

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)

2004

Department of the Treasury Internal Revenue Service

Open to Public Inspection

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

A For the 2004 calendar year, or tax year beginning 2004, and ending 20

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization: WOMEN'S RESOURCE CENTER; D Employer identification number: 58-1727592; E Telephone number: (828) 322-6333; F Accounting method: [X] Cash [ ] Accrual [ ] Other (specify)

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

H and I are not applicable to section 527 organizations; H(a) Is this a group return for affiliates? Yes [ ] No [X]; H(b) If "Yes" enter number of affiliates; H(c) Are all affiliates included? N/A; H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [ ] No [X]

G Website: N/A

J Organization type (check only one): [X] 501(c)(3) (insert no) 4947(a)(1) or 527

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 106,072

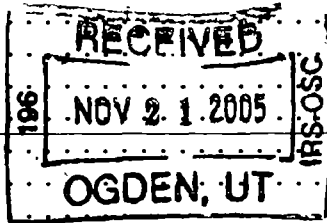
I Group Exemption Number; M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

SCANNED DEC 19 2005

Revenue

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes sub-rows for contributions, program service revenue, membership dues, interest on savings, dividends, gross rents, sales of assets, special events, and gross profit from inventory. Total revenue is 98,499 and total expenses is 82,081.



Handwritten notes: 641-12 and 17

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	26	42,956	32,217	10,739
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	3,286	2,465	821
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	1,571	1,178	393
34	Telephone	34			
35	Postage and shipping	35	830	623	207
36	Occupancy	36	14,905	11,179	3,726
37	Equipment rental and maintenance	37			
38	Printing and publications	38	803	602	201
39	Travel	39	367	275	92
40	Conferences, conventions, and meetings	40	1,117	837	280
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	2,015	1,511	504
43	Other expenses not covered above (itemize) a _____	43a			
b	<b>STATEMENT 1</b>	43b	14,231	11,237	2,994
c	_____	43c			
d	_____	43d			
e	_____	43e			
44	<b>Total functional expenses</b> (add lines 22 through 43) <b>Organizations completing columns (B)-(D), carry these totals to lines 13-15</b>	44	82,081	62,124	19,957

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions)

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
 (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts, but optional for others)

a	FACILITY USAGE - PROVIDE A MEETING FACILITY FOR WOMEN'S ORGANIZATION FREE OF CHARGE. PROVIDE PROGRAMMING FOR ALL WOMEN OF THE COMMUNITY. (Grants and allocations \$ _____)	62,124
b	_____ (Grants and allocations \$ _____)	
c	_____ (Grants and allocations \$ _____)	
d	_____ (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	62,124

**Part IV Balance Sheets** (See page 25 of the instructions)

				(A)		(B)
				Beginning of year		End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only						
	45 Cash - non-interest-bearing			47,072	45	47,214
	46 Savings and temporary cash investments			17,183	46	19,661
	47 a Accounts receivable	47a	252			
	b Less allowance for doubtful accounts	47b		1,437	47c	252
	48 a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
A	51 a Other notes and loans receivable (attach schedule)	51a				
s	b Less allowance for doubtful accounts	51b			51c	
s	52 Inventories for sale or use				52	
e	53 Prepaid expenses and deferred charges				53	550
t	54 Investments - securities (attach schedule)				54	
s	55 a Investments - land, buildings, and equipment basis	55a				
	b Less accumulated depreciation (attach schedule)	55b			55c	
	56 Investments - other (attach schedule)				56	
	57 a Land, buildings, and equipment basis	57a	11,321			
	b Less accumulated depreciation (attach schedule)	57b	4,571	6,265	57c	6,750
	58 Other assets (describe )				58	
	59 Total assets (add lines 45 through 58) (must equal line 74)			71,957	59	74,427
L	60 Accounts payable and accrued expenses			13,948	60	
i	61 Grants payable				61	
a	62 Deferred revenue				62	
b	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
i	64 a Tax-exempt bond liabilities (attach schedule)				64a	
t	b Mortgages and other notes payable (attach schedule)				64b	
i	65 Other liabilities (describe )				65	
e	66 Total liabilities (add lines 60 through 65)			13,948	66	
	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
N	67 Unrestricted			58,009	67	74,427
F	68 Temporarily restricted				68	
e	69 Permanently restricted				69	
n	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
d	70 Capital stock, trust principal, or current funds				70	
A	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
s	72 Retained earnings, endowment, accumulated income, or other funds				72	
B	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)			58,009	73	74,427
s	74 Total liabilities and net assets / fund balances (add lines 66 and 73)			71,957	74	74,427

