

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**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)

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

OMB No 1545-0047  
**2005**  
**Open to Public Inspection**

**A For the 2005 calendar year, or tax year beginning 01-01-2005 and ending 12-31-2005**

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

**C Name of organization**  
 WOMEN'S RESOURCE CENTER

**Number and street (or P O 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 28602

**D Employer identification number**  
 58-1727592

**E Telephone number**  
 (828) 322-6333

**F Accounting method**  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).**

**G Web site:** ▶ NA

**J Organization type** (check only one)  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.**

**H and I are not applicable to section 527 organizations**

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes" enter number of affiliates ▶ \_\_\_\_\_

**H(c)** Are all affiliates included?  Yes  No  
 (If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number ▶ \_\_\_\_\_

**M** Check  if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 74,095

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

Revenue					
<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Direct public support	<b>1a</b>	23,646		
<b>b</b>	Indirect public support	<b>1b</b>	15,717		
<b>c</b>	Government contributions (grants)	<b>1c</b>			
<b>d</b>	<b>Total</b> (add lines 1a through 1c) (cash \$ <u>39,363</u> noncash \$ _____)	<b>1d</b>		39,363	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		6,500	
<b>3</b>	Membership dues and assessments	<b>3</b>			
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		1,282	
<b>5</b>	Dividends and interest from securities	<b>5</b>		100	
<b>6a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b>	Other investment income (describe ▶ )	<b>7</b>			
<b>8a</b>	Gross amount from sales of assets other than inventory	<b>(A) Securities</b>		<b>(B) Other</b>	
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
<b>8d</b>		<b>8d</b>			
<b>9</b>	Special events and activities (attach schedule) If any amount is from <b>gaming</b> , check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a) <input checked="" type="checkbox"/>	<b>9a</b>	26,680		
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>	6,957		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		19,723	
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		170	
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		67,138	
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		63,799	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		19,602	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>			
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	<b>Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>		83,401	
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		-16,263	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		74,427	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>		0	
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		58,164	

**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 the instructions )

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
<b>22</b>	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b>				
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b>				
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b>				
<b>25</b>	Compensation of officers, directors, etc . . . . .	<b>25</b>				
<b>26</b>	Other salaries and wages . . . . .	<b>26</b>	48,253	36,190	12,063	
<b>27</b>	Pension plan contributions . . . . .	<b>27</b>				
<b>28</b>	Other employee benefits . . . . .	<b>28</b>				
<b>29</b>	Payroll taxes . . . . .	<b>29</b>	3,833	2,875	958	
<b>30</b>	Professional fundraising fees . . . . .	<b>30</b>				
<b>31</b>	Accounting fees . . . . .	<b>31</b>				
<b>32</b>	Legal fees . . . . .	<b>32</b>				
<b>33</b>	Supplies . . . . .	<b>33</b>	1,815	1,361	454	
<b>34</b>	Telephone . . . . .	<b>34</b>				
<b>35</b>	Postage and shipping . . . . .	<b>35</b>	697	523	174	
<b>36</b>	Occupancy . . . . .	<b>36</b>	11,576	8,682	2,894	
<b>37</b>	Equipment rental and maintenance . . . . .	<b>37</b>	1,768	1,326	442	
<b>38</b>	Printing and publications . . . . .	<b>38</b>				
<b>39</b>	Travel . . . . .	<b>39</b>	107	80	27	
<b>40</b>	Conferences, conventions, and meetings . . . . .	<b>40</b>				
<b>41</b>	Interest . . . . .	<b>41</b>				
<b>42</b>	Depreciation, depletion, etc (attach schedule) <input checked="" type="checkbox"/>	<b>42</b>	4,490	3,368	1,122	
<b>43</b>	Other expenses not covered above (itemize)					
<b>a</b>	See Additional Data Table	<b>43a</b>				
<b>b</b>		<b>43b</b>				
<b>c</b>		<b>43c</b>				
<b>d</b>		<b>43d</b>				
<b>e</b>		<b>43e</b>				
<b>f</b>		<b>43f</b>				
<b>g</b>		<b>43g</b>				
<b>44</b>	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	83,401	63,799	19,602	0

**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 the instructions.)

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.

