

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust
▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

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

OMB No 1545-1150

2000

Open to Public Inspection

A For the 2000 calendar year, or tax year beginning , 2000, and ending , 20

B Check if applicable

- Change of address
- Change of name
- Initial return
- Final return
- Amended return

Please use IRS label or print or type See Specific Instructions

C Name of organization
WOMENS' RESOURCE CENTER
Number and street (or PO box, if mail is not delivered to street address) Room/suite
503 4TH STREET SW
City or town state or country and ZIP + 4
HICKORY NC 28601

D Employer identification number
58-1727592

E Telephone number
(828) 322-6333

F Check if application pending

G Accounting method Cash Accrual Other (specify) ▶

H Enter 4-digit group exemption no (GEN) ▶

I Organization type (check only one) — 501(c) (3) ◀ (insert no) 527 or 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

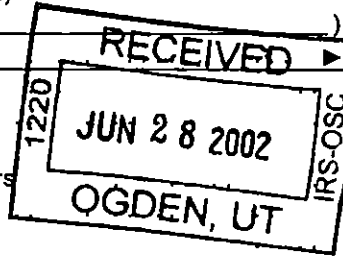
J Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return

K Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **77,586**

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 34)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21													
Revenue	1	Contributions, gifts, grants, and similar amounts received														58,842																									
	2	Program service revenue including government fees and contracts																																							
	3	Membership dues and assessments																																							
	4	Investment income														264																									
	5a	Gross amount from sale of assets other than inventory																																							
	b	Less cost or other basis and sales expenses																																							
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)																																							
	6	Special events and activities (attach schedule)																																							
	a	Gross revenue (not including \$ 5,000 of contributions reported on line 1)																																							
b	Less direct expenses other than fundraising expenses																																								
c	Net income or (loss) from special events and activities (line 6a less line 6b)																																								
7a	Gross sales of inventory, less returns and allowances																																								
b	Less cost of goods sold																																								
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																																								
8	Other revenue (describe ▶)																																								
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)														74,436																										
Expenses	10	Grants and similar amounts paid (attach schedule)																																							
	11	Benefits paid to or for members																																							
	12	Salaries, other compensation, and employee benefits														43,769																									
	13	Professional fees and other payments to independent contractors																																							
	14	Occupancy, rent, utilities, and maintenance														13,258																									
	15	Printing, publications, postage, and shipping														4,489																									
	16	Other expenses (describe ▶ SEE STATEMENT 1)														6,180																									
17	Total expenses (add lines 10 through 16)														67,696																										
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)														6,740																									
	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)														40,352																									
	20	Other changes in net assets or fund balances (attach explanation)														40,352																									
	21	Net assets or fund balances at end of year (combine lines 18 through 20)														87,444																									



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

(See Specific Instructions on page 37)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	33,463	38,637
23	Land and buildings		
24	Other assets (describe ▶ SEE STATEMENT 2)	6,889	8,455
25	Total assets	40,352	47,092
26	Total liabilities (describe ▶)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	40,352	47,092

For Paperwork Reduction Act Notice, see page 1 of the separate instructions

Form **990-EZ** (2000)

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Part III Statement of Program Service Accomplishments (See Specific Instructions on page 38)		Expenses	
What is the organization's primary exempt purpose? <u>SEE ATTACHED STATEMENT</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	<u>FACILITY USAGE - PROVIDE A MEETING FACILITY FOR WOMEN'S ORGANIZATION FREE OF CHARGE. PROVIDE PROGRAMMING FOR ALL WOMEN OF COMMUNITY.</u> (Grants \$)	28a	67,696
29	----- ----- ----- (Grants \$)	29a	
30	----- ----- ----- (Grants \$)	30a	
31	Other program services (attach schedule) (Grants \$)	31a	
32	Total program service expenses (add lines 28a through 31a)	32	67,696

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See Specific Instructions on page 38)				
(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
MARIAN BELK HICKORY, NORTH CAROLINA	EXEC. DIR. 40	13,273	2,389	0
JERI LORD HICKORY, NORTH CAROLINA	EXEC. DIR. 40	4,154	748	0
CORA EVANS HICKORY, NORTH CAROLINA	PROG. DIR. 20	5,400	972	0
BOARD OF DIRECTORS SEE STATEMENT 3		0	0	0

Part V Other Information (See Specific Instructions on page 38 and General Instruction V on page 14)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>37a</u> NONE		
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 unpaid at the start of the period covered by this return?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved <u>38b</u>		
39	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 <u>39a</u>		
b	Gross receipts, included on line 9, for public use of club facilities <u>39b</u>		
40a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ NONE, section 4912 ▶ NONE, section 4955 ▶ NONE		
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ NONE		
d	Enter Amount of tax on line 40c, above, reimbursed by the organization ▶ NONE		
41	List the states with which a copy of this return is filed ▶ NORTH CAROLINA		
42	The books are in care of ▶ BARBARA CLINE Telephone no ▶ (828) 322-6333 Located at ▶ 504 4TH ST. SW, HICKORY, NC ZIP + 4 ▶ 28601		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ▶ <input type="checkbox"/> crucured during the tax year ▶ 43		

including accompanying schedules and statements and to the best of my knowledge and other than officer) is based on all information of which preparer has any knowledge (Important

6-24-02 ▶ Mary K. Miller Board Pres.

