# Form **990**

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or the	2023 calendar year, or tax year beginning and	ending					
ВС	heck if pplicable:	C Name of organization		D Employer identific	cation number			
	Address	WOMENS RESOURCE CENTER						
	Name change	Doing business as		58-172759	92			
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address)  125 3RD STREET, NE	Room/suite	E Telephone number 828-322-6333				
	return/ termin-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	267,662.			
	ated Amende return		H(a) Is this a group re	H(a) Is this a group return				
	Applica-			for subordinates	? Yes X No			
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
I T	ax-exe	mpt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions			
	Nebsite	arragraphy on a		H(c) Group exemption				
		organization: X Corporation Trust Association Other	L Year	of formation: 1987 N	1 State of legal domicile: NC			
	art I	Summary						
	1 E	Briefly describe the organization's mission or most significant activities: TO S	UPPORT	WOMEN'S				
Activities & Governance	5	SELF-SUFFICIENCY BY PROVIDING INDIVIDUAL 1	LZED S.	ERVICES AND				
nar	2	Check this box if the organization discontinued its operations or dispo	sed of more	e than 25% of its net ass	sets.			
Ver	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	10			
ဗ္	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	10			
ళ	5 7	Fotal number of individuals employed in calendar year 2023 (Part V, line 2a)			5			
iţie	6 7	Total number of volunteers (estimate if necessary)		6	13			
cţi	7 a 7	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
ď	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
			_	Prior Year	Current Year			
	8 (	Contributions and grants (Part VIII, line 1h)		179,028.	220,657.			
Revenue	9 F	Program service revenue (Part VIII, line 2g)		0.	0.			
	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,666.	3,027.			
Ä	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		38,968.	39,289.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		219,662.	262,973.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,045.	4,300.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		100,838.	119,544.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
per	b	Total fundraising expenses (Part IX, column (D), line 25) 50,7	02.		455 056			
Ě	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		103,202.	157,856.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		209,085.	281,700.			
	19	Revenue less expenses. Subtract line 18 from line 12		10,577.	-18,727.			
50	2		<u> </u> B	leginning of Current Year	End of Year			
Net Assets	20	Total assets (Part X, line 16)		217,655.	201,957.			
ASS	21	Total liabilities (Part X, line 26)		5.	562.			
Net	22	Net assets or fund balances. Subtract line 21 from line 20		217,650.	201,395.			
P	art II	Signature Block						
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedul	es and staten	nents, and to the best of m	y knowledge and belief, it is			
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of v	vhich prepare	er has any knowledge.	(1)			
		respond Nelele Morgan		Data Data	.4			
Sig	jn 🔻	Signature of officer		Date/				
He		JEANNIE M MORGAN, EXECUTIVE DIRECTOR						
		Type or print name and title		Data Charle [	PTIN			
		Print/Type preparer's name Preparer's signature		Date Check [				
Pai	id	FRANK F. WILLIAMS, CPA FRANK F. WILLIA			<sub>lyed</sub> №00645704 56-1761202			
Pre	parer	Tillio Ilailio == == == ==	S, P.A	A. Firm's EIN 5	00-1/01202			
Use	e Only	Firm's address 730 13TH AVENUE DR. SE		. 00	00_227_2727			
_		HICKORY, NC 28602-5196		Phone no. 8 2	28-327-2727			
Ма	ay the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO SUPPORT WOMEN'S SELF-SUFFICIENCY BY PROVIDING INDIVIDUALIZED
	SERVICES AND CONNECTIONS TO LOCAL RESOURCES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 44,836 • including grants of \$ ) (Revenue \$
··u	CASE MANAGEMENT PROGRAM - 5+ WOMEN PER YEAR ARE PROVIDED WITH EXTENDED
	RESOURCES, JOB SEARCH COACHING, COUNSELING, JOB SKILLS, FINANCIAL
	STABILITY COACHING, ASSESSMENT, AND MENTORING FOR UP TO ONE YEAR, WITH
	THE GOAL OF BECOMING FINANCIALLY STABLE AND HOUSING SECURE.
	THE GOAD OF DECOMING FINANCIABLE STABLE AND HOUSING SECORE.
4b	(Code:) (Expenses \$107,848. including grants of \$) (Revenue \$)
	TRANSITIONS PROGRAM - SHORT TERM CASE WORK FOR 300+ WOMEN PER YEAR
	PROVIDING FREE COUNSELING, EMERGENCY HYGIENE PANTRY USE AND NEW HOME
	KITS, SUPPORT GROUPS, WORKSHOPS, GOAL PLANNING AND EDUCATION ON OUTSIDE
	RESOURCES AVAILABLE IN OUR COMMUNITY.
4c	(Code:) (Expenses \$5,750. including grants of \$4,300. ) (Revenue \$)
	WOMENADE - THIS PROGRAM PROVIDES FINANCIAL ASSISTANCE THROUGH ONE-TIME
	GRANTS OF UP TO \$500 TO INDIVIDUALS WHO ARE OTHERWISE SELF-SUFFICIENT
	BUT ARE EXPERIENCING A TEMPORARY SETBACK OR FINANCIAL HARDSHIP.
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 158,434.
	Form <b>990</b> (2023)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L,		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
0	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			<b>.</b>
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the approximation projection on office approximation of the Helbert Oletton	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<del>  17</del> 4		<del></del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		4.5		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<b> </b> ₩
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			٠,,
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		x
h	Schedule K. If "No," go to line 25a	24a 24b		<u> </u>
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		<del>                                     </del>
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			,,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?  f	28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		<del></del>
_	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSa		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Щ.
4 -	Entantha number reported in her 2 of Form 1000 Fator 0 if and analisable		Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	Х	
			000	