What is the organization's primary exempt purpose? <b>▶ TO IMPROVE WOMEN'S LIVES AND EMPOWER WOMEN TO ACHIEVE THEIR FULLEST POTENTIAL</b>  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.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
<b>a</b> FACILITY USAGE- PROVIDE A MEETING FACILITY FOR WOMEN'S ORGANIZATION FREE OF CHARGE PROVIDE PROGRAMMING FOR ALL WOMEN OF THE COMMUNITY  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	63,799
<b>b</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . <input type="checkbox"/>	63,799

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		<b>(A)</b>		<b>(B)</b>		
		Beginning of year		End of year		
Assets	<b>45</b> Cash—non-interest-bearing . . . . .		47,214	<b>45</b>	76,140	
	<b>46</b> Savings and temporary cash investments . . . . .		19,661	<b>46</b>		
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>	1,489			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b>		252	<b>47c</b>	1,489
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>				
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b>			<b>48c</b>	
	<b>49</b> Grants receivable . . . . .				<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .				<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>				
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>			<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .				<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .		550		<b>53</b>	1,050
	<b>54</b> Investments—securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV				<b>54</b>	
	<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>				
	<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>			<b>55c</b>	
	<b>56</b> Investments—other (attach schedule) . . . . .				<b>56</b>	
	<b>57a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b>	18,605			
	<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	9,060	6,750	<b>57c</b>	9,545
	<b>58</b> Other assets (describe <input type="checkbox"/> _____ )				<b>58</b>	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .		74,427		<b>59</b>	88,224	
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .			<b>60</b>	3,060	
	<b>61</b> Grants payable . . . . .			<b>61</b>		
	<b>62</b> Deferred revenue . . . . .			<b>62</b>	27,000	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>63</b>		
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .			<b>64a</b>		
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .			<b>64b</b>		
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____ )				<b>65</b>	
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .		0		<b>66</b>	30,060	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74					
	<b>67</b> Unrestricted . . . . .		74,427	<b>67</b>	58,164	
	<b>68</b> Temporarily restricted . . . . .			<b>68</b>		
	<b>69</b> Permanently restricted . . . . .			<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74					
	<b>70</b> Capital stock, trust principal, or current funds . . . . .			<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>72</b>		
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) <b>must</b> equal line 19, column (B) <b>must</b> equal line 21) . . . . .		74,427		<b>73</b>	58,164	
<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .		74,427		<b>74</b>	88,224	





**Part VI Other Information** (continued)

Yes No

<p><b>82a</b> 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? . . . . .</p> <p><b>b</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) . . . . .</p>	<b>82a</b>		No
<p><b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?</p> <p><b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .</p>	<b>83a</b>	Yes	
<p><b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .</p> <p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>	<b>84a</b>		No
<p><b>85</b> <i>501(c)(4), (5), or (6) organizations.</i> <b>a</b> Were substantially all dues nondeductible by members? . . . . .</p> <p><b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .</p> <p>If "Yes," was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year</p> <p><b>c</b> Dues assessments, and similar amounts from members . . . . .</p> <p><b>d</b> Section 162(e) lobbying and political expenditures . . . . .</p> <p><b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .</p> <p><b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .</p> <p><b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .</p> <p><b>h</b> 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? . . . . .</p>	<b>85a</b>		
<p><b>86</b> <i>501(c)(7) orgs.</i> Enter <b>a</b> Initiation fees and capital contributions included on line 12</p> <p><b>b</b> Gross receipts, included on line 12, for public use of club facilities . . . . .</p>	<b>85c</b>		
<p><b>87</b> <i>501(c)(12) orgs.</i> Enter <b>a</b> Gross income from members or shareholders . . . . .</p> <p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .</p>	<b>85d</b>		
<p><b>88</b> 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 . . . . .</p>	<b>85e</b>		
<p><b>89a</b> <i>501(c)(3) organizations</i> Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____</p> <p><b>b</b> <i>501(c)(3) and 501(c)(4) orgs.</i> 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 . . . . .</p> <p><b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . <input type="checkbox"/></p> <p><b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . . <input type="checkbox"/></p>	<b>85f</b>		
<p><b>90a</b> List the states with which a copy of this return is filed <input type="checkbox"/></p> <p><b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions) <input type="checkbox"/></p>	<b>85g</b>		
<p><b>91a</b> The books are in care of <input type="checkbox"/> LISA MILLER Telephone no <input type="checkbox"/> (828) 322-6333</p> <p style="margin-left: 40px;">503 4TH ST SW HICKORY NC</p> <p>Located at <input type="checkbox"/> hickory, NC ZIP + 4 <input type="checkbox"/> 286022824</p> <p><b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p> <p>If "Yes," enter the name of the foreign country <input type="checkbox"/></p> <p>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b>, Report of Foreign Bank and Financial Accounts</p> <p><b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States?</p> <p>If "Yes," enter the name of the foreign country <input type="checkbox"/></p>	<b>85h</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>86a</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>86b</b>		
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<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>88</b>	No	
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89a</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89b</b>	No	
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89c</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89d</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89e</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89f</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89g</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89h</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89i</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89j</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89k</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89l</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89m</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89n</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89o</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89p</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89q</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89r</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89s</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89t</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89u</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89v</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89w</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89x</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89y</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89z</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89aa</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89ab</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89ac</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89ad</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89ae</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89af</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89ag</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89ah</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89ai</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89aj</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89ak</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89al</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89am</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89an</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89ao</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89ap</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89aq</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89ar</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89as</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89at</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89au</b>		
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<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89az</b>		
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89ba</b>		
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<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/></p>	<b>89bd</b>		
<p><b>92</b> Section 4947(a)(1</p>			

