Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Δ	For the 2	2004 calendar year, or tax year beginning	JUL 1, 2004	and en	ding JUN 30, 2	005	
_		Ricco C Name of organization	<u> </u>		D Em	ployer ide	entification number
В	Check if applicable	Please Use IRS					
Г	Addres	s label or CONGRETIENT DECOTEDE	CENTER		6	2-13	08387
F	change Name	type. Number and street for D.O. how if mail is		c)	Room/suite E Tel		
늗	lchange lnitial			3)		•	81-1036
닏	return Final	Specific 412 METROPLEX DRIVE				ounting meth	
F	return Amend	tions. City or town, state or country, and ZIP +			السرا	Other (specify)	
누	return	MASUATION, IN 21/21	V1) nonevemnt charitable tr	uete	11		
L	pendin	must attach a completed Schedule A (Form	990 or 990-EZ).	u 0 13	H and I are not applicable		
		·	·		H(a) Is this a group return		
		:▶WWW.COMMUNITY-RESOURCE		7 507	H(b) If "Yes," enter number		
		ation type (check only one) ► X 501(c) (3) (in		527	H(c) Are all affiliates include (If "No," attach a list.)	ea? M	/A Yes No
		ere 🕨 🔛 if the organization's gross receipts are no			H(d) is this a separate retui	n filed by	an or-
		ition need not file a return with the IRS; but if the organ			ganization covered by		uling? Yes X No
	in the ma	ail, it should file a return without financial data. Some s	tates require a complete retu	ırn.	I Group Exemption Nur		
					1		on is not required to attach
_		ceipts: Add lines 6b, 8b, 9b, and 10b to line 12	1,582,6		Sch. B (Form 990, 99	0-EZ, or 9	90-PF).
LP	art I	Revenue, Expenses, and Changes i		d Bala	inces	, ,	
	1	Contributions, gifts, grants, and similar amounts rec			1		
	a	Direct public support			1,395,935		
	b				17,472	4	
	C	Government contributions (grants)		1c		1	
	d	and the second s	160,863. noncash:	\$	1,252,544.	1d	1,413,407.
	2	Program service revenue including government fees	and contracts (from Part VII,	line 93)		2	64,771.
	3	Membership dues and assessments				3	
	4	Interest on savings and temporary cash investments				4	244.
	5	Dividends and interest from securities				5	
	6 a	Gross rents SEE	STATEMENT 1	6a	11,886		
	b	Less: rental expenses				1	
	C	Net rental income or (loss) (subtract line 6b from lin	6c	11,886.			
a:	, 7	Other investment income (describe)	7	
Revenue	8 a	Gross amount from sales of assets other	(A) Securities		(B) Other		
eVe		than inventory		8a		1 I	
œ	ь	Less: cost or other basis and sales expenses		8b	392	.1	
	C	Gain or (loss) (attach schedule)		8c	<392		
	d				*	84	<392.
	9	Special events and activities (attach schedule). If any					
	a	Gross revenue (not including \$					
		reported on line 1a)		9a	92,295		
	Ь	Less: direct expenses other than fundraising expens	es	9b	21,684		
	C	Net income or (loss) from special events (subtract li				9c	70,611.
	10 a	_					, , , , , , , , ,
	b					7	
	C	Gross profit or (loss) from sales of inventory (attach			10a)	10c	
	11	Other revenue (from Part VII, line 103)				11	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c,	10c. and 11)		•••••		1,560,527.
	13	Program services (from line 44, column (B))				13	1,507,971.
Expenses	14	Management and general (from line 44, column (C))	••••••••••••		••••••		69,853.
Ë	15					15	13,909.
Ä	16	Payments to affiliates (attach schedule)			••••••		
	17	Total expenses (add lines 16 and 44, column (A))				17	1,591,733.
	18	Excess or (deficit) for the year (subtract line 17 from	line 12)			18	<31,206.>
ete	19	Net assets or fund balances at beginning of year (fro	m line 73, column (A))			19	1,414,369.
Net	20	Other changes in net assets or fund balances (attach	explanation)			20	0.
	21	Net assets or fund balances at end of year (combine	lines 18, 19, and 20)	<u></u>		21	1,383,163.
4230 01-1	001 13-05	LHA For Privacy Act and Paperwork Reduction Ac					Form 990 (2004)

P	Part II Statement of All org	anizatio) organ	izations and section 4947	a)(1) nonexempt charitable	trusts but optional for othe	rs.
=	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)					
	(cash \$noncash \$	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25	55,777.	8,367.	39,044.	8,366.
26	Other salaries and wages	26	71,246.	63,806.	4,971.	2,469.
27	Pension plan contributions	27	5,421.	2,329.	2,582.	510.
28		28	16,793.	6,993.	8,118.	1,682.
29	Payroll taxes	29	9,735.	5,531.	3,373.	831.
30	Professional fundraising fees	30			570	
	Accounting fees	31	6,730.	6,057.	673.	
	Legal fees	32				
	Supplies	33	5,557.	5,001.	556.	
	Telephone	34	3,313.	2,982.	331.	
35	Postage and shipping	35	2,089.	1,880.	209.	
36	• • • • • • • • • • • • • • • • • • • •	36	1,788.	1,609.	179.	
	' Equipment rental and maintenance	37	3,223.	2,901.	322.	
38	Printing and publications	38	11,509.	10,358.	1,151.	
39	Travel	39	4,295.	3,866.	429.	
40	Conferences, conventions, and meetings	40	891.	802.	89 .	
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	44,053.	39,648.	4,405.	
43	Other expenses not covered above (itemize):					
	a	43a				
	b	43b				
	c	43c				
	d	43d				
	e SEE STATEMENT 4	43e	1,349,313.	1,345,841.	3,421.	51.
44	Total functional expenses (add lines 22 through 43) organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,591,733.	1,507,971.	69,853.	13,909.
	int Costs. Check 🕨 📖 if you are following SOP 9				-	
Ar	e any joint costs from a combined educational campa	ign and	fundraising solicitation re	ported in (B) Program servi	ces? ► L	Yes LX No
	"Yes," enter (i) the aggregate amount of these joint co					;
	i) the amount allocated to Management and general \$			(iv) the amount allocated to	Fundraising \$	
F	Part III Statement of Program Servi	ce A	ccomplishments			
	hat is the organization's primary exempt purpose? 🕨					
	ROVIDING RESOURCES FOR 1					Program Service Expenses
	organizations must describe their exempt purpose achievemen hievements that are not measurable. (Section 501(c)(3) and (4) or					(Required for 501(c)(3) and (4) orgs., and 4947(a)(1)
alic	ocations to others.)					trusts; but optional for others.)
а	SEE STATEMENT 5					
_			((Grants and allocations \$)	1,507,971.
b						
	·			 		
						
