

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)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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

A For the 2001 calendar year, or tax year beginning 2001, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <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 WOMEN'S RESOURCE CENTER	D Employer identification number 58-1727592
	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telephone number (828) 322-6333	
	City or town, state or country and ZIP + 4	F Enter 4-digit (GEN) ▶	
	HICKORY, NC 28602-2824		

• 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) ▶

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

I Web site ▶

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

K 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.

L 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 ▶ \$ 90,171

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 35)

		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	STMT 1					53,504																									
	2	Program service revenue including government fees and contracts						4,097																									
	3	Membership dues and assessments																															
	4	Investment income		STMT 2					368																								
	5a	Gross amount from sale of assets other than inventory																															
	5b	Less cost or other basis and sales expenses																															
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)																															
	6	Special events and activities (attach schedule)																															
	6a	Gross revenue (not including \$ of contributions reported on line 1)																															
	6b	Less direct expenses other than fundraising expenses																															
	6c	Net income or (loss) from special events and activities (line 6a less line 6b)																															
	7a	Gross sales of inventory, less returns and allowances																															
	7b	Less cost of goods sold																															
	7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																															
	8	Other revenue (describe ▶ STMT 4)																															
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																															
	Expenses	10	Grants and similar amounts paid (attach schedule)																														
11		Benefits paid to or for members																															
12		Salaries, other compensation, and employee benefits																															
13		Professional fees and other payments to independent contractors																															
14		Occupancy, rent, utilities, and maintenance																															
15		Printing, publications, postage, and shipping																															
16		Other expenses (describe ▶ STMT 5)																															
17	Total expenses (add lines 10 through 16)																																
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)																															
	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)																															
	20	Other changes in net assets or fund balances (attach explanation) STMT 6																															
	21	Net assets or fund balances at end of year (combine lines 18 through 20)																															

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

		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments STMT 7	38,637	22	38,171	
23	Land and buildings		23		
24	Other assets (describe ▶ STMT 8)	8,455	24	9,603	
25	Total assets	47,092	25	47,774	
26	Total liabilities (describe ▶ STMT 9)		26	25,133	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,092	27	22,641	

SCANNED SEP 11 '02

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 40)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? <u>SEE ATTACHED STATEMENT</u>			
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>STMT 10</u> (Grants \$ _____)	28a	97,185.
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	97,185

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 40)				
(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
<u>STMT 11</u>		39,626	7,132	-0-

Part V Other Information (Note the attachment requirement in General Instruction V, 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?		N/A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		NONE
b	Did the organization file Form 1120-POL for this year?		X
38 a	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		
39	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911		
	<u>NONE</u> , section 4912 <u>NONE</u> , section 4955 <u>NONE</u>		
b	501(c)(3) and (4) organizations Did the organization engage in any section 4959 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		<u>NORTH CAROLINA</u>
42	The books are in care of <u>BARBARA RUSH CLINE</u> Telephone no <u>828-322-6333</u>		
	Located at <u>503 4TH STREET SW, HICKORY, NC</u> ZIP + 4 <u>28601</u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the tax year <u>43</u>		

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

8-15-02

Date

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

2001

Supplementary Information - (See separate instructions.)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

WOMEN'S RESOURCE CENTER

58-1727592

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 ▶	NONE			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 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 ▶	NONE	

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

Schedule A (Form 990 or 990-EZ) 2001

Part III Statements About Activities (See page 2 of the instructions)

	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 legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amount on line 38, Part VI-A, or line i or Part VI-B) 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		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X

Note 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

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)
- 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)(vi) (Also complete the Support Schedule in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (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 6 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	58,842	62,354	59,988	60,667	241,851
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	18,480	15,033	15,447	4,950	53,910
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	264	661	416	249	1,590
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	77,586	78,048	75,851	65,866	297,351
24 Line 23 minus line 17	59,106	63,015	60,404	60,916	243,441
25 Enter 1% of line 23	776	780	759	659	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	▶ 26a	4,869
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		▶ 26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e).		▶ 26c	243,441
d Add: Amounts from column (e) for lines 18 <u>1,590</u> 19 _____ 22 _____ 26b _____		▶ 26d	1,590
e Public support (line 26c minus line 26d total)		▶ 26e	241,851
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶ 26f	99.3469%

27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a disqualified person, prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2000) _____ (1999) _____ (1998) <u>NOT APPLICABLE</u> (1997) _____		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) Do not file this list with your return. 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: (2000) _____ (1999) _____ (1998) _____ (1997) _____			
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____		▶ 27c	
d Add: Line 27a total _____ and line 27b total _____		▶ 27d	
e Public support (line 27c total minus line 27d total)		▶ 27e	
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	%

