMS

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:								
1	Dell Optiplex 320 Computer	3/12/07	723		723	5 MO S/L	337	145
2	Dell Dimension E520	6/11/07	1,345		1,345	5 MO S/L	560	269
3	Dell Dimension E520 w/17" Flat Panel	6/19/07	1,131		1,131	5 MO S/L	452	227
4	Office Desk	6/01/07	1,325		1,325	7 MO S/L	394	190
5	Dell Latitude D830 laptop	7/24/07	1,569		1,569	5 MO S/L	602	314
6	Executive chair, desk, and file drawer	8/31/07	856		856	7 MO S/L	224	122
7	Conference Tables/Office furniture Fairbury	7/23/08	1,584		1,584	7 MO S/L	207	227
8	Projector	7/23/08	735		735	5 MO S/L	135	147
9	Laptop Computer & Accessory	7/23/08	1,854		1,854	5 MO S/L	340	371
10	Computer	8/28/08	1,832		1,832	5 MO S/L	305	367
11	Shelter Furnishings	7/23/08	1,863		1,863	7 MO S/L	244	266
12	Shelter Furnishings	7/23/08	503		503	7 MO S/L	66	72
13	Desktop computers (2)	6/30/10	3,184		3,184	5 MO S/L	0	0
Total Other Depreciation			<u>18,504</u>		<u>18,504</u>		<u>3,866</u>	<u>2,717</u>
Total ACRS and Other Depreciation			<u>18,504</u>		<u>18,504</u>		<u>3,866</u>	<u>2,717</u>
Grand Totals			18,504		18,504		3,866	2,717
Less: Dispositions and Transfers			0		0		0	0
Less: Start-up/Org Expense			0		0		0	0
Net Grand Totals			<u>18,504</u>		<u>18,504</u>		<u>3,866</u>	<u>2,717</u>

0715N Hope Crisis Center

20-5807541

FYE: 6/30/2010

AMT Asset Report**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Bus Sec % 179Bonus</u>	<u>Basis for Depr</u>	<u>PerConv Meth</u>	<u>Prior</u>	<u>Current</u>
Other Depreciation:								
1	Dell Optiplex 320 Computer	3/12/07	0		0	0 HY	0	0
2	Dell Dimension E520	6/11/07	0		0	0 HY	0	0
3	Dell Dimension E520 w/17" Flat Panel	6/19/07	0		0	0 HY	0	0
4	Office Desk	6/01/07	0		0	0 HY	0	0
5	Dell Latitude D830 laptop	7/24/07	0		0	0 HY	0	0
6	Executive chair, desk, and file drawer	8/31/07	0		0	0 HY	0	0
7	Conference Tables/Office furniture Fairbury	7/23/08	0		0	0 HY	0	0
8	Projector	7/23/08	735		735	5 MO S/L	135	147
9	Laptop Computer & Accessory	7/23/08	0		0	0 HY	0	0
10	Computer	8/28/08	0		0	0 HY	0	0
11	Shelter Furnishings	7/23/08	0		0	0 HY	0	0
12	Shelter Furnishings	7/23/08	0		0	0 HY	0	0
13	Desktop computers (2)	6/30/10	0		0	0 HY	0	0
Total Other Depreciation			<u>735</u>		<u>735</u>		<u>135</u>	<u>147</u>
Total ACRS and Other Depreciation			<u>735</u>		<u>735</u>		<u>135</u>	<u>147</u>
Grand Totals			735		735		135	147
Less: Dispositions and Transfers			0		0		0	0
Net Grand Totals			<u>735</u>		<u>735</u>		<u>135</u>	<u>147</u>

0715N Hope Crisis Center

20-5807541

FYE: 6/30/2010

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Dell Optiplex 320 Computer	3/12/07	723	144	0
2	Dell Dimension E520	6/11/07	1,345	269	0
3	Dell Dimension E520 w/17" Flat Panel	6/19/07	1,131	226	0
4	Office Desk	6/01/07	1,325	189	0
5	Dell Latitude D830 laptop	7/24/07	1,569	313	0
6	Executive chair, desk, and file drawer	8/31/07	856	123	0
7	Conference Tables/Office furniture Fairbury	7/23/08	1,584	226	0
8	Projector	7/23/08	735	147	147
9	Laptop Computer & Accessory	7/23/08	1,854	370	0
10	Computer	8/28/08	1,832	366	0
11	Shelter Furnishings	7/23/08	1,863	266	0
12	Shelter Furnishings	7/23/08	503	71	0
13	Desktop computers (2)	6/30/10	3,184	637	0
Total Other Depreciation			<u>18,504</u>	<u>3,347</u>	<u>147</u>
Total ACRS and Other Depreciation			<u>18,504</u>	<u>3,347</u>	<u>147</u>
Grand Totals			<u>18,504</u>	<u>3,347</u>	<u>147</u>