_			(Grants and allocations \$		
С						
					·	
						
			(0	Grants and allocations \$)	
d						
				Prante and allocations ©		
_	Other program services (attach schedule)			Grants and allocations \$ Grants and allocations \$		
	Total of Program Service Expenses (should equal	ine 44	 ,	<u></u>		1,507,971.
423	3011 3-13-05		Co.u.i.i. (D), i rogiam sert		······	Form 990 (2004
0.4						

2

Part IV | Balance Sheets Note: Where required, attached schedules and amounts within the description column (A) End of year Beginning of year should be for end-of-year amounts only. 53,987. 72,212 45 Cash - non-interest-bearing 45 75,000. 46 Savings and temporary cash investments 46 47a 47 a Accounts receivable 47c 47b b Less: allowance for doubtful accounts 18,000. 48 a Pledges receivable 48a 74,300. 48c 18,000. b Less; allowance for doubtful accounts 48b 49 Grants receivable 49 Receivables from officers, directors, trustees, 50 and key employees 51 a Other notes and loans receivable ________51a b Less: allowance for doubtful accounts 51b 51c 514,220. 583,831 52 Inventories for sale or use 52 1,617. 1,503. 53 Prepaid expenses and deferred charges ______ 53 54 _ Cost L Investments - securities 54 55 a Investments - land, buildings, and 55a equipment basis b Less: accumulated depreciation 55b 55c 56 Investments - other 923,537 **57 a** Land, buildings, and equipment basis 57a 734,286. 690,292 189,251. 57b 57c b Less: accumulated depreciation 200. 200. Other assets (describe ► DEPOSITS 58 1,422,338 1,397,310. Total assets (add lines 45 through 58) (must equal line 74)... 59 59 14,147. 7,969. Accounts payable and accrued expenses 60 60 61 61 Grants payable 62 62 Deferred revenue iabilities Loans from officers, directors, trustees, and key employees 63 64a 64 a Tax-exempt bond liabilities 64b **b** Mortgages and other notes payable ______ Other liabilities (describe 65 7,969. 14,147. Total liabilities (add lines 60 through 65) 66 Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74. Net Assets or Fund Balances 1,323,663. 1,303,289. Unrestricted 67 67 59,500. 111,080, Temporarily restricted 68 68 Permanently restricted _____ 69 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 70 through 74. 70 Capital stock, trust principal, or current funds 70 71 Paid-in or capital surplus, or land, building, and equipment fund 71 72 Retained earnings, endowment, accumulated income, or other funds 72 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; 73 1,414,369. 1,383,163. column (A) must equal line 19; column (B) must equal line 21) 73 Total liabilities and net assets / fund balances (add lines 66 and 73) 422,338. 74 1,397,310.

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

Form 990 (2004) COMMUNITY	RESOURCE CE	NTER		<u>52-13083</u>	
Part IV-A Reconciliation of Revenu	e per Audited	Part IV-B Reconci	liation of Expe	enses per Al	udited
Financial Statements wit	h Revenue per		I Statements	with Expens	ses per
Return		Return			
a Total revenue, gains, and other support	1 502 602	a Total expenses and los audited financial stater	sses per	▶ ₃ 1	613 809.
per audited financial statements	a 1,302,003.	b Amounts included on I	line a but not on	··· • • • • • • • • • • • • • • • • • •	013,003.
b Amounts included on line a but not on		line 17, Form 990:			
line 12, Form 990:		(1) Donated services			
(1) Net unrealized gains		and use of facilities	\$		
on investments\$		(2) Prior year adjustments	3		
(2) Donated services		reported on line 20,			
· ·		Form 990	¢		
and use of facilities \$		l	Ψ		
(3) Recoveries of prior		(3) Losses reported on			
year grants\$		line 20, Form 990	\$;	
(4) Other (specify):	1 1	(4) Other (specify):			
STMT 6\$21,684.	} }	STMT 7	\$ <u>22,0</u>	<u>76.</u>	
Add amounts on lines (1) through (4)	ы 21,684.	Add amounts on lines	(1) through (4)	▶ b	22,076.
c Line a minus line b					591,733.
d Amounto included on line 10. Form	1,300,313.	d Amounts included on			
d Amounts included on line 12, Form 990 but not on line a:		990 but not on line a:			
(1) Investment expenses		(1) Investment expenses			
		not included on			
not included on					
line 6b, Form 990 \$		line 6b, Form 990	\$		
(2) Other (specify):		(2) Other (specify):			
STMT 8 \$ <392.	}		\$		
Add amounts on lines (1) and (2)	d <392.	Add amounts on lines	(1) and (2)	▶d	0.
e Total revenue per line 12, Form 990		e Total expenses per lin			
(line c plus line d)	1 560 527				591,733.
Part V List of Officers, Directors,			a even if not comper	C - A	<u> </u>
Tart V List of Officers, Directors,	Trustees, and reey				/E) Eyponeo
(A) Name and address		(B) Title and average hours per week devoted to	(If not paid, enter	employee benefit	(E) Expense account and
(7) 111110 2112 2201000		position	``-0)′	compensation	other allowances
SEE STATEMENT 9			55 777.	12,861.	0.
			337777	12/001	<u>·</u>
		1			
				ļ	
	•				
		†			
		l i			
-					
					
					†
					1
75 Did and Wissa disease to the				<u> </u>	J
75 Did any officer, director, trustee, or key employee r					
organizations, of which more than \$10,000 was pro	ovided by the related organiz	ations? If "Yes," attach schedul	e. ▶Yes	X No	