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information (See page 28 of the instructions)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes" attach a conformed copy of the changes	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . . <i>N/A</i>	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .	80a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures See line 81 instructions . . . . . 81a <u>0</u>		
b	Did the organization file Form 1120-POL for this year? . . . . .	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .	82a	X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) . . . . . 82b <u>N/A</u>		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . <i>N/A</i>	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? . . . . . <i>N/A</i>	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . <i>N/A</i> If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	
c	Dues, assessments, and similar amounts from members . . . . . 85c <u>N/A</u>		
d	Section 162(e) lobbying and political expenditures . . . . . 85d <u>N/A</u>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . . 85e <u>N/A</u>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . . 85f <u>N/A</u>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . . <i>N/A</i>	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? <i>N/A</i>	85h	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 . . . . . 86a <u>N/A</u>		
b	Gross receipts, included on line 12, for public use of club facilities . . . . . 86b <u>N/A</u>		
87	501(c)(12) orgs Enter a Gross income from members or shareholders . . . . . 87a <u>N/A</u>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . . 87b <u>N/A</u>		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .	88	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="radio"/> , section 4912 <input type="radio"/> , section 4955 <input type="radio"/>		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . . .	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . <input type="radio"/>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . . <input type="radio"/>		
90a	List the states with which a copy of this return is filed <input checked="" type="checkbox"/> NONE		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions) . . . . . 90b <u>2</u>		
91	The books are in care of <input checked="" type="checkbox"/> LISA MILLER Telephone no <input checked="" type="checkbox"/> 828-322-6333 Located at <input checked="" type="checkbox"/> 125 3RD STREET NE ZIP + 4 <input checked="" type="checkbox"/> 28601		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . 92		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a PROGRAM SERVICE FEES					1,988
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,411	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					20,450
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b REIMBURSE/REFUN EXPENSES					2,042
c UNREALIZED GAIN ON INVES					1,858
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,411	26,338
105 Total (add line 104, columns (B), (D), and (E))					27,749

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	FEES FOR PROGRAMS / MEETINGS
101	SPECIAL EVENTS REVENUE
103B	REIMBURSED AND REFUNDED PROGRAM EXPENSES
103C	UNREALIZED GAIN ON STOCK

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions)

(a) Did the organization, during the year receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please 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.

*Lisa Miller*

Date: 11/15/05

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

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

OMB No 1545-0047

**2004**

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

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 . . . . . ▶		0		

**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 . . . . . ▶		0

**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 a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶\$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) . . . . .	1	X
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		
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? . . . . .	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)? . . . . .	2d	X
e Transfer of any part of its income or assets? . . . . .	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) . . . . .	3a	X
b Do you have a section 403(b) annuity plan for your employees? . . . . .	3b	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	4b	X

**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: BOB
- 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 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	55,466	64,915	53,504	58,842	232,727
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	25,809	30,099	4,097	18,840	78,845
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	1,370	705	368	264	2,707
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	4,009	6,052			10,061
23 Total of lines 15 through 22	86,654	101,771	57,969	77,946	324,340
24 Line 23 minus line 17	60,845	71,672	53,872	59,106	245,495
25 Enter 1% of line 23	867	1,018	580	779	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 4,910
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 2000 through 2003 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 245,495
d Add Amounts from column (e) for lines 18 2,707 19 _____ 22 10,061 26b _____					26d 12,768
e Public support (line 26c minus line 26d total)					26e 232,727
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 94.80%
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 N/A					
(2003) _____ (2002) _____ (2001) _____ (2000) _____					
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 N/A					
(2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) 27f N/A					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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					



Depreciation and Amortization

(Including Information on Listed Property)

2004

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No. 67

Name(s) shown on return

Identifying number

Women's Resource Center, Inc.

58-1727592

Business or activity to which this form relates

All Business Activities

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.

Table with 5 rows for Section 179 election. Line 1: Maximum amount 102,000.00. Line 3: Threshold cost 410,000.00.