023) WOMENS RESOURCE CENTER

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	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)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	, , , , , , , , , , , , , , , , , , , ,								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a				v					
	any contributions that were not tax deductible as charitable contributions?	6a		_X_					
D	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
7	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	7.		Х					
a h	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," did the organization potify the dopper of the years of the goods or services provided?	7a 7b							
р	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10							
С	to file Form 8282?	7c		х					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f									
g									
h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b									
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	_							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4							
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders 11a	-							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120							
а	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.	13a							
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
c	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 10 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 10 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Another's website \_\_ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JEANNIE M MORGAN - 828-322-6333

Form **990** (2023)

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28601

3RD STREET, NE, HICKORY,

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	(D)  Reportable compensation	(E)  Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Dispersion		Highest compensated Lary		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) JEANNIE M MORGAN	1.00	.,						47.047	0	
EXECUTIVE DIRECTOR	1 00	Х						47,947.	0.	0.
(2) PATTI MOORE	1.00	7.7							0	_
BOARD MEMBER (3) ANGELA PATEL	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(4) DEISY ZAVALA VAZQUEZ	1.00								-	
BOARD MEMBER - SECRETARY		Х						0.	0.	0.
(5) DOUGLAS LOCASCIO	1.00									
BOARD MEMBER - TREASURER		Х						0.	0.	0.
(6) SARAH SAKATOS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) TIFFANY WILLIAMS KAHN	1.00									
PRESIDENT				Х				0.	0.	0.
(8) LYNN NELSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) STACI WILSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) KATHERINE CAMPBELL	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(11) STEPHANIE HOLLAND	1.00									
BOARD MEMBER		Х						0.	0.	0.
-										
										Earm 990 (2022)

Form 990 (2023) WOMENS RE	ESOURCE	CE	NT	ER					58-1727	7592 Page <b>8</b>
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
<b>(A)</b> Name and title	(B) Average hours per week	box, offic	not cl unles	ss per	ition more rson is	than o s both or/trus	an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Key employee Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
total (add lines 1b and 1c)  Total number of individuals (including but no	I, Section A							47,947. 0. 47,947.	0. 0.	0.
Total number of individuals (including but no compensation from the organization	ot iimited to tri	ose —	IISTE	u ab	——	-) WII	о re	eceived more than \$100,	ooo or reportable	Yes No
<ul> <li>Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for st</li> <li>For any individual listed on line 1a, is the su</li> </ul>	uch individual									3 X
<ul> <li>and related organizations greater than \$150</li> <li>Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com</li> </ul>	0,000? <i>If</i> "Yes, accrue compen	" co satio	<i>mple</i> on fr	ete S om a	Sche any	edule unre	J f	or such individual ed organization or individ	dual for services	4 X 5 X
Section B. Independent Contractors	piete Scriedule	<del>)</del> J 10	or su	ICH L	<i>jers</i>	OII .				
Complete this table for your five highest conthe organization. Report compensation for the organization.										
(A) Name and business	address	NC	ONE	<u> </u>				(B) Description of s	ervices	(C) Compensation
Total number of independent contractors (ir \$100,000 of compensation from the organization from the organization)	•	ot lin	nited	to t	thos C		ted	above) who received mo	ore than	Form <b>990</b> (2023)