62-1308387

Page 4

Eorm	990 (2004) COMMUNITY RESOURCE CENTER 62-1308	387		Page 5
Dat	t VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	<u> </u>	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes." attach a conformed copy of the changes.		2.1	
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	1	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79	-	X
	If "Yes," attach a statement			
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,			
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	 	X
b	If "Yes," enter the name of the organization			
	and check whether it is exempt or nonexempt.			
	Litter direct of indirect pointed experience of the of the direct of	81b		x
b	Did the organization file Form 1120-POL for this year? Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than	010	+	1
82 a		82a	X	
	fair rental value? If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an	028	1 43	
D				
02 -	expense in Part II. (See instructions in Part III.) Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
83 a	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		1
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	1	Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			1
U	tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
ь	λΤ / λ	85b		
_	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax			
	owed for the prior year.			
C	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A	_		İ
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	_		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	4		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	850	Ц	
ħ	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues			
	allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	1	-
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	-		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A	-		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	1		
88	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
	If "Yes," complete Part IX	88		x
80 .	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	00	1	1 47
03 a	section 4911 ► 0 . ; section 4912 ► 0 . ;			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction	891	,	X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed TENNESSEE			
b	Number of employees employed in the pay period that includes March 12, 2004			4
91	The books are in care of ► DIANE GRAMANN Telephone no. ► 615-7	8 1 -	<u> 103</u>	5
	A LAND MEMBARITY DRIVE	277	11	
	Located at ► 412 METROPLEX DRIVE ZIP+4 ►	<u> </u>	<u>T</u> T	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here			
32	and enter the amount of tax-exempt interest received or accrued during the tax year 92		/A	
	The same of the sa			

Part VI	Analysis of Income-	Producing Ac	ctivities	(See page 33 of the inst	ructions.)	E 540 540 544	
Note: Ent	ter gross amounts unless otherv	vise		ed business income	(C)	by section 512, 513, or 514	(E)
indicated	i.		(A) Business	(B) Amount	Exclu-	(D) Amount	Related or exempt
93 Progr	ram service revenue:	_	code	Amount	sion code	711100111	function income
a PA	RTNER FEES						<u>29,675.</u>
b PR	OGRAM REVENUE						35,096.
C							
е							
f Media	care/Medicaid payments						
g Fees	and contracts from government age	encies					
94 Memi	bership dues and assessments						
95 Intere	est on savings and temporary cash	investments			14	244.	
96 Divide	ends and interest from securities						
97 Net re	ental income or (loss) from real esta	ate:					
a debt-	financed property						
	ebt-financed property				16	11,886.	
	ental income or (loss) from persona						
	r investment income						
	or (loss) from sales of assets						·
	than inventory						<3 <u>92.</u> >
	ncome or (loss) from special events						70,611.
	s profit or (loss) from sales of inver	I I					
103 Other							
. —							
е							
	otal (add columns (B), (D), and (E))				0.	12,130.	134,990.
	(add line 104, columns (B), (D), ar						
Note: Line	e 105 plus line 1d, Part I, should	d equal the amou	nt on line 1	2, Part I.			
Part V		vities to the	Accomp	lishment of Exe	mpt Purpo	oses (See page 34 of the	instructions.)
Line No.	Explain how each activity for wh	ich income is repoi	ted in colum	in (E) of Part VII contrib	uted important	tly to the accomplishment	of the organization's
▼	exempt purposes (other than by				•	•	•
-	SEE STATEMENT	10					
Part IX	Information Regardi	ing Taxable S	Subsidia	ries and Disrega	rded Enti	ties (See page 34 of the	instructions.)
	(A)	(B)	1	(C)	1	(D)	(E) End-of-year
Name, a	address, and EIN of corporation, nership, or disregarded entity	Percentage of ownership interes	t	Nature of activities		Total income	End-of-year assets
parti	nersmp, or disregarded entity		/6				40000
-	N/A		/6		-	·	
	14/11		/6				
			/6				
Part X	Information Regardi			ted with Person	nal Benefi	t Contracts (See page	e 34 of the instructions \
							Yes X No
V- /	the organization, during the year, re the organization, during the year, p	•	•	• • • • •	•	Delient contracts	Yes X No
• •					iii comactr .		Les LALINU
	"Yes" to (b), file Form 8870 and Under penalties of perjury, I declare that correct, and complete. Declaration of pr				and statements.	and to the best of my knowled	ge and belief, it is true,
Please	correct, and complete. Declaration of pr	reparer (other than office	cer) is based or	all information of which pre	parer has any kn	1	ExecuDirecto
Sign Here	Signature of officer	will	NO CO	Date Date	Type or prin	t name and title.	- permitted
ueig		,		Date ,	Date	Check if	Preparer's SSN or PTIN
Paid	Preparer's	•			, ,	self-	
Preparer's	signature MIII.I.T.N	a at 530.00	70 2 1	(A.V.D.C. D.T.C.	1/15/05	employed \	1400-84-1430
Use Only	vours if MULLIN			AYES, PLLC	20	EIN ► 62-	1409003
423161	address, and			Y, SUITE 1	2 0		15 252 255
01-13-05	ZIP + 4 BRENTW	OOD, TN 🖯	37027			Phone no. ▶ 6	15-370-8576

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

2004

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

COMMUNITY RESOURCE CENTER	_		62 13083	87
Part I Compensation of the Five Highest Paid Employ	yees Other Than Off	icers, Directo	rs, and Trust	ees
(See page 1 of the instructions. List each one. If there are none, enter	"None.")			
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
	-			
	-			
	-			
Total number of other employees paid				<u> </u>
over \$50,000	0	in a self-termination	<u> </u>	2 ¹
Part II Compensation of the Five Highest Paid Independent (See page 2 of the instructions. List each one (whether individuals or			al Services	
(a) Name and address of each independent contractor paid more the	nan \$50,000	(b) Type of	service	(c) Compensation
NONE				
otal number of others receiving over				