Table with 13 rows for Section 179 election details. Line 6: Description of property. Line 7: Listed property amount. Line 8: Total elected cost. Line 9: Tentative deduction. Line 10: Carryover of disallowed deduction. Line 11: Business income limitation. Line 12: Section 179 expense deduction. Line 13: Carryover of disallowed deduction to 2005.

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.)

Table with 3 rows for Special Depreciation Allowance. Line 14: Special depreciation allowance. Line 15: Property subject to section 168(f)(1) election. Line 16: Other depreciation (including ACRS) 2,014.25.

Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)

Section A

Table with 2 rows for MACRS Depreciation. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2004. Line 18: If you are electing under section 168(i)(4) 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 2004 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, Residential rental property, and Nonresidential real property.

Section C-Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

Table with 3 rows for Alternative Depreciation System. Line 20a: Class life. Line 20b: 12-year. Line 20c: 40-year.

Part IV Summary (see page 8 of the instructions)

Table with 3 rows for Summary. Line 21: Listed property amount. Line 22: Total amount 2,014.25. Line 23: For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

Part IV Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See page 9 of the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of prop. (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 8 of the instructions) 25
26 Property used more than 50% in a qualified business use (see page 8 of the instructions):
27 Property used 50% or less in a qualified business use (see page 8 of the instructions):
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles-See page 2 of the instructions) (a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No Yes No Yes No Yes No Yes No Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 10 of the instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 10 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 10 of the instructions.)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part V Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2004 tax year (see page 11 of the instructions):
43 Amortization of costs that began before your 2004 tax year 43
44 Total. Add amounts in column (f). See page 12 of the instructions for where to report 44

## Part II - Special Depreciation Allowance and Other Depreciation

Asset	(a) Property Description	(b) Date In Service	(c) Tax Basis	(d) Prior Depreciation	(e) Tax Method	(f) Tax Period	(g) Tax Depr Deduction
<u>ACRS and/or Other Depreciation</u>							
1	PRIOR YEAR OLD ASSETS	1/01/02	2,143.00	857.20	S/L	5.0	428.60
2	DELL COMPUTER SYSTEMS	10/18/02	3,859.57	900.56	S/L	5.0	771.91
3	IKON COPIER	7/18/02	2,110.60	598.00	S/L	5.0	422.12
4	OFFICE CHAIRS- PBLR	7/18/02	708.12	200.63	S/L	5.0	141.62
5	Phone System	7/12/04	2,500.00	0.00	S/L	5.0	250.00
			<u>11,321.29</u>				<u>2,014.25</u>

Women's Resource Center  
 EIN 58-1727592  
 December 31, 2004

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Statement 1  
 FORM 990, PART II, LINE 43b OTHER EXPENSES

	(a) TOTAL	(b) PROGRAM SERVICES	(c) MANAGEMENT AND GENERAL	(d) FUND- RAISING
Equipment	494	370	124	
Dues & Subscriptions	738	554	184	
Insurance	435	327	108	
Marketing	690	518	172	
Miscellaneous	463	347	116	
Relocation	2,309	1,732	577	
Professional Fees	6,851	5,138	1,713	
Programs	2,251	2,251	-	
	<u>14,231</u>	<u>11,237</u>	<u>2,994</u>	<u>-</u>

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STATEMENT 2  
 FORM 990, SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

<u>DESCRIPTION</u>	<u>2,003</u>	<u>2,002</u>	<u>2,001</u>	<u>2,000</u>
Other Income	3,336	1,445	0	0
Program Revenue	673	4,607	0	0
	<u>4,009</u>	<u>6,052</u>	<u>0</u>	<u>0</u>

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Statement 3  
 FORM 990, PART I, LINE 9

<u>DESCRIPTION</u>	<u>GROSS RECEIPTS</u>	<u>CONTRIBUT. INCLUDED</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
Various Fundraisers	28,023	-	28,023	7,573	20,450
	<u>28,023</u>	<u>-</u>	<u>28,023</u>	<u>7,573</u>	<u>20,450</u>

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Statement 4  
 FORM 990, PART III, STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE

EXPLANATION  
 TO IMPROVE WOMEN'S LIVES AND EMPOWER WOMEN TO ACHIEVE THEIR FULLEST POTENTIAL.