Form 990 (2023) WOMENS
Part VIII Statement of Revenue

			Check if Schedule O contain	ns a response o	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
Sυ	1	<u> </u>	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		12,081.				
ية ق			Fundraising events		12,0010				
ffs,			Related organizations						
ig ig					50,850.				
ns, Sirr			Government grants (contribution		30,030.				
utic		T	All other contributions, gifts, grants,		157 726				
章			similar amounts not included above		157,726.				
ont		_	Noncash contributions included in lines 1a-			220 657			
O g		n	Total. Add lines 1a-1f			220,657.			
					Business Code				
<u>ic</u>	2								
Program Service Revenue		b							
n S		С							
ran 3ev		d							
og F		е							
<u>-</u>			All other program service revenu						
		g	Total. Add lines 2a-2f						
	3		Investment income (including di	vidends, intere	st, and				
			other similar amounts)		3,027.			3,027.	
	4		Income from investment of tax-e	exempt bond p	roceeds				
	5		Royalties						
			_	(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>						
		b	Less: cost or other basis						
ē			and sales expenses <b>7b</b>						
her Revenue		С	Gain or (loss) 7c						
Je V			Net gain or (loss)						
e			Gross income from fundraising ever	<b> </b>					
퉏	_		including \$	· ·					
			contributions reported on line 10						
			Part IV, line 18	´ I	43,978.				
		b	Less: direct expenses		4,689.				
			Net income or (loss) from fundra			39,289.			39,289.
			Gross income from gaming activ						, , , , , ,
	•	_	Part IV, line 19	<b> </b>					
		h	Less: direct expenses						
			Net income or (loss) from gamin						
			Gross sales of inventory, less re						
	10	u	and allowances						
		h	Less: cost of goods sold	<b>I</b>					
			Net income or (loss) from sales of						
-		U	Net income of (loss) from sales (	or inventory	Business Code				
ns	44	•			Zaomoss oode				
e e	• •								
Miscellaneous Revenue									
Sce		ç	All other revenue						
Ž			All other revenue						
			Total. Add lines 11a-11d			262,973.	0.	0.	42,316.
	12		<b>Total revenue.</b> See instructions			404,313.	ι υ•	ı ∪•∣	44,310.

332009 12-21-23

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 4,300. 4,300. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, 4,795. 47,947. 28,768. 14,384. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 64,049. 45,179. 10,783. 8,087. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 7,548. 3,368. 1,696. 2,484. 10 Payroll taxes Fees for services (nonemployees): Management Legal 1,800. 1,800. Accounting Lobbying Professional fundraising services. See Part IV, line 17 75. 75. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 7,020. 7,020. column (A), amount, list line 11g expenses on Sch O.) 7,531. 7,531. Advertising and promotion 12 1,953. 1,953. Office expenses 13 2,221. 2,221. Information technology 14 15 Royalties 13,693. 13,693. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 11,283. 11,283. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 230. 230. Depreciation, depletion, and amortization 22 2,417. 2,417. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 91,768. 91,768. PROGRAM EXPENSE - PANTR REPAIRS & MAINTENANCE 7,177. 7,177. 5,149. 5,149. OTHER EXPENSE 2,287. 2,287. TELEPHONE 2,004. 3,252. 1,168. 80. All other expenses 281,700. 158,434. 72,564. 50,702. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X | Balance Sheet

Pai	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			120,610.	1	99,738
	2	Savings and temporary cash investments		22,946.	2	13,319	
	3	Pledges and grants receivable, net	100.	3			
	4	Accounts receivable, net			1,234.	4	1,315
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual	ified per	ns sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	ion 4958(c)(3)(B)		6	
S)	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Duran aid assessment and defended also are				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	21,662.			
	b	Less: accumulated depreciation		20,575.	1,317.	10c	1,087 86,498
	11	Investments - publicly traded securities		71,448.	11	86,498	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ		1	217,655.	16	201,95
	17	Accounts payable and accrued expenses			5.	17	562
	18	Grants payable		1		18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
0	22	Loans and other payables to any current or form	ner offic	er, director,			
פ		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se pers	ns		22	
Ě	23	Secured mortgages and notes payable to unrel	ated thi	d parties		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	ayables	o related third			
		parties, and other liabilities not included on line	s 17-24)	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			5.	26	562
		Organizations that follow FASB ASC 958, che	eck her	X			
ses		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			217,650.	27	201,39
Ö	28	Net assets with donor restrictions				28	
na		Organizations that do not follow FASB ASC 9	958, che	ck here			
ב		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current funds				29	
ser	30	Paid-in or capital surplus, or land, building, or e				30	
F	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			217,650.	32	201,395
	33	Total liabilities and net assets/fund balances			217,655.	33	201,957

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>2,9</u>					
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,7 8,7					
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5		2,4	72.				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	20	201,395.					
Part XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: X Cash Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b		Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c						
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.							
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х				
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit									
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b						
			Form	990	(2023)				

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WOMENS RESOURCE CENTER Employer identification number 58-1727592