Par	Support Schedule (Co	omplete only if you che worksheet in the instr	cked a box on line 10, uctions for converting	from the accrual to the	cash method of account	ccounting.
	dar year (or fiscal year ning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	336,343.	163,446.	316,643.	191,386	1,007,818.
16	Membership fees received					_
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	117,381.	94,944.	74,233.	63,139	9. <u>349,697</u> .
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the			510	0.44	10.525
	organization after June 30, 1975	11,098.	6,979.	519.	941	1. 19,537.
19	Net income from unrelated business					
20	activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			SEE STATEME 1,263.	NT 11	1,263.
23	Total of lines 15 through 22	464,822.	265,369.	392,658.	255,46	
24	Line 23 minus line 17	347,441.	170,425.	318,425.	192,32	7. 1,028,618.
25	Enter 1% of line 23	4,648.	2,654.	3,927.	2,55	5.
26	Organizations described on lines 10	O or 11: a Enter 2% of a	amount in column (e), lin	e 24	▶ 26	6a = 20,572.
b	Prepare a list for your records to sho	ow the name of and amou	nt contributed by each pe	rson (other than a goveri	nmental	
	unit or publicly supported organization	on) whose total gifts for 2	000 through 2003 exceed	ded the amount shown in	line 26a.	
	Do not file this list with your return.	. Enter the total of all thes	e excess amounts		▶ 26	6b 532,520.
C	Total support for section 509(a)(1) to	est: Enter line 24, column	(e)		▶ 20	6c 1,028,618.
	Add: Amounts from column (e) for li		19,537. 19			
		22	1,263. 26b	532,52	0.	6d 553,320.
е	Public support (line 26c minus line 2	26d total)				6e 475,298.
f	Public support percentage (line 26e	e (numerator) divided by	line 26c (denominator))		> 26	6f 46.2074%
27	Organizations described on line 12:					prepare a list for your
	records to show the name of, and to such amounts for each year: (2003)	N/A			-	
b	For any amount included in line 17 th	hat was received from eac	h person (other than "dis	qualified persons"), prepa	re a list for your reco	ords to show the name of,
	and amount received for each year, t described in lines 5 through 11, as w the larger amount described in (1) or	vell as individuals.) Do not	t file this list with your re	turn. After computing the	difference between	_
	(2003)	(2002)	(20	001)	(2000)	
C	Add: Amounts from column (e) for li	nes: 15		16		
	17	20		21		7c N/A
d	Add: Amounts from column (e) for li 17 Add: Line 27a total	an	d line 27b total			7d N/A
е	Public support (line 27c total minus	line 27d total)				7e N/A
f	Total support for section 509(a)(2) to	est: Enter amount on line	23, column (e) Ì	➤ 27f	N/A	And the second s
9	Public support percentage (line					
	Investment income percentage					
У	Inusual Grants: For an organizatior o show, for each year, the name of the our return. Do not include these gran	ts in line 15.				
42312	1 12-03-04	N ₁	ONE		S	chedule A (Form 990 or 990-EZ) 2004

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
29	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
00	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		}
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
.	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	···		
	11 165, piease describe, il 140, piease explaint. (Il you need more space, attach a separate stationical)			
		-		
		-		
		-		
32	Does the organization maintain the following:	-	1	
_	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
a	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	- 1	 	
b		320	_	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	00-		ļ
	admissions, programs, and scholarships?			-
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	├	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			1
20	Done the arganization discriminate burges in any way with respect to:	-		
33	Does the organization discriminate by race in any way with respect to:	00.		
a	Students' rights or privileges?		-	
b	Admissions policies?	33b	<u> </u>	-
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d	-	
e	Educational policies?	33e	-	
f	Use of facilities?	33f	 	-
g	Athletic programs?		-	ļ
h	Other extracurricular activities?	33h	-	-
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		_		
		_		
		_	1	
34 a	g	34a	<u> </u>	<u> </u>
b	Has the organization's right to such aid ever been revoked or suspended?	34b	 	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2004

•	(To be completed	d ONLY by an eligible organiza	tion that filed Form 576	3)					
Che		tion belongs to an affiliated gro			you chec			ntrol" pr	ovisions apply.
		mits on Lobbying Ex				Affiliat	(a) ed group otals		(b) To be completed for ALL electing organizations
	(The tern	n "expenditures" means amour	ns paid of incurred.)		T		Ά		
	T. L. H. L. L. C	influence public opinion (gras	eeroote lobbying)		36	117	(1	
	Total lobbying expenditures to Total lobbying expenditures to				37				
	Total lobbying expenditures (a				38				
38 39	Other exempt purpose expend				39				
	Total exempt purpose expend				40				
	Lobbying nontaxable amount.				i i i i i i	sine i	. 14 (31)		
• •	If the amount on line 40 is -		nontaxable amount is -		1 1				
	Not over \$500,000								
	Over \$500,000 but not over \$1,000					÷1,			
	Over \$1,000,000 but not over \$1,50	00,000 \$175,000 plus 10	0% of the excess over \$1,00	0,000	41	10.45			
	Over \$1,500,000 but not over \$17,0								
	Over \$17,000,000								
	Grassroots nontaxable amour								
43	Subtract line 42 from line 36.				43			-+	
44	Subtract line 41 from line 38.	Enter -0- if line 41 is more tha	n line 38		44				
	Caution: If there is an amo	unt on either line 42 or line	AA vou must file For	m 4720					
	Valuati, il there is an amo	ant on entier and 40 or and	144, you must mo r or	,,,,,		<u> </u>			
		Delow. See the list	uctions for lines 45 thro Lobbying Ex	penditures Duri					N/A
	lendar year (or eal year beginning in)	(a) 2004	(b) 2003	(c)	•		(d) 2001		(e) Total
	Lobbying nontaxable	2004	2000	200			2001		1001
40	amount								0.
46	Lobbying ceiling amount			1 1 1 1 1 1				. 144	
	(150% of line 45(e))								
47	Total lobbying								
	expenditures								0.
48	Grassroots nontaxable								
	amount								0.
49	Grassroots ceiling amount								
	(150% of line 48(e)) Grassroots lobbying					-			0.
90	expenditures								0.
P	art VI-B Lobbying	Activity by Nonelecti	ing Public Chari	ties					<u> </u>
		nly by organizations that did n	-		the instr	ıctions.)			N/A
Dur	ring the year, did the organizati	on attempt to influence nation	al, state or local legislati	on, including an	y attemp	t to	V	Na	A
infl	uence public opinion on a legis	lative matter or referendum, th	rough the use of:				Yes	No	Amount
а	Volunteers								
b		clude compensation in expens							
C	Media advertisements								
d		ors, or the public							
e	Publications, or published or								
f a		for lobbying purposes , their staffs, government office							
y h		inars, conventions, speeches,							
	Total lobbying expenditures (0.
•		Iso attach a statement giving a				••••••			