# Women's Resource Center

## 2004 Board Members

MEMBER INFO.TERM EXP.HOME INFO.EMAIL*President*

**Tiffany Mullis-Brittain**  
Brand Manager  
Vanguard Furniture  
P.O. Box 2187  
Hickory, NC 28603  
328-5631 x 212 phone  
328-9816 fax

Appt: 01/01/01  
2<sup>nd</sup> Term: 12/31/04  
4834 Forest Ridge Dr. (M)  
Hickory, NC 28602  
294-0594 home  
302-4332 mobile  
DOB: 10/01

[tmullis@vanguardfurniture.com](mailto:tmullis@vanguardfurniture.com)

*President Elect*

**Kimberly George**  
Director of Human Services  
IFH  
543 12<sup>th</sup> St. Dr. NW  
Hickory, NC 28601  
323-4599 phone

Appt: 01/01/02  
2<sup>nd</sup> Term: 12/31/06  
534 25<sup>th</sup> Ave. NW (M)  
Hickory, NC 28601  
325-0633  
DOB: 10/28

[kimberly.george@ifh.com](mailto:kimberly.george@ifh.com) (w)  
[kimberlygeorge@charter.net](mailto:kimberlygeorge@charter.net)

*Treasurer*

**Kathy White**  
RBC Centura  
34 2<sup>nd</sup> St. NW  
Hickory, NC 28601  
261-2716 phone  
261-2705 fax

Appt: 01/01/02  
2<sup>nd</sup> Term: 12/31/06  
1815 Waterford Way (M)  
Morganton, NC 28655  
584-4144  
DOB: 10/19

[kathy.a.white@rbc.com](mailto:kathy.a.white@rbc.com)  
[mcmasterskmac@aol.com](mailto:mcmasterskmac@aol.com) (h)

*Secretary*

**Rosalie De Fini**  
Executive Director  
Humane Society of Catawba County  
P.O. Box 63  
Hickory, NC 28603  
327-3878 phone  
327-4921 fax

Appt: 01/01/01  
2<sup>nd</sup> Term: 12/31/04  
2058 19<sup>th</sup> Ave. Circle NE (M)  
Hickory, NC 28601  
322-3278 home  
234-2756 mobile  
DOB: 04/30

[cimaruta@charter.net](mailto:cimaruta@charter.net) (h)  
[defini@catawbahumane.org](mailto:defini@catawbahumane.org) (w)

**Ivey Anderson**  
CVCC (M)  
2550 Hwy 70 SE  
Hickory, NC 28602-8302  
327-7000 x4341 phone  
fax

Appt: 01/01/04  
1<sup>st</sup> Term: 12/31/07  
1122 Robinwood Rd.  
Gastonia, NC 28054  
704-853-0557 home  
DOB:

[ivyhall3@hotmail.com](mailto:ivyhall3@hotmail.com)  
[ianderson@cvcc.edu](mailto:ianderson@cvcc.edu)

**Sandy Barker**  
Lovekin & Associates  
27 1<sup>st</sup> Ave. NE  
Hickory, NC 28601  
322-5435 phone  
322-3973 fax

Appt: 01/01/04  
1<sup>st</sup> Term: 12/31/07  
5464 Biltmore Ave. (M)  
Hickory, NC 28602  
294-6667  
DOB:

[lovekin@charter.net](mailto:lovekin@charter.net)

**Merry Boone**  
Investment Representative  
Edward Jones (M)  
127 First Avenue NE  
Hickory, NC 28601  
304-1023 phone  
1-(877) 687-5788 fax

Appt: 01/01/01  
2<sup>nd</sup> Term: 12/31/04

2883 Palmer Dr.  
Conover, NC 28613  
459-0327 home  
DOB: 10/30

**Illora Chambers**  
Keller Williams Realty  
1410 4<sup>th</sup> St. Pl. NW  
Hickory, NC 28601  
345-1100 phone  
328-2408 fax

Appt: 01/01/04  
1<sup>st</sup> Term: 12/31/07

108 28<sup>th</sup> Ave. NW (M)  
Hickory, NC 28601  
345-1915 home  
DOB: 07/27

[illorac@kw.com](mailto:illorac@kw.com) (w)  
[illorac@charter.net](mailto:illorac@charter.net) (h)

**Susan Curry**  
Human Resources Manager  
CommScope, Inc  
P.O. Box 1729  
Hickory, NC 28603  
315-2973

Appt: 01/01/03  
1<sup>st</sup> Term: 12/31/04

403 EK St. (M)  
Newton, NC 28658  
466-3366 home  
DOB: 04/02

[scurry@commscope.com](mailto:scurry@commscope.com)