Tax Asset Detail 7/01/09 - 6/30/10

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: Computers and Equipment												
1		Dell Optiplex 320 Computer	3/12/07	722.68	0 00	0 00	337 26	144.54	481 80	240.88	S/L	5.0
2		Dell Dimension E520	6/11/07	1,345.00	0.00	0 00	560 42	269.00	829 42	515.58	S/L	5.0
3		Dell Dimension E520 w/17" Flat Pa	6/19/07	1,131.00	0 00	0 00	452 40	226 20	678 60	452 40	S/L	5.0
5		Dell Latitude D830 laptop	7/24/07	1,569 49	0.00	0 00	601 64	313 90	915.54	653 95	S/L	5.0
8		Projector	7/23/08	734 71	0 00	0.00	134 70	146 94	281 64	453 07	S/L	5.0
9		Laptop Computer & Accessory	7/23/08	1,853 66	0 00	0 00	339 84	370 73	710 57	1,143 09	S/L	5.0
10		Computer	8/28/08	1,831 86	0 00	0.00	305 31	366 37	671 68	1,160 18	S/L	5.0
13		Desktop computers (2)	6/30/10	3,183.55	0 00c	0 00	0.00	0.00	0 00	3,183 55	S/L	5.0
Computers and Equipment				<u>12,371 95</u>	<u>0 00c</u>	<u>0.00</u>	<u>2,731.57</u>	<u>1,837 68</u>	<u>4,569 25</u>	<u>7,802 70</u>		
Group: Furniture and Fixtures												
4		Office Desk	6/01/07	1,325 23	0 00	0 00	394 42	189.32	583.74	741 49	S/L	7.0
6		Executive chair, desk, and file draw	8/31/07	855.96	0 00	0.00	224 18	122.28	346 46	509 50	S/L	7.0
7		Conference Tables/Office furniture	7/23/08	1,584 00	0.00	0.00	207 43	226 29	433 72	1,150.28	S/L	7.0
11		Shelter Furnishings	7/23/08	1,862 86	0 00	0 00	243.95	266.12	510 07	1,352 79	S/L	7.0
12		Shelter Furnishings	7/23/08	502 59	0 00	0.00	65 82	71 80	137.62	364.97	S/L	7.0
Furniture and Fixtures				<u>6,130.64</u>	<u>0.00c</u>	<u>0 00</u>	<u>1,135 80</u>	<u>875 81</u>	<u>2,011.61</u>	<u>4,119.03</u>		
Grand Total				<u>18,502 59</u>	<u>0.00c</u>	<u>0 00</u>	<u>3,867.37</u>	<u>2,713 49</u>	<u>6,580 86</u>	<u>11,921.73</u>		

Tax Asset Detail 7/01/09 - 6/30/10

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: Computers and Equipment												
1		Dell Optiplex 320 Computer	3/12/07	722.68	0.00	0.00	337.26	144.54	481.80	240.88	S/L	5.0
2		Dell Dimension E520	6/11/07	1,345.00	0.00	0.00	560.42	269.00	829.42	515.58	S/L	5.0
3		Dell Dimension E520 w/17" Flat Pa	6/19/07	1,131.00	0.00	0.00	452.40	226.20	678.60	452.40	S/L	5.0
5		Dell Latitude D830 laptop	7/24/07	1,569.49	0.00	0.00	601.64	313.90	915.54	653.95	S/L	5.0
8		Projector	7/23/08	734.71	0.00	0.00	134.70	146.94	281.64	453.07	S/L	5.0
9		Laptop Computer & Accessory	7/23/08	1,853.66	0.00	0.00	339.84	370.73	710.57	1,143.09	S/L	5.0
10		Computer	8/28/08	1,831.86	0.00	0.00	305.31	366.37	671.68	1,160.18	S/L	5.0
13		Desktop computers (2)	6/30/10	3,183.55	0.00c	0.00	0.00	0.00	0.00	3,183.55	S/L	5.0
Computers and Equipment				12,371.95	0.00c	0.00	2,731.57	1,837.68	4,569.25	7,802.70		
Group: Furniture and Fixtures												
4		Office Desk	6/01/07	1,325.23	0.00	0.00	394.42	189.32	583.74	741.49	S/L	7.0
6		Executive chair, desk, and file draw	8/31/07	855.96	0.00	0.00	224.18	122.28	346.46	509.50	S/L	7.0
7		Conference Tables/Office furniture	7/23/08	1,584.00	0.00	0.00	207.43	226.29	433.72	1,150.28	S/L	7.0
11		Shelter Furnishings	7/23/08	1,862.86	0.00	0.00	243.95	266.12	510.07	1,352.79	S/L	7.0
12		Shelter Furnishings	7/23/08	502.59	0.00	0.00	65.82	71.80	137.62	364.97	S/L	7.0
Furniture and Fixtures				6,130.64	0.00c	0.00	1,135.80	875.81	2,011.61	4,119.03		
Grand Total				18,502.59	0.00c	0.00	3,867.37	2,713.49	6,580.86	11,921.73		

Form **8868**

(Rev April 2009)

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)

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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization HOPE CRISIS CENTER	Employer identification number 20-5807541
	Number, street, and room or suite no. If a P O. box, see instructions. 425 F STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FAIRBURY NE 68352-2633	

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 |

● The books are in the care of ► **CARMEN HINMAN**

Telephone No ► **402-729-2570** FAX No ►

● 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 months for a corporation required to file Form 990-T) extension of time until **02/15/11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

► calendar year or
► tax year beginning **07/01/09**, and ending **06/30/10**

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	3a	\$
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	3b	\$
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.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2009)