Part \		garding Transfers To and zations (See page 11 of the instr		i Relationships with Nonchart	abie		
51 Di		irectly or indirectly engage in any of		organization described in section			
		section 501(c)(3) organizations) or in					
		ganization to a noncharitable exempt		mour organizations.		Yes	No
					51a(i)		Х
-	-				2/::)		X
•	•				. 4()		Λ
	her transactions:		· · · · · · · · ·		6(1)		v
•	•				1		X
	•				1	-	X
							X
(iv	 r) Reimbursement arrangeme 	ents				-	X
•	•				1		X
							X
					<u>C</u>	<u> </u>	X
	<u> </u>	•		always show the fair market value of the			
go	oods, other assets, or services	given by the reporting organization.	If the organization received	d less than fair market value in any			
tra	ansaction or sharing arrangen	nent, show in column (d) the value of	f the goods, other assets, o	r services received:		N/A	
(a)	(b)	(c)		(d)			
Line no.	Amount involved	Name of noncharitable ex	empt organization	Description of transfers, transactions, and	sharing ai	ranger	nents
-					 -		
			· · · · · · · · · · · · · · · · · · ·				
						-	
52 a Is	the organization directly or in	directly affiliated with or related to o	one or more tax-exempt ord	panizations described in section 501(c) of the			
	ode (other than section 501(c)	(0)) : :: 5070		, F	Yes	T _X	No
	"Yes," complete the following :	. ,,			163	L_ 4 2) NC
<u> </u>			(6)	(a)			-
	(a) Name of or	<i>)</i> panization	(b) Type of organization	(c) Description of relations	hip		
			, , , , , , , , , , , , , , , , , , ,				
		· · · · · · · · · · · · · · · · · · ·					
							_
							
-							
				-			
					-		
	· · · · · · · · · · · · · · · · · · ·						
							
							
		· · · · · · · · · · · · · · · · · · ·					

FORM 990	RENTAL INCOME		STATEMENT
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOM
OFFICE SUBLEASE	1	11,886	
TOTAL TO FORM 990, PART I, LIN	NE 6A		11,886

FORM 990 GAIN	(LOSS) FROM	SALE	OF OTH	ER A	SSETS		STA	remen'	<u> </u>
DESCRIPTION			DATE ACQUIR		DATE SOLD	P	METH(
EQUIPMENT			VARIOU	s	06/30/	05 I	PURCH	ASED	
NAME OF BUYER S	GROSS SALES PRICE		r OR BASIS		ENSE SALE	DEPRI	EC .	NET (GAIN LOSS)
	0.		985.		0.	į	593.		<392.
TO FM 990, PART I, LN 8			985.		0.		593.		<392.
FORM 990	SPECIAL EV	ZENTS	AND ACT	rivi	TIES		STA	TEMEN	т 3
DESCRIPTION OF EVENT	GROSS RECEIPTS		TRIBUT. CLUDED	-	ROSS EVENUE	DIRI EXPEI	-	NE INC	T OME
OYSTER EASTER	92,295				92,295.	21,	684.	70	,611.
TO FM 990, PART I, LINE	9 92,295				92,295.	21,	684.	70	,611.
FORM 990	O	THER E	XPENSES	3		.	STA	TEMEN	T 4
DESCRIPTION	(A) TOTAL		(B) PROGRAM SERVICE		(C) MANAGE AND GE		FU	(D) NDRAI	
OUTSIDE SERVICES UTILITIES INSURANCE MEMBERSHIPS TAXES & LICENSES ADVERTISING & PUBLIC RELATIONS PROGRAM COSTS MISCELLANEOUS DISTRIBUTIONS OF NONCASH DONAT	4,383 12,747 7,584 865 844 2,252 54,043 4,094	7. 1. 5. 1. 2.	11,4 6,6 7 2,0 54,0	529. 779. 760. 027. 043. 585.		438 1,275 904 86 84 225 409	•		51.
HOHORDII DOMAI							<u> </u>		51.

LOSS ON ASSET DISPOSALS

TOTAL TO FORM 990, PART IV-A

FORM 990	COMPLISHMENTS	STATEMENT	5	
DESCRIPTION	OF PROGRAM SERVICE ONE			
NON-CASH DON NON-PROFIT O THESE DONATI PROVIDE THE	TY RESOURCE CENTER IS A CLEARING HOUNTIONS OF GOODS AND VOLUNTEER SERVIORGANIZATIONS IN MIDDLE TENNESSEE. TONS WITH NON-PROFIT ORGANIZATIONS, RESOURCES NON-PROFIT ORGANIZATIONS WELFARE, AND EDUCATION NEEDS OF MID	CES NEEDED BY BY MATCHING THEY HELP NEED TO MEET		
		GRANTS	EXPENSES	
TO FORM 990,	1,507,971.			
FORM 990	OTHER REVENUE NOT INCLUDED C	ON FORM 990	STATEMENT	6
DESCRIPTION			AMOUNT	
SPECIAL EVEN	NTS DIRECT EXPENSES		21,6	84.
TOTAL TO FOR	RM 990, PART IV-A		21,6	84.
FORM 990	OTHER EXPENSES NOT INCLUDED	ON FORM 990	STATEMENT	7
DESCRIPTION			AMOUNT	
SPECIAL EVEN LOSS ON ASSE	ITS DIRECT EXPENSES T DISPOSALS		21,6	84. 92.
TOTAL TO FOR	RM 990, PART IV-B		22,0	76.
FORM 990	OTHER REVENUE INCLUDED ON F	FORM 990	STATEMENT	8
DESCRIPTION			AMOUNT	