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 Section 4947(a)(1) Nonexempt Charitable Trust

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions)

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

Name of the organization WOMENS' RESOURCE CENTER	Employer identification number 58-1727592
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(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 & deferred compensation	(e) Expense account and other allowances

NONE				

Total number of other employees paid over \$50,000 ▶	0	
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Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation

NONE		

Total number of others receiving over \$50,000 for professional services ▶	0	
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Part III Statements About Activities		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part IV, 990-EZ	2d	X
e	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions	2e	X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4a	Do you have a section 403(b) annuity plan for your employees?	4a	X
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 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, page 5)
- 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** 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)(vii) (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) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(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 page 5 of the 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

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	62,354	59,988	60,667	46,672	229,681
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	15,033	15,447	4,950	5,669	41,099
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	661	416	249	216	1,542
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	78,048	75,851	65,866	52,557	272,322
24 Line 23 minus line 17	63,015	60,404	60,916	46,888	231,223
25 Enter 1% of line 23	780	759	659	526	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24 b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts. c Total support for section 509(a)(1) test. Enter line 24, column (e). d Add Amounts from column (e) for lines 18 <u>1,542</u> 19 _____ 22 _____ 26b <u>0</u> e Public support (line 26c minus line 26d total) f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26a 4,624 26b 0 26c 231,223 26d 1,542 26e 229,681 26f 99.33 %
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year. (1999) _____ (1998) _____ (1997) _____ (1996) _____ b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (1999) _____ (1998) _____ (1997) _____ (1996) _____ c Add Amounts from column (e) 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. Enter amount on line 23, column (e) 27f _____ g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g _____ % h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h _____ %				27c _____ 27d _____ 27e _____ 27g _____ % 27h _____ %
28 Unusual Grants	For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)				

Part V Private School Questionnaire (See page 5 of the 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)		
<hr/> <hr/> <hr/>		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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)		
<hr/> <hr/>		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/> <hr/> <hr/>		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b 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		
<hr/> <hr/>		
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 page 7 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

- Check here a if the organization belongs to an affiliated group
 Check here b if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table —	41	
If the amount on line 40 is — The lobbying nontaxable amount is —			
Not over \$500,000 20% of the amount on line 40			
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000			
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

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 on page 9 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
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 page 9 of the instructions)

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

- 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)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

WOMENS' RESOURCE CENTER

List of Contributor's (\$5,000 or more)

	<u>24,887</u>
Total	<u><u>\$24,887</u></u>

Application for Extension of Time To File an Exempt Organization Return

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)
- Note 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)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ▶
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066 or 1041

Type or print	Name of Exempt Organization WOMEN'S RESOURCE CENTER	Employer identification number 58-1727592
	Number, street, and room or suite no. If a P O box see instructions 328 NORTH CENTER STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions HICKORY, NC 28601	

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 |

- 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-month, for 990-T corporation) extension of time until August 15, 2001 to file the exempt organization return for the organization named above. The extension is for the organization's return for
▶ calendar year 2000 or
▶ tax year beginning _____, _____, and ending _____, _____

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 \$ NONE

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 \$ _____

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 \$ NONE

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete and that I am authorized to prepare this form.

Signature ▶ Patricia J. Rutledge CPA Title ▶ DELOITTE & TOUCHE Date ▶ 5/15/2001
For Paperwork Reduction Act Notice, see instruction Form 8868 (12 2000)

WOMENS' RESOURCE CENTER

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES

Office Supplies	995
Dues & Subscriptions	75
Board Liability Insurance	450
Miscellaneous Expense	292
Assistance Fund	3,444
Flowers/Bereavement Fund	27
Facilitator	350
Advertising	<u>547</u>
Total Other Expenses	<u><u>6,180</u></u>

WOMENS' RESOURCE CENTER

58-1727592

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	Beginning of the Year	End of the Year
Stock Currently Held	4746	6476
Other Depreciable Assets	2143	1979
Total Other Assets	<u>6889</u>	<u>8455</u>

**WOMEN'S RESOURCE CENTER
 FORM 990-EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES
 FOR PERIOD ENDING DECEMBER 31, 2000**

NAME AND ADDRESS	TITLE AND AVG HRS/WEEK	COMPENSATION	BENEFIT PLAN CONTRIBUTIONS	EXPENSE ACCOUNT
Cathenne Whitworth Hickory, NC	President Minimal	none	none	none
Mary K Miller Hickory, NC	Interim President Minimal	none	none	none
Patsy J Rutledge Granite Falls, NC	President Elect Minimal	none	none	none
Mary Davis Hickory, NC	Secretary Minimal	none	none	none
Betty Anthony Hickory, NC	Interim Secretary Minimal	none	none	none
Fran Farthing Hickory, NC	Treasurer Minimal	none	none	none
Kathy Clay Newton, NC	Director Minimal	none	none	none
Anne S Davis Hickory, NC	Advisory Committee Minimal	none	none	none
Signd Hice Hickory, NC	Director Minimal	none	none	none
Carlene Jackson Conover, NC	Director Minimal	none	none	none
Pat Jones Hickory, NC	Director Minimal	none	none	none
Rosemane Klingspor Hickory, NC	Director Minimal	none	none	none
Carol McConnell Hickory, NC	Director Minimal	none	none	none
Beverly Nelson Hickory, NC	Director Minimal	none	none	none
Gretchen Peed Hickory, NC	Director Minimal	none	none	none
Rebecca Simpson Hickory, NC	Director Minimal	none	none	none