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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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)

▶ 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

OMB No 1545-1150

2009

Open to Public Inspection

A For 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
LIVING HOPE WOMENS CENTERS

Number & street (or P O box, if mail is not delivered to street addr) Room/ suite
1000 E HUNING

City or town, state or country, and ZIP + 4
Show Low AZ 85901

D Employer identification number
86-0939099

E Telephone number
(928)537-9032

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 organization is not required to attach Sch 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 ▶ $ 491,798

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	353,634
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	61
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	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 ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less direct expenses other than fundraising expenses	6b		
	c	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	138,103	
	b	Less cost of goods sold	7b	1,280	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) #1		7c	136,823
	8	Other revenue (describe ▶)		8	
	9	Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	490,518
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	232,271
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	42,192
	15	Printing, publications, postage, and shipping		15	394
	16	Other expenses (describe ▶ See attachment #2)		16	185,706
	17	Total expenses. Add lines 10 through 16 ▶		17	460,563
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	29,955
	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	107,731
	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	137,686

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	62,919	22	94,642
23 Land and buildings	65,475	23	47,859
24 Other assets (describe ▶ See attachment #3)		24	6,272
25 Total assets	128,394	25	148,773
26 Total liabilities (describe ▶ See attachment #4)	20,663	26	11,087
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	107,731	27	137,686

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

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Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? PROVIDE EDUCATION ON PARENTING

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, & other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	See attachment #5		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	15,900
29			
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	1,119
30			
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	1,056
31	Other program services (attach schedule)		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	7,442
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	25,517

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instr for Part IV)

(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
See attachment #6				

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	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		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?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		X
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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		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?	38a		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	40b		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	40e		X
41	List the states with which a copy of this return is filed ▶ AZ			
42a	The organization's books are in care of ▶ See attachment #7 Telephone no ▶ _____			
	Located at ▶ _____ ZIP + 4 ▶ _____			
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)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** -- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		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	45		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

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None"

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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"

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

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, 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

▶ Juanita P Garrison — 8/11/10
Signature of officer — Date

▶ Juanita P. Garrison, Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	S Harrington	Date 08-05-2010	Check if self-employed ▶ ☐	Preparer's identifying no (See instr) P00061733
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	HARRINGTON FINANCIAL SERVICES PC 2580 HWY 95 STE 546 Bullhead City, AZ 86442		EIN ▶ 86-0600158 Phone no ▶ 928-763-1440	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes [X] No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
LIVING HOPE WOMENS CENTERS	86-0939099

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?

		Yes	No
(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?	11g(i)	X
(ii)	A family member of a person described in (i) above?	11g(ii)	X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X

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									

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 ")	224	241	306	341	353634	354746
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	224	241	306	341	353634	354746
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)						354746

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	224	241	306	341	353634	354746
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	868	779	164	57	61	1929
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	868	779	164	57	61	1929
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)	1092	1020	470	398	353695	356675

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	99.46 %
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	1 %
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 . . . ▶ ☐

SCHEDULE OF GROSS PROFIT OR (LOSS) FROM SALE OF INVENTORY

Attachment 1: page 1 - 990-EZ Page 1, Part I, line 7 **Keep for Your Records**

Keep For Your Records | **For calendar year 2009 or tax period beginning , and ending .**

Name of Organization LIVING HOPE WOMENS CENTERS

Employer Identification Number 86-0939099

Type of Inventory sold	Gross Sales	Cost of Goods	Gross Profit or (Loss)
Boutique	138,103	1,280	136,823
Total	138,103	1,280	136,823

SCHEDULE OF OTHER ASSETS

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 24

Open to Public Inspection

For calendar year 2009 or tax period beginning , and ending .

Name of Organization
LIVING HOPE WOMENS CENTERS

Employer Identification Number
86-0939099

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
Equipment & Vehicles		6,093	
Employee Advance		179	
Totals		6,272	

SCHEDULE OF OTHER LIABLILITIES

Attachment 4: page 1 - 990-EZ Page 1, Part II, Line 26

Open to Public Inspection | For calendar year 2009 or tax period beginning , and ending .

Name of Organization
LIVING HOPE WOMENS CENTERS

Employer Identification Number
86-0939099

Description of Liability	Beginning of Year	End of Year
Credit Cards		2,527
Hope House Note Payable		109
Opening Balance Equity		3,114
Payroll Liabilities		5,337
Total Liabilities	20,663	
Totals	20,663	11,087

SCHEDULE OF OTHER EXPENSES

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection | For calendar year 2009 or tax period beginning , and ending .