<392.>

<392.>

STATEMENT

9

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS,

	AND KEY EMPLOYEES	-		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
DIANE GRAMANN 412 METROPLEX DRIVE NASHVILLE, TN 37211	EXECUTIVE DIRE		12,861.	0.
MARTIN AKIN P.O. BOX 28100 NASHVILLE, TN 37202	TREASURER 0	0.	0.	0.
LINDA PARSONS 155 FRANKLIN ROAD SUITE 400 BRENTWOOD, TN 37027	DIRECTOR 0	0.	0.	0.
CHIP HIGGINS P.O. BOX 100 FRANKLIN, TN 37064	DIRECTOR 0	0.	0.	0.
FRAN BOONE 1422 PLANTATION DRIVE BRENTWOOD, TN 37027	PRESIDENT 0	0.	0.	0.
DREW ALEXANDER 48 MUSIC SQUARE WEST NASHVILLE, TN 37203	DIRECTOR 0	0.	0.	0.
JOSIAS ARTEAGA 411 METROPLEX DRIVE NASHVILLE, TN 37211	DIRECTOR 0	0.	0.	0.
ADAM DREAD P.O. BOX 158891 NASHVILLE, TN 37215-8891	DIRECTOR 0	0.	0.	0.
DAVID BRILEY 1902 BOSCOBEL ST. NASHVILLE, TN 37206	DIRECTOR 0	0.	0.	0.
MILES JOHNSON 750 MELROSE AVENUE NASHVILLE, TN 37211	DIRECTOR 0	0.	0.	0.
DAVID MCMAHAN 211 7TH AVENUE NORTH SUITE 401 NASHVILLE, TN 37212	DIRECTOR 0	0.	0.	0.

COMMUNITY RESOURCE O	CENTER			62-1308	387		
LORI MUNKEBOE 401 CHURCH STREET 8TH NASHVILLE, TN 37243-15	•	SECRETARY 0	0.	0.	0.		
RICK MURRAY 1820 WEST END AVENUE NASHVILLE, TN 37203		PAST PRESIDENT 0	0.	0.	0.		
MIKE SANDERS 7149 CENTENNIAL NASHVILLE, TN 37209		DIRECTOR 0	,0.	0.	0.		
JOHN SCANNAPIECO P.O. BOX 198062 NASHVILLE, TN 37219		VICE PRESIDENT 0	0.	0.	0.		
CATHERINE MAYHEW P.O. BOX 158434 NASHVILLE, TN 37215-84	134	DIRECTOR 0	0.	0.	0.		
KATHY RIVERS 461 21ST AVE. SOUTH NASHVILLE, TN 37240		DIRECTOR 0	0.	0.	0.		
WILLIAM SINCLAIR 30 WHITE BRIDGE ROAD NASHVILLE, TN 37205		DIRECTOR 0	0.	0.	0.		
BARRY SMITH 1600 DIVISION ST., STI NASHVILLE, TN 37203	E. 600	DIRECTOR 0	0.	0.	0.		
TOTALS INCLUDED ON FOR	RM 990, PART	v	55,777.	12,861.	0.		
		ONSHIP OF ACTIVION OF EXEMPT PURPOR		STATEMENT	10		
LINE EXPLANATION OF	RELATIONSHIE	OF ACTIVITIES					
		FEES HELPS THE ORG		S IN			
ORDER TO DONATE 93B FEES ARE COLLECT	E GOODS THAT CTED TO COVER	THE ORGANIZATION SOME OF THE COS	COLLECTS. TS OF REPAI				
DONATED EQUIPMENT GIVEN TO OTHER NONPROFIT AGENCIES. 101 TO PROVIDE COMMUNITY AWARENESS OF THE ORGANIZATION'S PURPOSE AND NEEDS.							

SCHEDULE A	OTHER INC	TATEMENT	11		
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	
OTHER	0.	0.	1,263.	<u> </u>	0.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	1,263.		0.

Community Resource Center Depreciation Schedule by Category For the 12 Months Ended 06/30/05

Asset No.	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 07/01/04	Current Depreciation	Accum Depr 06/30/05
BUILDING									
1	BUILDING - METROPLEX DRIVE	04/30/98	ST LINE	39/00	N _	548,549.00	86,781.34	14,065.36	100,846.70
	Total for (BUILDING)					548,549.00	86,781.34	14,065.36	100,846.70
BUILDING I	MPROVEMENTS								
4	BUILDING IMPROVEMENTS	10/08/98	ST LINE	39/00	N	1,276.00	187.44	32.72	220.16
5	METROPLEX IMPROVEMENTS	02/26/99	ST LINE	39/00	N	3,738.00	512.07	95.85	607.92
6	ARCHITECTURE	08/31/98	ST LINE	15/00	N	7,296.00	2,837.11	486.40	3,323.51
7	AIR CONDITIONER	01/17/00	ST LINE	07/00	N	3,599.00	2,289.75	514.14	2,803.89
8	ARCHITECTURE	01/24/00	ST LINE	15/00	N	442.53	130.82	29.50	160.32
9	RENOVATIONS	02/28/00	ST LINE	39/00	N	1,689.98	188.00	43.33	231.33
10	RENOVATIONS	03/29/00	ST LINE	39/00	N	12,757.32	1,392.45	327.11	1,719.56
11	ELECTRICAL WORK	04/04/00	ST LINE	39/00	N	26,165.61	2,844.95	670.91	3,515.86
12	RENOVATIONS	04/12/00	ST LINE	39/00	N	10,205.43	1,103.92	261.68	1,365.60
13	RENOVATIONS	04/13/00	ST LINE	39/00	N	2,563.00	277.07	65.72	342.79
14	ELECTRICAL WORK	04/18/00	ST LINE	39/00	N	14,977.50	1,613.81	384.04	1,997.85
15	RENOVATIONS	05/30/00	ST LINE	39/00	N	3,817.43	400.08	97.88	497.96
16	RENOVATIONS	07/12/99	ST LINE	39/00	N	101.75	12.97	2.61	15.58
17	RENOVATIONS	12/29/99	ST LINE	39/00	N	470.00	54.29	12.05	66.34
18	RENOVATIONS	07/05/00	ST LINE	39/00	N	13,796.11	1,411.12	353.75	1,764.87
19	RENOVATIONS-ELECTRICAL	07/20/00	ST LINE	39/00	N	1,600.00	1 61.98	41.03	203.01
20	RENOVATIONS	07/31/00	ST LINE	39/00	Ν	403.52	40.55	10.35	50.90
21	PAINTING	08/29/00	ST LINE	15/00	N	3,475.00	889.23	231.67	1,120.90
22	PAINTING	09/01/00	ST LINE	15/00	N	4,250.00	1,085.20	283.33	1,368.53
23	FENCING	09/19/00	ST LINE	15/00	N	615.00	155.01	41.00	196.01
24	RENOVATIONS	10/04/00	ST LINE	39/00	N	784.54	75.24	20.12	95.36
25	RENOVATIONS	01/24/01	ST LINE	39/00	N	500.00	44.01	12.82	56.83
104	4 X 12 DOOR CANOPY	06/01/04	ST LINE	05/00	N	940.00	15.41	188.00	203.41
106	WAREHOUSE SHELVING	08/01/04	ST LINE	05/00	N	65,000.00	0.00	11,895.89	11,895.89
107	TOOL SHED RENOVATIONS	06/01/05	ST LINE	15/00	N	1,235.96	0.00	6.77	6.77
108	COMMERICAL DOOR	03/01/05	ST LINE	05/00	N	780.00	0.00	52.14	52.14
119	SECURITY SYSTEM	06/30/05	ST LINE	05/00	N	750.00	0.00	0.41	0.41
	Total for (BUILDING IMPROVEM	IENTS)				183,229.68	17,722.48	16,161.22	33,883.70
LAND & IMPI	ROVEMENTS								
2	LAND	04/30/98	LAND	00/00	N	96,803.00	0.00	0.00	0.00
3	METROPLEX LANDSCAPING	05/24/99	ST LINE	15/00	N	2,987.00	1,016.38	199.13	1,215.51
	Total for (LAND & IMPROVEMEN	NTS)			_	99,790.00	1,016.38	199.13	1,215.51
OFFICE EQU	JIPMENT								
. 29	IOMEGA ZIP DRIVE	01/15/98	ST LINE	05/00	N	175.00	175.00	0.00	175.00
31	DIGITAL CAMERA	08/26/99	ST LINE	05/00	N	144.96	140.52	4.44	144.96
34	PHONE SYSTEM + 6 UNITS	11/16/99	ST LINE	05/00	N	5,404.40	4,996.86	407.54	5,404.40
3 5	SIGN	12/29/99	ST LINE	05/00	N	59.25	53.39	5.86	59.25
37	CORDLESS PHONE	03/01/00	ST LINE	05/00	N	39.99	34.67	5.32	39.99
38	NETWORKING HUB	06/16/00	ST LINE	05/00	N	132.99	107.49	25.50	132.99
62	COMPAQ COMPUTER - PENTIUM	12/01/02	ST LINE	05/00	Υ	650.00	205.51	130.00	335.51
63	MONITOR	12/01/02	ST LINE	05/00	Υ	40.00	12.65	8.00	20.65