**Part VII Analysis of Income-Producing Activities** (See 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	
<b>93</b> Program service revenue					
<b>a</b> PROGRAM SERVICE FEES					5,790
<b>b</b> crisis assistance					710
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments			14	1,282	
<b>96</b> Dividends and interest from securities . . . . .			14	100	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property . . . . .					
<b>b</b> non debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events . . . . .					19,723
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> REIMBURSED EXPENSES					170
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				1,382	26,393
<b>105 Total</b> (add line 104, columns (B), (D), and (E)) . . . . .					27,775

**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 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
103A	REIMBURSED PROGRAM EXPENSES

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See 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
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See 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).

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.

**Please Sign Here**

\*\*\*\*\*  
Signature of officer

lisa miller executive director  
Type or print name and title

2006-11-15  
Date

**Paid Preparer's Use Only**

Preparer's signature: Jim Lowdermilk

Date: \_\_\_\_\_

Check if self-employed:

Preparer's SSN or PTIN (See Gen Inst W): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: Lowdermilk Church & Co LLP  
121 North Sterling Street  
Morganton, NC 28655

EIN: \_\_\_\_\_

Phone no: (828) 433-1226

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

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

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

**Supplementary Information—(See separate instructions.)**

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

OMB No 1545-0047

**2005**

Department of the  
Treasury  
Internal Revenue  
Service

Name of the organization  
WOMEN'S RESOURCE CENTER

**Employer identification number**

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 ▶				

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individual 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 ▶		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page X for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶		

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, include 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 1 of 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		No
<b>2</b>	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.)		
<b>a</b>	Sale, exchange, or leasing property?	<b>2a</b>	No
<b>b</b>	Lending of money or other extension of credit?	<b>2b</b>	No
<b>c</b>	Furnishing of goods, services, or facilities?	<b>2c</b>	No
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	No
<b>e</b>	Transfer of any part of its income or assets?	<b>2e</b>	No
<b>3a</b>	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 )	<b>3a</b>	No
<b>b</b>	Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	No
<b>c</b>	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	<b>3c</b>	No
<b>4a</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4a</b>	No
<b>b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>4b</b>	No