Name of Organization	Employer Identification Number
LIVING HOPE WOMENS CENTERS	86-0939099

Description of Other Expenses	Amount
Advertising	7,573
Appreciation Volunteers/Donors	2,047
Bank Charges & Fees	1,350
Client Resources	18,502
Donations	9,950
Fundraisers	16,091
Furniture	1,659
Grants	99
Hope House	10,192
Insurance	15,868
Maintenance	1,105
Office Supplies	6,050
Outreach	124
Payroll Expenses	7,416
Payroll Taxes	19,783
Retail - Boutique	47,411
Speaking Engagements	1,955
Staff Resources & Education	12,632
Ultra Sound Project	678
Depreciation	5,221
Total	185,706

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending .

Name of Organization	Employer Identification Number
LIVING HOPE WOMENS CENTERS	86-0939099

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	15,900

Exempt Purpose Achievements

PROVIDE EDUCATION ON PARENTING, FETAL AND CHILD DEVELOPMENT, PROVIDE "EARN WHILE YOU LEARN" PROGRAM IN CONJUNCTION WITH PARENTING EDUCATION.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 2 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending .

Name of Organization	Employer Identification Number
LIVING HOPE WOMENS CENTERS	86-0939099

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants ☐	Program service expenses	1,119

Exempt Purpose Achievements

Provide education on the importance of Abstinence

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 3 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending .

Name of Organization	Employer Identification Number
LIVING HOPE WOMENS CENTERS	86-0939099

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants ☐	Program service expenses	1,056

Exempt Purpose Achievements

Provide an educational foundation for new fathers and how to become an effective & nuturing father figure

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 4 - 990-EZ Page 3, Part III

Open to Public Inspection	*For calendar year 2009 or tax period beginning , and ending .

Name of Organization	Employer Identification Number
LIVING HOPE WOMENS CENTERS	86-0939099

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	7,442

Exempt Purpose Achievements

Provide housing for women in crisis at Hope House Maternity Home

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 6: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection

For calendar year 2009 or tax period beginning , and ending .

Name of Organization
LIVING HOPE WOMENS CENTERS

Employer Identification Number
86-0939099

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
Dina Monahan 1360 Sierra Park Tr So Show Low, AZ 85901	President 25.00	0	0	0
Steve Hair 260 S 1st Dr Show Low, AZ 85901	Vice President 2.00	0	0	0
Anita Garrison 1706 Roy Wood Ln PO Box 1016 Lakeside, AZ 85929	Treasurer 2.00	0	0	0
Nancy Stidham PO Box 927 Pinetop, AZ 85935	Secretary 2.00	0	0	0
Sharon Jimenez PO Box 597 Whiteriver, AZ 85941	Whiteriver Rep 2.00	0	0	0
Larry Hamblen 03E ACR 3312 Show Low, AZ 85901	Springerville Rep 2.00	0	0	0
Clay Stidham PO Box 927 Pinetop, AZ 85935	Board Member 2.00	0	0	0
Kimberley Hash 1801 Medina Loop Show Low, AZ 85901	Executive Director 2.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 7 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection

For calendar year 2009 or tax period beginning , and ending .

Name of Organization	Employer Identification Number
LIVING HOPE WOMENS CENTERS	86-0939099

Part V - Line 42a

Individual Name or Business Name: Joe Dorsey

Street Address: 1000 E Huning

U S Address

Zip code: 85901 City: Show Low State: AZ

or

Foreign Address

City:

Province or State:

Country:

Postal code:

Phone Number:

Fax Number:

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
LIVING HOPE WOMENS CENTERS	FOR FORM 990-EZ LINE 16	86-0939099

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	250,000

6	(a) Description of property	(b) Cost (busn 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	250,000
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 instructions)

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	

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	5,221
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 ▶ ☐		

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 depr (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	5,221
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	

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . ▶ [X]
- 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	Name of Exempt Organization	Employer identification number
	LIVING HOPE WOMENS CENTERS	86-0939099
File by the due date for filing your return See instructions	Number, street, and room or suite no If a P O box, see instructions 1000 E HUNING	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Show Low AZ 85901	

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

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ See attachment #7

Telephone No ▶ _____ 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 AUGUST 15 , 20 10 , to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [X] calendar year 20 09 or

▶ [ ] tax year beginning _____ , 20 ___ , and ending _____ , 20 ___

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	$ 0
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	$ 0
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	$ 0

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