Pa	rt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.				
he	organi	zation is not a private found									
1		A church, convention of chu	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	)(A)(i).				
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)						
3		A hospital or a cooperative		•		(b)(1)(A)(ii	i).				
4	$\Box$	A medical research organiza	· ·					the hospital's name,			
		city, and state:	·					•			
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
_		section 170(b)(1)(A)(iv). (Complete Part II.)									
6				nental unit described in	section 17	70(h)(1)(A)	(v)				
	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
•		section 170(b)(1)(A)(vi). (Co	•	ittai part of its support ii	om a gove	illincina i	anit of from the general p	Jubile described in			
8		A community trust describe		1VAVvi) (Complete Par	+ II \						
9	H	•			•	nd in conju	unction with a land grant	collogo			
9	ш	An agricultural research org				-	-	-			
		or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the i	iame, city	, and state of the college	e Or			
40		university:	Ulu raasiyaa (1) mara t	than 22 1/20/ of its ours	out from o	ontribution	a mambarahin taga an	d areas ressints from			
10		An organization that normal									
		activities related to its exem		•	` '			•			
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquii	red by the organization a	iπer June 30, 1975.			
		See section 509(a)(2). (Cor	-		(-t- 0		20(-)(4)				
11	H	An organization organized a	•	•	•						
12	Ш	An organization organized a	•	•	-		· · · · · · · · · · · · · · · · · · ·				
		more publicly supported org	-					check the box on			
		lines 12a through 12d that o	* *								
а		Type I. A supporting orga	•	•	•	-					
		the supported organization			majority o	the direc	tors or trustees of the su	pporting			
		organization. <b>You must c</b>	-								
b		Type II. A supporting orga	•					•			
		control or management of			ame perso	ns that co	ntrol or manage the supp	ported			
	_	organization(s). You mus	- · · · · · · · · · · · · · · · · · · ·								
С		Type III functionally inte						ed with,			
		its supported organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ctions A,	D, and E.				
d											
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness			
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
е		Check this box if the orga	nization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III				
		functionally integrated, or	Type III non-function	nally integrated supportion	ng organiz	ation.					
f		r the number of supported o									
g		vide the following information			(iv) le the oraș	inization listed	(A) American of more metals	(.:\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	(1	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
		organization		above (see instructions))	Yes	No	Support (See motraditions)	Support (See Instructions)			
ota	ıl						I	1			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	108,823.	144,558.	251,178.	282,944.	259,956.	1047459.
2	Tax revenues levied for the organ-	,				•	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	108,823.	144,558.	251,178.	282.944.	259,956.	1047459.
	The portion of total contributions						
Ū	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
6	column (f)  Public support. Subtract line 5 from line 4.						1047459.
	etion B. Total Support						1047433.
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	108,823.	144,558.	251,178.	282,944.	259,956.	1047459.
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,814.	1,907.	1,968.	1,666.	3,027.	11,382.
۵	Net income from unrelated business	2,011.	1,507.	1,500.	1,000.	3,027.	11,302.
9							
	activities, whether or not the						
10	business is regularly carried on  Other income. Do not include gain						
10	or loss from the sale of capital						
	·	429.		74.			503.
44	assets (Explain in Part VI.)  Total support. Add lines 7 through 10	447.		/ 4 •			1059344.
	Gross receipts from related activities,	oto (ooo inatruotia	.no)			12	20.
	First 5 years. If the Form 990 is for the	•	,	ourth or fifth toy		-	201
13	organization, check this box and stop	-					
Sec	etion C. Computation of Publi						·····
	Public support percentage for 2023 (li			olumn (f))		14	98.88 %
	Public support percentage from 2022					15	98.62 %
	33 1/3% support test - 2023. If the o						
100	stop here. The organization qualifies	-					37
h	33 1/3% support test - 2022. If the o		-				
	and <b>stop here.</b> The organization qual						
<b>17</b> a	10% -facts-and-circumstances test						
114	and if the organization meets the facts	_					
	·			=		_	
h	meets the facts-and-circumstances te	_		*	-	7a and line 15 is:	
D	10% -facts-and-circumstances test	_					1070 UI
	more, and if the organization meets the				-		
10	organization meets the facts-and-circu				•		
10	<b>Private foundation.</b> If the organization	n did not check a f	JUX UIT IIITE TO, TO	i, 100, 178, 01 17D	, check this box ar		(Form 990) 2023

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

# Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	1		
	2		
3	Ва		
3	3b		
3	ВС		
	la		
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4	lb		
4	ŀc		
5	ā		
	<sub>b</sub> b		
5	ic		
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	7		
	8		
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g	а		
ç	b		
	)c		
1	0a		
1	0b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<del></del>	the supported organization(s).	1		
Seci	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ıs).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction		ı
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	01		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
h	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
IJ	and the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. Schedule A (Form 990) 2023 332025 12-21-23

3b

Schedule	Δ	(Form	aan)	2022

5

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Schedule A (Form 990) 2023

e Excess from 2023

### Schedule B

(Form 990)

## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.

Department of the Treasury
Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF.

Go to www.irs.gov/Form990 for the latest information.

2023

Schedule B (Form 990) (2023)

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

WOMENS RESOURCE CENTER 58-1727592 Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization Employer identification number

# WOMENS RESOURCE CENTER

58-1727592

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BEAVER FAMILY FOUNDATION  2425 N CENTER ST #362  HICKORY, NC 28601	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	TSH CHARITABLE FOUNDATION  2425 N CENTER ST #362  HICKORY, NC 28601	\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	E RHODES AND LEONA B CARPENTER FOUNDATION  PO BOX 879  CONOVER, NC 28613	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SUSAN FLEETWOOD  1859 CRAFTON RD  HICKORY, NC 28602	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SHIRLEY GACHET  3131 9TH STREET DRIVE NE  HICKORY, NC 28601	\$5,000 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 12-24	COSETTE PHARMACEUTICALS INC.  101 COOLIDGE ST  SOUTH PLAINFIELD, NJ 07080	\$5,000 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