Community Resource Center Depreciation Schedule by Category For the 12 Months Ended 06/30/05

Asset No.	Asset Description	Date Acquired	Method	Life	Sold?	? Cost	Accum Depr 07/01/04	Current Depreciation	Accum Depr 06/30/05
OFFICE EQI	UIPMENT								
64	MONITOR	12/01/02	ST LINE	05/00	Υ	40.00	12.65	8.00	20.65
65	MONITOR	12/01/02	ST LINE	05/00	Υ	40.00	12.65	8.00	20.65
66	MONITOR	12/01/02	ST LINE	05/00	Υ	40.00	12.65	8.00	20.65
67	MONITOR - 20"	12/01/02	ST LINE	05/00	N	40.00	12.65	8.00	20.65
71	PRINTER	12/01/02	ST LINE	05/00	N	40.00	12.65	8.00	20.65
72	PRINTER	12/01/02	ST LINE	05/00	Ν	40.00	12.65	8.00	20.65
73	PRINTER	12/01/02	ST LINE	05/00	Ν	40.00	12.65	8.00	20.65
74	PRINTER	12/01/02	ST LINE	05/00	N	40.00	12.65	8.00	20.65
75	FAX MACHINE	11/01/02	ST LINE	05/00		25.00	8.32	5.00	13.32
76	OVERHEAD PROJECTOR	03/01/02	ST LINE	05/00		25.00	11.67	5.00	16.67
78	JVC - VCR	03/01/01	ST LINE	05/00		50.00	33.34	10.00	43.34
79	RCA - TV	03/01/01	ST LINE	05/00		75.00	50.01	15.00	65.01
80	PALM PILOT	01/01/03	ST LINE	05/00		100.00	29.92	20.00	49.92
81	REFRIGERATOR	03/01/00	STLINE	05/00		50.00	43.33	6.67	50.00
82	MICROWAVE	03/01/00	ST LINE	05/00		20.00	17.33	2.67	20.00
83 84	LAMINATOR COFFEE MAKER	06/01/03 03/01/00	ST LINE ST LINE	05/00 05/00		90.00	19.48	18.00	37.48
91	DELL OPTIPLEX GX270 COMPUT		ST LINE ST LINE	05/00		50.00 823.00	43.33 152.46	6.67 164.60	50.00 317.06
92	DELL OPTIPLEX GX270 COMPUT		ST LINE	05/00		823.00	152.46	164.60	317.06
93	DELL OPTIPLEX GX270 COMPUT		ST LINE	05/00		942.00	174.50	188,40	362.90
94	DELL OPTIPLEX GX270 COMPUT		ST LINE	05/00		942.00	174.50	188.40	362.90
95	DELL POWEREDGE 600 SC SERV		ST LINE	05/00		3,195.22	591.90	639.04	1,230.94
96	BACKUP EXEC 9.0 SOFTWARE (4		ST LINE	05/00		604.00	111.89	120.80	232.69
97	WATCHGUARD FIREBOX SOHO	07/28/03	ST LINE	05/00	N	345.00	63.91	69.00	132.91
98	ADOBE ACROBAT 6.0	07/28/03	ST LINE	05/00	N	265.00	49.09	53.00	102.09
99	ADOBE PHOTOSHOP	07/28/03	ST LINE	05/00	N	74.00	13.71	14.80	28.51
100	NETWORK INSTALLATION CHAR	07/28/03	ST LINE	05/00	N	3,300.00	611.31	660.00	1,271.31
101	SYMANTEC MAIL SECURITY SOF	10/27/03	ST LINE	05/00	N	345.29	46.79	69.06	115.85
102	QUICKBOOKS PREMIER NONPRI	07/23/03	ST LINE	05/00	N	329.95	62.02	65.99	128.01
103	MISCELLANEOUS SOFTWARE	07/14/03	ST LINE	05/00	N	154.00	29.71	30.80	60.51
109	LINKSYS WIRELESS-G ACCESS I	03/27/05	ST LINE	05/00	N	79.20	0.00	4.17	4.17
110	WIRELESS PRINTER	05/19/05	ST LINE	05/00	Ν	358.50	0.00	8.45	8.45
111	4 DELL E173FP 17-INCH FLAT PA		ST LINE	05/00	N	1,028.20	0.00	54.09	54.09
112	LINKSYS WIRELES-G ACCESS PO		ST LINE	05/00	N	79.20	0.00	4.17	4.17
113	LINKSYS WIRELESS-G PRINT SE	03/27/05	ST LINE	05/00		91.54	0.00	4.82	4.82
114	TOSHIBA SLIMLINE CARRYING C		ST LINE	05/00		48.62	0.00	2.56	2.56
115	ADOBE ACROBAT 7.0 STANDAR		ST LINE	05/00		286.46	0.00	15.07	15.07
116	CONFIGURE WIRELESS ACCESS		ST LINE	05/00		1,500.00	0.00	78.90	78.90
117 118			ST LINE	05/00		200.00	0.00	10.52	10.52
120	TOSHIBA PORTEGE M200 TABLE SAFE - DONATED		ST LINE	05/00		2,240.00	0.00	117.83	117.83
120	Total for (OFFICE EQUIPMENT)	12/31/04	ST LINE	05/00	-	400.00 25,905.77	8,318.27	39.89	39.89
VEHICLES	. Juli 101 (OF FIGE ENGIR MENT)					20,800.77	0,010.27	3,508.63	11,826.90
105	1996 VAN (DONATED BY CATHO	04/19/04	ST LINE	05/00	N	6,000.00	239.34	1,200.00	1,439.34