<b>Part IV Reason for Non-Private Foundation Status</b> (See pages 3 through 6 of the instructions.)									
The organization is not a private foundation because it is (Please check only <b>ONE</b> applicable box )									
<b>5</b>	<input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)								
<b>6</b>	<input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V )								
<b>7</b>	<input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)								
<b>8</b>	<input type="checkbox"/> A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)								
<b>9</b>	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) <b>Enter the hospital's name, city, and state ►</b> _____								
<b>10</b>	<input type="checkbox"/> 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 <b>Support Schedule</b> in Part IV-A)								
<b>11a</b>	<input checked="" type="checkbox"/> 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 <b>Support Schedule</b> in Part IV-A)								
<b>11b</b>	<input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A)								
<b>12</b>	<input type="checkbox"/> An organization that normally receives <b>(1) more than 33 1/3%</b> of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and <b>(2) no more than 33 1/3%</b> 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 <b>Support Schedule</b> in Part IV-A )								
<b>13</b>	<input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in <b>(1)</b> lines 5 through 12 above, or <b>(2)</b> sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ► <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3								
Provide the following information about the supported organizations (see page 5 of the instructions )									
<table border="1"> <thead> <tr> <th>(a) Name(s) of supported organization(s)</th> <th>(b) Line number from above</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		(a) Name(s) of supported organization(s)	(b) Line number from above						
(a) Name(s) of supported organization(s)	(b) Line number from above								
<b>14</b>	<input type="checkbox"/> 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	70,750	55,466	64,915	53,504	244,635
<b>16</b> Membership fees received					0
<b>17</b> 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	20,450	25,809	30,099	4,097	80,455
<b>18</b> 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	1,411	1,370	705	368	3,854
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> 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					0
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	5,888	4,009	6,052		15,949
<b>23</b> Total of lines 15 through 22	98,499	86,654	101,771	57,969	344,893
<b>24</b> Line 23 minus line 17	78,049	60,845	71,672	53,872	264,438
<b>25</b> Enter 1% of line 23	985	867	1,018	580	
<b>26 Organizations described on lines 10 or 11:</b> <b>a</b> Enter 2% of amount in column (e), line 24					5,289
<b>b</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 2001 through 2004 exceeded the amount shown in line 26a <b>Do not file this list with your return.</b> Enter the total of all these excess amounts					0
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)					264,438
<b>d</b> Add Amounts from column (e) for lines					
18 3,854 19 0					
22 26b 0					19,803
<b>e</b> Public support (line 26c minus line 26d total)					244,635
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					9251 13 %
<b>27 Organizations described on line 12:</b> <b>a</b> 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 " <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year (2004) _____ (2003) _____ (2002) _____ (2001) _____					
<b>b</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 <b>larger</b> of <b>(1)</b> the amount on line 25 for the year or <b>(2)</b> \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals ) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in <b>(1)</b> or <b>(2)</b> , enter the sum of these differences (the excess amounts) for each year (2004) _____ (2003) _____ (2002) _____ (2001) _____					
<b>c</b> Add Amounts from column (e) for lines					
15 _____ 16 _____					
17 _____ 20 _____					
21 _____ 21 _____					
<b>d</b> Add Line 27a total _____ and line 27b total _____					
<b>e</b> Public support (line 27c total minus line 27d total)					
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)					
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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 <b>Do not file this list with your return.</b> 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
<b>29</b> 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?	<b>29</b>	
<b>30</b> 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?	<b>30</b>	
<b>31</b> 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 )   	<b>31</b>	
<b>32</b> Does the organization maintain the following	<b>32a</b>	
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32b</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	<b>32c</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32d</b>	
<b>d</b> 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 )  		
<b>33</b> Does the organization discriminate by race in any way with respect to	<b>33a</b>	
<b>a</b> Students' rights or privileges?	<b>33b</b>	
<b>b</b> Admissions policies?	<b>33c</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33d</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33e</b>	
<b>e</b> Educational policies?	<b>33f</b>	
<b>f</b> Use of facilities?	<b>33g</b>	
<b>g</b> Athletic programs?	<b>33h</b>	
<b>h</b> Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )  		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</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	<b>34b</b>	
<b>35</b> 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	<b>35</b>	

**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)**

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

<b>Limits on Lobbying Expenditures</b>		<b>(a)</b> Affiliated group totals	<b>(b)</b> To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred )															
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>													
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>													
<b>39</b>	Other exempt purpose expenditures	<b>39</b>													
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>													
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table— <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is—</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is—</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is—</b>	<b>The lobbying nontaxable amount is—</b>	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	<b>41</b>	
<b>If the amount on line 40 is—</b>	<b>The lobbying nontaxable amount is—</b>														
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														
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>													
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>													
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>													

**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 )

Calendar year (or fiscal year beginning in) <b>▶</b>	Lobbying Expenditures During 4-Year Averaging Period				
	<b>(a)</b> 2005	<b>(b)</b> 2004	<b>(c)</b> 2003	<b>(d)</b> 2002	<b>(e)</b> Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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 11 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
<b>a</b> Volunteers		No	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .)		No	
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .)			