# WOMENS RESOURCE CENTER

58-1727592

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

Page **4** 

Name of organization **Employer identification number** WOMENS RESOURCE CENTER 58-1727592 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

WOMENS RESOURCE CENTER

**Employer identification number** 58-1727592

Pai	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		milar Funds or Ad	counts. Complete if the
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	d in donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose conferr	ring
	impermissible private benefit?			Yes No
Pai	T II Conservation Easements. Complete if the organization	anization answered "Yes	on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	tion in the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic structure.			2c
d	Number of conservation easements included on line 2c acquir	ed after July 25, 2006, a	nd not	
	on a historic structure listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			ization during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection	on, handling of	
	violations, and enforcement of the conservation easements it l	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	d enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enfo	orcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements	of section 170(h)(4)(B)(i	)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's f	financial statements the	at describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rever	nue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education,	or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that desc	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherance	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(m)			•
2	If the organization received or held works of art, historical trea-	sures, or other similar as	sets for financial gain,	provide
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	-		\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023

332051 09-28-23

	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Othe	r Simila		6 (continu		ge Z
3	Using the organization's acquisition, accession							<u> 100)</u>	
	collection items (check all that apply).	,	,	3	3				
а	Public exhibition	d	Loan or excl	hange program					
b	Scholarly research	е		0 1 0					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt purp	ose in Part	XIII.		
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's col	lection?			Yes		No
Par	t IV Escrow and Custodial Arrang		e if the organization	answered "Yes" on	Form 99	0, Part IV, li	ne 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia	an, or other intermed	iary for contribution	s or other assets no	t included	i	_		
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:			1			
							Amount		
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
f	Ending balance							_	<u> </u>
	Did the organization include an amount on Fo				lity?		_ Yes		No
Par	If "Yes," explain the arrangement in Part XIII.								
Fai	TV Endowment Funds Complete if	(a) Current year				vyooro book	(a) Four	vooro l	2001
	Designation of consultations		(b) Prior year 13,306.	(c) Two years back	(u) Tillet	years back	(e) Four		
	Beginning of year balance	13,312.	13,306.	13,306.		12,335.	$\vdash$	10,6	<u> </u>
b			6.			1,213.		1 5	335.
_	Net investment earnings, gains, and losses		0.			1,213.			
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs					242.			117.
	Administrative expenses	13,312.	13,312.	13,306.		13,306.		12,3	
g	End of year balance  Provide the estimated percentage of the curre	· · · ·	•		<u> </u>	15,500.			
2	Board designated or quasi-endowment	•	(ilile rg, column (a)	) Held as.					
b		%							
C	The percentages on lines 2a, 2b, and 2c shou	· <del>-</del>							
За	Are there endowment funds not in the posses	•	tion that are held an	nd administered for t	he				
- Ou	organization by:	solon of the organizat	ion that are from an				Г	Yes	No
							3a(i)		X
							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization								
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumula	ted	(d) Book	value	<del></del>
	,	basis (investm	ient) basis	(other) de	epreciatio	n			
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment		62.		20,5	75.	1	.,08	37.
	Other								
	Add lines to through to (O. t (d)			(D))	·		1	0.8	₹7

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 WOMENS RESO	URCE CENTER	58	-1727592 Page <b>3</b>
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Tatal (Col. (h) must equal Form 000, Part V, line 10, col. (P))			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Part IV line 1	1c. Soc Form 990. Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d of year market value
	(b) book value	(c) Method of Valuation. Cost of end	1-01-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	Г
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, con	(B))		
Part X Other Liabilities	-,-,,		•
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			I

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... Schedule D (Form 990) 2023

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

Pa	rt XI Reco	onciliation of Revenue per Audited Financial S	tatements With Revenue	per Return	
	Comp	lete if the organization answered "Yes" on Form 990, Part IV	, line 12a.		
1	Total revenue	, gains, and other support per audited financial statements		1	
2	Amounts incl	uded on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealize	d gains (losses) on investments	2a		
b		ices and use of facilities			
С		prior year grants			
d	Other (Descri	be in Part XIII.)	2d		
е		•			
3		2e from line 1		3	
4		uded on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		xpenses not included on Form 990, Part VIII, line 7b			
b		be in Part XIII.)	4b		
С	Add lines 4a				
<u>5</u>	Total revenue	e. Add lines 3 and 4c. (This must equal Form 990, Part I. line pnciliation of Expenses per Audited Financial S	12.)		
Ра			•	s per neturn	
		lete if the organization answered "Yes" on Form 990, Part IV			
1		es and losses per audited financial statements		1	
2		uded on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a		ices and use of facilities			
b		ustments			
C		hada Dad VIII )			
d	•	be in Part XIII.)		00	
e o		through 2d			
3 4		<b>2e</b> from line <b>1</b> uded on Form 990, Part IX, line 25, but not on line 1:			
a		kpenses not included on Form 990, Part VIII, line 7b	4a		
a b		be in Part XIII.)			
	Add lines 4a			4c	
5		es. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, lin			
	rt XIII Supp	plemental Information	<i>- 10.</i> /	, <u>-</u> ,	
Prov	ide the descrip	tions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; Part	V, line 4; Part X, line 2; Part	XI,
lines	2d and 4b; an	d Part XII, lines 2d and 4b. Also complete this part to provide	e any additional information.		

## SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number 58-1727592 WOMENS RESOURCE CENTER Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

**Part II** Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b.

4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses ummary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 2 (a) Bingo  (a) Bingo  (b) Pull tabs/instant bingo/progressive bingo  (c) Other gaming  (d) Total gaming (add col. (a) through col. (c)  1 Gross revenue  (a) Bingo  (b) Pull tabs/instant bingo/progressive bingo  (c) Other gaming  (d) Total gaming (add col. (a) through col. (c)  1 Gross revenue  2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses  (a) Yes % Yes % Yes %  (b) Yes Mo No  (c) Other gaming  (d) Total gaming (add col. (a) through col. (c)  (d) Total gaming (add col. (a) through col. (c)  (d) Total gaming (add col. (a) through col. (c)  (d) Total gaming (add col. (a) through col. (c)  (d) Total gaming (add col. (a) through col. (c)  (e) Other gaming  (f) Pull tabs/instant bingo/progressive bingo  (c) Other gaming  (d) Total gaming (add col. (a) through col. (c)  (d) Total gaming (add col. (a) through col. (c)  (d) Total gaming (add col. (a) through col. (c)  (e) Other gaming  (f) Pull tabs/instant bingo/progressive bingo  (o) Other gaming  (o) Oth			of fundraising event contributions and gro	oss income o	n Form 990	-EZ, lines 1 and 6b. List	events with gross receipt	ts greater than \$5,000.
ART IN THE PARK TUSSDAY  (event type) (event type) (total number)  1 Gross receipts 29,344. 11,150. 3,484. 43,978.  2 Less: Contributions 29,344. 11,150. 3,484. 43,978.  4 Cash prizes 5 Noncash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 4,689. 11 Net income summary. Subtract line 10 from line 3, column (d) 1 Gross revenue 1 Gross reven				(a) Eve	nt #1	(b) Event #2	(c) Other events	(d) Total avents
PARK TUESDAY 4 (event type) (cevent type) (total number)  1 Gross receipts 29,344. 11,150. 3,484. 43,978.  2 Less: Contributions 29,344. 11,150. 3,484. 43,978.  4 Cash prizes  5 Noncash prizes  6 Rent/facility costs  7 Food and beverages  8 Entertainment 2,875. 1,814. 4,689.  10 Direct expenses summary. Add lines 4 through 9 in column (d) 4,689.  1 Todos revenue  1 Gross revenue  2 Cash prizes  (a) Bingo (b) Pull tabs/instant bingo/progress/w bingo (c) Other gaming (add col. (a) through col. (c)  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  6 Pont/facility costs  (a) Bingo (b) Pull tabs/instant bingo/progress/w bingo (c) Other gaming (add col. (a) through col. (c)  7 Direct expenses summary. Add lines 2 through 5 in column (d) No				ART IN	THE	GIVING		' '
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1 Gross receipts 29,344. 11,150. 3,484. 43,978.  2 Less: Contributions 2 29,344. 11,150. 3,484. 43,978.  4 Cash prizes 5 Noncash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 7 Food and beverages 7 Food and beverages 8 Entertainment 9 Other direct expenses summany. Add lines 4 through 9 in column (d) 4,689. 11 Net rooms summany. Subtract line 10 from ins 3, column (d) 39,289.  Part III Gaming. Complete if the organization answered "Yes" on Form 990. Part IV. line 19, or reported more than \$15,000 on Form 980-EZ, line 6a.  (a) Bingo (b) Pull labishinstant bingorprogressive bingo (c) Other gaming (add col. (a) through col. (c) through col. (c) Therefore the prizes 9 Tother direct expenses summany. Add lines 2 through 5 in column (d) 8 Net gaming income summany. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conduct gaming activities: a is the organization licensed to conduct gaming activities: a is the organization licensed to conduct gaming activities: a is the organization licensed to conduct gaming activities: a is the organization is gaming licenses revoked, suspended, or terminated during the tax year? Yes No.					tyne)		<b>L</b>	col. <b>(c)</b> )
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3 Gross income (line 1 minus line 2)	щ							
4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 2 / 875. 1 / 814. 4 / 689. 3 9 / 289.  Part III Garning. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (add col. (a) through col. (c) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor Ves W Yes W Yes W Yes W Yes W No		2	Less: Contributions					
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5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 2,875. 1,814. 4,689. 10 Direct expense summary. Add lines 4 through 9 in column (d) 39,289.  Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (add col. (a) through col. (c) other gaming (add			,		-			
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8 Entertainment 9 Other direct expenses 2,875. 1,814. 4,689. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 39,289.    Part III   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    (a) Bingo   (b) Pull labs/instant bingo/progressive bingo   (c) Other gaming   (d) Total gaming (add col. (a) through col. (c)   1 Gross revenue   2 Cash prizes   3 Noncash prizes   4 Rent/facility costs   5 Other direct expenses   Yes   96   Yes   96   Yes   96   2 For the repair of the organization conducts gaming activities in each of these states?   Yes   No   No   No   No   No   No   No   N	ses							
8 Entertainment 9 Other direct expenses 2,875. 1,814. 4,689. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 39,289.    Part III   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    (a) Bingo   (b) Pull labs/instant bingo/progressive bingo   (c) Other gaming   (d) Total gaming (add col. (a) through col. (c)   1 Gross revenue   2 Cash prizes   3 Noncash prizes   4 Rent/facility costs   5 Other direct expenses   Yes   96   Yes   96   Yes   96   2 For the repair of the organization conducts gaming activities in each of these states?   Yes   No   No   No   No   No   No   No   N	en	6	Rent/facility costs					