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) ----- ----- -----		
32 Does the organization maintain the following		
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) ----- -----		
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) ----- ----- -----		
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		
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 9 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768) **NOT APPLICABLE**

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
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 - 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 Over \$17 000 000 \$1 000,000	41	
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 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(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

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 12 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	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h)			

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

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

Employer identification number

WOMEN'S RESOURCE CENTER

58-1727592

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7) (8) or (10) organization can check box(es) for both the General rule and a Special rule - see instructions)

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year)

▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)) -

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If a section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization
WOMEN'S RESOURCE CENTER

Employer identification number
58-1727592

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		27,276	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3		16,560	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4	MISCELLANEOUS OTHERS	5,080	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

FORM 990EZ, PART I - LIST OF CONTRIBUTORS
=====

(NOT OPEN TO PUBLIC INSPECTION)

DIRECT PUBLIC SUPPORT

DATE

NAME AND ADDRESS

*

27,276.

(

4,588.

FOUNDATION GRANTS

16,560.

MISCELLANEOUS OTHERS

5,080.

TOTAL CONTRIBUTION AMOUNTS

53,504.

FORM 990EZ, PART I - INVESTMENT INCOME

=====

DESCRIPTION

AMOUNT

INTEREST INCOME

368.

TOTAL

368.
=====

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ANNUAL DINNER	22,145.	4,136.	18,009.
ANNUAL GIVING LETTER	5,805.	2,569.	3,236.
OTHER	2,337.		2,337.
TOTALS	30,287.	6,705.	23,582.

FORM 990EZ, PART I - OTHER REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
REIMBURSED EXPENSE				1,915.	
TOTALS				1,915.	

FORM 990EZ, PART I - OTHER EXPENSES

=====

SUPPLIES	2,160.
TRAVEL	970.
CONFERENCES, CONVENTIONS	6,863.
AUTOMOBILE EXPENSES	141.
DUES AND SUBSCRIPTIONS	718.
EDUCATION AND TRAINING	747.
INSURANCE	1,534.
ADVERTISING AND MARKETING	2,784.
MISCELLANEOUS	428.

TOTAL	16,345.
	=====

FORM 990EZ, PART I - OTHER DECREASES IN FUND BALANCES
=====

PRIOR PERIOD ADJUSTMENT	10,732.

TOTAL	10,732.
	=====

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

=====

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH	38,637	38,171.
TOTALS	38,637	38,171.

=====

FORM 990EZ, PART II - OTHER ASSETS

=====

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
-----	-----	-----
STOCK CURRENTLY HELD	6,476.	7,460.
OTHER DEPRECIABLE ASSETS	1,979	2,143.
	-----	-----
TOTALS	8,455.	9,603.
	=====	=====

FORM 990EZ, PART II - TOTAL LIABILITIES
=====

DESCRIPTION -----	END OF YEAR -----
ACCOUNTS PAYABLE	25,133.
TOTALS	----- 25,133. =====

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION

EXPENSES

FACILITY USAGE - PROVIDE A MEETING FACILITY FOR WOMEN'S ORGANIZATION FREE OF CHARGE. PROVIDE PROGRAMMING FOR ALL WOMEN OF THE COMMUNITY.

97,185

TOTAL

97,185

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
BARBARA RUSH CLINE HICKORY, NC	EXECUTIVE DIRECTOR 40	26,291.	4,732.
TWILA HARTFORD HICKORY, NC	ADMINISTRATIVE ASST 20	9,897.	1,781.
GRETCHEN WILSON HICKORY, NC	PROGRAM DIRECTOR 20	3,438.	619.
BOARD OF DIRECTORS SEE ATTACHED STATEMENT			
GRAND TOTALS		39,626.	7,132.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
=====