Community Resource Center Depreciation Schedule by Category For the 12 Months Ended 06/30/05

Asset No.	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 07/01/04	Current Depreciation	Accum Depr 06/30/05
VEHICLES									
	Total for (VEHICLES)				_	6,000.00	239.34	1,200.00	1,439.34
WAREHOUS	E EQUIPMENT								
26	P.A. SOUND SYSTEM	11/10/94	ST LINE	05/00	Ν	2,700.00	2,700.00	0.00	2,700.00
27	ML55 - PALLET JACK 27X48	01/19/96	ST LINE	05/00	Ν	394.00	394.00	0.00	394.00
28	A4248 DOCK PLATE	01/19/96	ST LINE	05/00	Ν	372.00	372.00	0.00	372.00
39	WAREHOUSE LIFT / DOCK DOO	F 03/29/99	ST LINE	05/00	Ν	3,500.00	3,500.00	0.00	3,500.00
40	LOADING DOCK	09/09/00	ST LINE	05/00	N	24,749.50	18,850.30	4,949.90	23,800.20
41	25 SMALL SHELVING UNITS	03/01/00	ST LINE	05/00	N	625.00	541.67	83.33	625.00
42	21 LARGE SHELVING UNITS	03/01/00	ST LINE	05/00	Ν	1,575.00	1,365.00	210.00	1,575.00
44	2 LARGE WAREHOUSE CARTS	03/01/00	ST LINE	05/00	N	150.00	130.00	20.00	150.00
45	4 INDUSTRIAL FANS	06/01/02	ST LINE	05/00	Ν	500.00	208.22	100.00	308.22
46	18 STEEL FRAMED SHELVES	01/01/03	ST LINE	05/00	N	1,800.00	538.52	360.00	898.52
48	12 FT. LADDER	03/01/03	ST LINE	05/00	N	700.00	186.79	140.00	326.79
49	3 SMALL LADDERS	03/01/00	ST LINE	05/00	N	60.00	52.00	8.00	60.00
50	2 STORAGE LOCKERS	01/01/03	ST LINE	05/00	N	100.00	29.92	20.00	49.92
51	3 DOLLIES	06/01/02	ST LINE	05/00	N	45.00	18.74	9.00	27.74
52	UTILITY CART	03/01/00	ST LINE	05/00	N	30.00	26.00	4.00	30.00
53	SECTIONAL STAGE	03/01/00	ST LINE	05/00	N	150.00	130.00	20.00	150.00
54	345 STACKABLE CHAIRS	03/01/00	ST LINE	05/00	N	375.00	325.00	50.00	375.00
55	30 4 FT. STACKING TABLES	03/01/00	ST LINE	05/00	N	120.00	104.00	16.00	120.00
56	22 8 FT. FOLDING TABLES	03/01/00	ST LINE	05/00	Ν	85.00	73.67	11.33	85.00
85	2 6 FT. FOLDING TABLES	03/01/00	ST LINE	05/00	Υ	50.00	43.33	6.67	50.00
86	5 4 FT. FOLDING TABLES	03/01/00	ST LINE	05/00	Υ	125.00	108.33	16.67	125.00
87	STANDING PODIUM	03/01/00	ST LINE	05/00	N	100.00	86.67	13.33	100.00
88	TABLE TOP PODIUM	03/01/00	ST LINE	05/00	N	40.00	34.67	5.33	40.00
89	20 FOLDING CHAIRS	07/01/03	ST LINE	05/00	N	100.00	20.00	20.00	40.00
90	FORKLIFT	10/30/03	ST LINE	05/00	N	14,000.00	1,874.32	2,800.00	4,674.32
121	2 CABINETS (DONATED)	12/31/04	ST LINE	05/00	Ν	200.00	0.00	19.95	19.95
122	3 COUNTERS (DONATED)	12/31/04	ST LINE	05/00	N	300.00	0.00	29.92	29.92
123	PICNIC TABLES/CHAIRS (DONAT	12/31/04	ST LINE	05/00	Ν	50.00	0.00	4.99	4.99
	Total for (WAREHOUSE EQUIPM	MENT)			_	52,995.50	31,713.15	8,918.42	40,631.57
	Client Subtotal Before Sales				_	916,469.95	145,790.96	44,052.76	189,843.72
	Less Assets Sold					985.00			593.11
	Total				_	915,484.95	145,790.96	44,052.76	189,250.61