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



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 58-1727592

**Name:** WOMEN'S RESOURCE CENTER

### Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> volunteer expense	<b>43a</b>	147	110	37	
<b>b</b> crisis assistance	<b>43b</b>	200	150	50	
<b>c</b> progRAMS	<b>43c</b>	5,030	5,030		
<b>d</b> DUES AND SUBSCRIPTIONS	<b>43d</b>	569	427	142	
<b>e</b> INSURANCE	<b>43e</b>	439	329	110	
<b>f</b> MARKETING	<b>43f</b>	903	677	226	
<b>g</b> MISCELLANEOUS	<b>43g</b>	12		12	
<b>h</b> PROFESSIONAL FEES	<b>43h</b>	2,275	1,706	569	
<b>i</b> computer expense	<b>43i</b>	260	195	65	
<b>j</b> training	<b>43j</b>	1,027	770	257	

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
tiffany mullis brittain 109 simpson st conoVER,NC 28613	past president 0 00	0	0	0
austin grainger 410 7th st ne hickORY,NC 28601	secRETARY 0 00	0	0	0
MERRY BOONE 2883 PALMER DR CONOVER,NC 28613	board Member 0 00	0	0	0
sandy bryant 27 1st ave ne hickORY,NC 28601	BOARD MEMBER 0 00	0	0	0
KATHY WHITE 1815 WATERFORD WAY MORGANTON,NC 28655	president elect 0 00	0	0	0
illora chambers 120 4th st sw HICKORY,NC 28601	BOARD MEMBER 0 00	0	0	0
jane everson 2670 highway 70 east hickORY,NC 28602	BOARD MEMBER 0 00	0	0	0
KIMBERLY GEORGE 534 25TH AVE NW HICKORY,NC 28601	president 0 00	0	0	0
lisa isenhour 347 2nd ave sw hickory,NC 28602	boARD MEMBER 0 00	0	0	0
ROSALIE DE FINI 2058 19TH AVE CR NE HICKORY,NC 28601	SECRETARY 0 00	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
susan curry po box 1729 HICKORY, NC 28603	BOARD MEMBER 0 00	0	0	0
kurt jakusz 910 hwy 321 nw hickory, NC 28601	BOARD MEMBER 0 00	0	0	0
denise volz po box 9148 hickory, NC 28603	Treasurer 0 00	0	0	0
cindy mcree 2050 catawba valley blvd se hickory, NC 28602	BOARD MEMBER 0 00	0	0	0
charlotte williams po box 7273 hickory, NC 28603	BOARD MEMBER 0 00	0	0	0
mai vang Po box 314 connelly springs, NC 28612	BOARD MEMBER 0 00	0	0	0

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2005

Attachment Sequence No 67

(Rev. January 2006) Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

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 Part I calculations: Maximum amount, Total cost, Threshold cost, Reduction in limitation, Dollar limitation.

Table with 13 rows for Part II calculations: Description of property, Cost, Elected cost, Listed property, Total elected cost, etc.

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 4 rows for Part II calculations: Special allowance, Property subject to election, Other depreciation.

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

Section A

Table with 2 rows for Section A: MACRS deductions for assets placed in service in tax years beginning before 2005.

Section B—Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, Depreciation deduction.

Section C—Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

Table with 3 rows for Section C: Class life, 12-year, 40-year.

Part IV Summary (see instructions)

Table with 3 rows for Part IV: Listed property, Total, For assets shown above and placed in service during the current year.

**Part V 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 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 property (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
<b>25</b> Special allowance for for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						<b>25</b>		
<b>26</b> Property used more than 50% in a qualified business use								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
<b>28</b> Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						<b>28</b>		
<b>29</b> Add amounts in column (i), line 26 Enter here and on line 7, page 1							<b>29</b>	

**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

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

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> 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?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI 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
<b>42</b> Amortization of costs that begins during your 2005 tax year (see instructions)					
<b>43</b> Amortization of costs that began before your 2005 tax year				<b>43</b>	
<b>44 Total.</b> Add amounts in column (f) See the instructions for where to report				<b>44</b>	

## TY 2005 Land etc. Schedule

**Name:** WOMEN'S RESOURCE CENTER

**EIN:** 58-1727592

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
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## TY 2005 Special Events Schedule

**Name:** WOMEN'S RESOURCE CENTER

**EIN:** 58-1727592

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
VARIOUS FUNDRAISERS	26,680	0	26,680	6,957	19,723

## TY 2005 Other Income Schedule

**Name:** WOMEN'S RESOURCE CENTER

**EIN:** 58-1727592

Description	2003	2002	2001	2000	Total
other income	3,900	4,009	1,445		9,354
program revenue	1,988		4,607		6,595