SEE PART IV, 990-EZ

Women's Resource Center 2001 Board Members

<u>MEMBER INFO.</u>	<u>TERM EXP.</u>	<u>HOME INFO.</u>	<u>EMAIL</u>
<p><i>President</i> Patsy Rutledge Tax Manager CommScope, Inc P O Box 199 Catawba, NC 28609-0199 241-6024 phone 241-7015 fax</p>	12/31/01	2689 Lester Jones Lane Granite Falls, NC 28630 495-2443 home	prutledge@commscope.com dpnda@twave.net (h)
<p><i>President Elect</i> Mary K. Miller Director of Community Relations CVCC Hickory, NC 28602 327-7000, ext. 4387 phone 327-7276 fax</p>	12/31/01	2010 Willow Ridge Street Conover, NC 28613 256-6419 phone	mkmiller@cvcc.cc.nc.us
<p><i>Treasurer</i> Fran Farthing Executive Vice President Argo World Travel 2221 North Center Street Hickory, NC 28601 322-6400 322-2834 fax</p>	12/31/01	74 39 th Avenue Drive NW Hickory, NC 28601 322-8759 phone	ffarthing@hotmail.com
<p><i>Secretary</i> Rosahe De Fini Vice Pres of Marketing & Dev Girl Scout Council 530 Fourth Street SW Hickory, NC 28602 328-2444, ext. 28 phone 328-6870 fax</p>	12/31/02	2058 19 th Avenue Circle NE Hickory, NC 28601 322-3278 phone	Cumaruta@aol.com (h) defini@cvgirlscouts.org (w)
<p>Betty Anthony Retired Professional Secretary 1410 4th Street SW Hickory, NC 28602</p>	12/31/01	1410 4 th Street SW Hickory, NC 28602 327-4988 phone	
<p>Merry Boone Investment Representative Edward Jones 127 First Avenue NE Hickory, NC 28601 304-1023 phone</p>	12/31/02	2883 Palmer Dr Conover, NC 28613 459-0327 home	www.edwardjones.com (w) merry@bellsouth.net (h)

(Fax) 1-877-687-5788

Kim Boyd
Vice President of Retail Banking 12/31/02
People's Bank
P O Box 467
Newton, NC 28658
850-5192 phone
465-6780 fax
1412 9th Ave NW
Conover, NC 28613
kboyd@Peoples-Bank-NC.com

Deanie Hilton
Human Resources Manager 12/31/02
Hickory Springs
P O Box 128
Hickory, NC 28603
328-2201, ext 3265
4391 Fox Trail
Hickory, NC 28601
256-8086
deameh@twave.net

Rosemarie Klingspor
Homemaker 12/31/01
331 44th Avenue Drive NW
Hickory, NC 28601
331 44th Avenue Drive NW
Hickory, NC 28601
324-9099 phone
rkingspor@klingspor.com

Sheila Little
Manager of Sponsorships 12/31/02
Cat. Co Chamber of Commerce
P O Box 1828
Hickory, NC 28603
328-6000, ext. 233 phone
328-1175 fax
4120 54th Avenue NE
Hickory, NC 28601
256-7893 home
slittle@catawbachamber.org

Ann Marie Merta
Vice President of Business Dev 12/31/02
Frye Regional Medical Center
420 North Center Street
Hickory, NC 28601
345-5852 phone
1116 10th St. Ln. NW
Hickory, NC 28601
325-0825 home
annmarie_merta@tenethealth.com

Tiffany Mullis
Brand Communications Coord 12/31/02
Vanguard Furniture
P O Box 2187
Hickory, NC 28603
328-5631, ext 212
835 North Center Street
Hickory, NC 28601
267-1400 home
tmullis@w3link.com

Beverly Nelson
Retired Advertisement Executive 12/31/01
2040 12th Street Drive NW
Hickory, NC 28601
2040 12th Street Drive NW
Hickory, NC 28601
328-4377 home
bevnelson@abts.net

Catherine Tucker
Retired Educator 12/31/02
6064 Highway 10 West
Hickory, NC 28602
6064 Highway 10 West
Hickory, NC 28602

(828) 695-8694

Women's Resource Center 2001 Advisory Board Members

MEMBER INFO.

HOME INFO.

EMAIL

Loretta Callahan

585 30th Ave Circle NE
Hickory, NC 28601
327-3072 home

cfrella@vwi.net

Anne Davis

1310 10th St Blvd NW
Hickory, NC 28601
324-4522 home

Pat Jones

260 21st Ave NW
Hickory, NC 28601
328-9185 home

Gretchen Peed

1645 6th Street NW
Hickory, NC 28601
327-4039 home

Women's Resource Center 2001 Staff Members

MEMBER INFO.

HOME INFO.

EMAIL

Executive Director

Barbara Rush Cline

1320 Poplar Circle
Newton, NC 28658
464-7580 home

bccline@wrchickory.org

Education/Program Director

Beverly Lampe

10 Leisure Lane
Granada Farms
Granite Falls, NC 28630
396-4564

Administrative Assistant

Twila Hartford

4894 Forest Ridge Drive
Hickory, NC 28602 (h)
294-4154 home

thartford@wrchickory.org

Application for Extension of Time To File an Exempt Organization Return

▶ 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 File by the due date for filing your return See instructions	Name of Exempt Organization WOMENS' RESOURCE CENTER	Employer identification number 58-1727592
	Number, street, and room or suite no. If a PO box see instructions 503 4TH STREET SW	
	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 2002, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year 2001 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 \$ 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 \$ _____

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 \$ 0

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 ▶ Mary K. Smith Title ▶ Board President Date ▶ 6-24-02

For Paperwork Reduction Act Notice, see Instruction