8 Entertainment 9 Other direct expenses 2,875. 1,814. 4,689. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 39,289.    Part III   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    (a) Bingo   (b) Pull labs/instant bingo/progressive bingo   (c) Other gaming   (d) Total gaming (add col. (a) through col. (c)   1 Gross revenue   2 Cash prizes   3 Noncash prizes   4 Rent/facility costs   5 Other direct expenses   Yes   96   Yes   96   Yes   96   2 For the repair of the organization conducts gaming activities in each of these states?   Yes   No   No   No   No   No   No   No   N	Ĕ							
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8 Entertainment 9 Other direct expenses 2,875. 1,814. 4,689. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 39,289.    Part III   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    (a) Bingo   (b) Pull labs/instant bingo/progressive bingo   (c) Other gaming   (d) Total gaming (add col. (a) through col. (c)   1 Gross revenue   2 Cash prizes   3 Noncash prizes   4 Rent/facility costs   5 Other direct expenses   Yes   96   Yes   96   Yes   96   2 For the repair of the organization conducts gaming activities in each of these states?   Yes   No   No   No   No   No   No   No   N	)ire		•					
9 Other direct expenses   2,875   1,814   4,689   10 Direct expense summary. Add lines 4 through 5 in column (d)   39,289    Part III   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo   (b) Pull tabs/instant   (c) Other gaming   (d) Total gaming (add col. (a) through col. (c)   1 Gross revenue   2 Cash prizes   2 Cash prizes   3 Noncash prizes   4 Rent/facility costs   4 Rent/facility costs   5 Other direct expenses   Yes		8	Entertainment					
10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 39 , 289  Part III Garning. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (cd) (d) Total gaming (add col. (a) through col. (c)  1 Gross revenue  2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses  6 Volunteer labor   Yes		a			2 875.		1 814.	4 689.
11 Net income summary. Subtract line 10 from line 3, column (d)   39 , 289		40						
Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (add col. (a) through col. (c) and through col. (c) (a) through col. (c) (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (add col. (a) through col. (c) and through col. (c) (a) through col. (c) (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (add col. (a) through col. (c) (a) through col. (c) (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming col. (a) through col. (c) Other gaming col. (d) through col. (d) th								
\$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col. (a) through col. (c)  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2 through 5 in column (d)  8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?  10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Do	11 r+ 1						39,409.
(a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (add col. (a) through col. (c)  1 Gross revenue	Га	ונו		answered "Ye	es" on Form	1990, Part IV, line 19, or	reported more than	
1 Gross revenue   bingo/progressive bingo   (c) Orner gaming   col. (a) through col. (c)    2 Cash prizes   2 Cash prizes   3 Noncash prizes   4 Rent/facility costs   5 Other direct expenses   Yes   % Yes   % Yes   % Yes   % No   No   No   No   No   No   No			\$15,000 on Form 990-EZ, line 6a.			1	<u> </u>	1
2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses    Yes	Ф			(a) Bi	ngo		(c) Other gaming	
2 Cash prizes  4 Rent/facility costs  5 Other direct expenses    Yes	ne Du					bingo/progressive bingo		coi. (a) through coi. (c))
2 Cash prizes  4 Rent/facility costs  5 Other direct expenses    Yes	eve							
3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2 through 5 in column (d)  8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes No	ш.	1	Gross revenue					
3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2 through 5 in column (d)  8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes No								
3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2 through 5 in column (d)  8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes No		2	Cash prizes					
5 Other direct expenses	ses							
5 Other direct expenses	Sen	3	Noncash prizes					
5 Other direct expenses	EX							
5 Other direct expenses	ž		Pont/facility costs					
5 Other direct expenses	i,	4	nerioraciiity costs					
6 Volunteer labor	_							
6 Volunteer labor No No No No No No No Volunteer labor No No Volunteer labor No		5	Other direct expenses	<del> </del>				
7 Direct expense summary. Add lines 2 through 5 in column (d)  8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes No				Yes_	%	Yes %	Yes %	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes No		6	Volunteer labor	L No		│ No	No	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes No								
9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes No		7	Direct expense summary. Add lines 2 through	n 5 in column	(d)			
9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes No								
a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes No		8	Net gaming income summary. Subtract line 7	from line 1, o	column (d)			
a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes No								
a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes No	9	Ent	ter the state(s) in which the organization condu	icts gaming a	ctivities:			
b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  18 Yes No								Yes No
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No								· —
	-							
	100	\\/_	are any of the organization's gaming licenses of	avoked cucos	anded or to	rminated during the tax	vear?	Vac Na
b ii Tes, explaii.								res . NO
	a	11 "	res, explain:					
		_						