**Shellian Douglas**  
Vocational Rehabilitation Services  
2661 Hwy 127 South  
Hickory, NC 28602  
294-0120 phone  
fax

Appt: 01/01/04  
1<sup>st</sup> Term: 12/31/07

324-6659 home  
DOB:

[shellian.douglas@ncmail.net](mailto:shellian.douglas@ncmail.net)

**Lisa Drum**  
Hickory Police Department  
347 2<sup>nd</sup> Ave. SW  
Hickory, NC 28602  
261-2609 phone  
328-6146 fax

Appt: 01/01/04  
1<sup>st</sup> Term: 12/31/07

1869 Rosewood Drive (M)  
Hickory, NC 28602  
294-7032 home  
DOB: 08/15

[ldrum@ci.hickory.nc.us](mailto:ldrum@ci.hickory.nc.us)

**Jane Everson**  
Hickory Higher Education Ctr. (M)  
2760 Highway 70 SE  
Hickory, NC 28602  
267-3464 x2004 phone  
327-2519 fax

Appt: 01/01/04  
1<sup>st</sup> Term: 12/31/07

3220 3<sup>rd</sup> St. Dr. NW  
Hickory, NC 28601  
267-1121  
DOB: 10/13

[jmeverson@charter.net](mailto:jmeverson@charter.net)

**Austin Grainger**  
United Church Retirement Homes Foundation  
100 Leonard Ave. (M)  
Newton, NC 28658  
465-8028 phone  
465-8537 fax

Appt: 01/01/04  
1<sup>st</sup> Term: 12/31/07

410 7<sup>th</sup> St. NE  
Hickory, NC 28601  
324-9700 home  
DOB: 12/15

[agrainger@ucrhc.org](mailto:agrainger@ucrhc.org)

**Bari Craig-Tiggett**  
Education Director  
ALFA (M)  
Fairgrove Primary Health  
3412 Graystone Place  
Conover, NC 28613  
326-2384

Appt: 01/01/02  
2nd Term: 12/31/06  
P.O. Box 1102  
Conover, NC 28613  
695-9412  
DOB: 12/28

[prevention@charter.net](mailto:prevention@charter.net) (w)  
[tiggett@bellsouth.net](mailto:tiggett@bellsouth.net) (h)

**Denise Volz**  
Breazeale, Kiser, Hoyle & Lawing, PA  
P.O. Box 9148  
Hickory, NC 28603  
327-6868 phone  
327-6755 fax

Appt: 01/01/04  
1<sup>st</sup> Term: 12/31/07  
899 River Hills Ct. (M)  
Taylorsville, NC 28681  
DOB: 09/03

[denise@breazeale-kiser.com](mailto:denise@breazeale-kiser.com) (w)

**Jean Yoder**  
Hickory City Schools  
432 4<sup>th</sup> Ave. SW  
Hickory, NC 28602  
322-2855 phone  
322-1834 fax

Appt: 01/01/04  
1<sup>st</sup> Term: 12/21/07  
P.O. Box 3797 (M)  
Hickory, NC 28603  
322-9149  
DOB: 08/05

[yoderje@hickory.k12.nc.us](mailto:yoderje@hickory.k12.nc.us)

Form 8868 (Rev. 12-2004)

Page 2

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.**

Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>WOMEN'S RESOURCE CENTER</b>	Employer Identification number <b>58-1727592</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>503 4TH STREET SW</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>HICKORY, NC 28602</b>	

**Check type of return to be filed (File a separate application for each return):**

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **LISA MILLER**  
Telephone No. **828-322-6333** 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 is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2005**.

5 For calendar year **2004**, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension  
**SEE STATEMENT 5**

8a 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 \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a. 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 \$ \_\_\_\_\_ **N/A**

**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 *[Signature]* Date **8-9-05**

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in Item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

Director \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print. 423832 01-10-05	Name <b>LOWDERMILK CHURCH &amp; CO., LLP</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>121 NORTH STERLING STREET</b>
	City or town, province or state, and country (including postal or ZIP code) <b>MORGANTON, NORTH CAROLINA 28655</b>

**EXTENSION APPROVED**  
**SEP 29 2005**  
FIELD DIRECTOR  
SUBMISSION PROCESSING, CGEN