332082 09-13-23 Schedule G (Form 990) 2023

Schedule G (Form 990) 2023 WOMENS RESOURCE CEN'	<u>rer 58-17</u>	<u> 12759</u>	2 Page <b>3</b>
11 Does the organization conduct gaming activities with nonmembers?		Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member			
to administer charitable gaming?		Yes	No No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility		13a	%
		13b	——————————————————————————————————————
b An outside facility		130	70
14 Enter the name and address of the person who prepares the organization'	s gaming/special events books and records.		
Name			
Address			
15a Does the organization have a contract with a third party from whom the or	ganization receives gaming revenue?	Yes	No
b If "Yes," enter the amount of gaming revenue received by the organization	\$ and the amount		
of gaming revenue retained by the third party \$			
c If "Yes," enter name and address of the third party:			
, ,			
Name			
Address			
46 Coming manager information			
<b>16</b> Gaming manager information:			
Name			
Gaming manager compensation \$			
Description of services provided			
-			
Director/officer Employee Indep	endent contractor		
17 Mandatory distributions:			
<b>a</b> Is the organization required under state law to make charitable distribution	ns from the gaming proceeds to		
retain the state gaming license?	3 31	Yes	No
<b>b</b> Enter the amount of distributions required under state law to be distributed	d to other exempt organizations or spent in the		
organization's own exempt activities during the tax year \$	s to other exempt enganizations of epone in the		
Part IV Supplemental Information. Provide the explanations requ	uired by Part I, line 2b, columns (iii) and (v): and Part	III lines C	9h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional		III, III 103 0	, 55, 165,
Tob, Toc, To, and Trb, as applicable. Also provide any additional	Thornation. See instructions.		

Schedule G (Form 990) WOMENS RESOURCE CENTER 58-1727592 Part IV Supplemental Information (continued)	

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection
Employer identification number

	WOMENS RESOU.	RCE CE	NTER		58-1	12/55	94	
Pai	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	termining	-	i
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (FOOD DRIVE PANT)	Х	2,500	94,311.	FMV			
26	Other (DELL LAP TOP)	X	2	1,188.				
27	Other ( )		_	1,100.	1114			
28	Other ( )							
<u>20</u> 29	Number of Forms 8283 received by the organiz	zation during	the tay year for o	ontributions				
23	for which the organization completed Form 826	_	•					
	for which the organization completed form oze	55, i ait v, D	onee Acknowledg	ement <u>23  </u>		Tv	es	No
202	During the year, did the organization receive by	, contributio	n any proporty rop	orted in Part Llines 1 throug	sh 28 that it		<u>es</u>	NO
Sua	must hold for at least 3 years from the date of							
						200		Х
L	exempt purposes for the entire holding period?					30a		21
	If "Yes," describe the arrangement in Part II.	action that "a	auiros tho roview	of any panetandard contribut	tions?	24		Y
31	Does the organization have a gift acceptance p	•	•	•	LIUTIS?	31	$\dashv$	<u> </u>
32a	Does the organization hire or use third parties					00.5		v
	contributions?					32a		X
	If "Yes," describe in Part II.	-1 ( ) 5		Annual Calendary	al and			
33	If the organization didn't report an amount in c	oiumn (c) for	a type of property	ror which column (a) is che	cked,			
	describe in Part II.							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2023

332142 09-11-23

## SCHEDULE O (Form 990)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2023
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

WOMENS RESOURCE CENTER

Employer identification number 58-1727592

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CONNECTIONS TO LOCAL RESOURCES. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR PRIOR TO SUBMISSION. FORM 990, PART VI, SECTION B, LINE 12C: MEMBERS OF THE BOARD OF DIRECTORS AND ALL EMPLOYEES ARE PERIODICALLY ASKED THERE EXISTS OR POTENTIALLY EXISTS ANY POSSIBLE CONFLICT OF INTEREST WITH ANY AND ALL PARTIES ENGAGED WITH THE ORGANIZATION. FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR AND ALL OTHER EMPLOYEES ARE REVIEWED BY THE INDEPENDENT BOARD OF DIRECTORS BASED ON PERFORMANCE AND COMPARATIVE STANDARDS IN WESTERN NORTH CAROLINA FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S TAX RETURNS ARE AVAILABLE UPON REQUEST AS WELL AS ON WWW.GUIDESTAR.ORG FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ALL OF ITS GOVERNING DOCUMENTS INCLUDING ITS TAX RETURN, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THROUGHOUT THE YEAR.

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

Schedule O (Form 990) 2023