

Form **990****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

2003Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection**A** For the 2003 calendar year, or tax year beginning **JUL 1, 2003** and ending **JUN 30, 2004**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization COMMUNITY RESOURCE CENTER		D Employer identification number 62-1308387
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 412 METROPLEX DRIVE		E Telephone number 615-781-1036
		City or town, state or country, and ZIP + 4 NASHVILLE, TN 37211		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
		<p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p> <p>H and I are not applicable to section 527 organizations.</p> <p>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) If "Yes," enter number of affiliates ▶</p> <p>H(c) Are all affiliates included? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list.)</p> <p>H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>I Group Exemption Number ▶</p>		

G Website: **WWW.COMMUNITY-RESOURCE-CENTER.COM****J** Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **3,583,191.****M** Check ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	3,434,209.	
	b Indirect public support	1b	20,353.	
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ 345,673. noncash \$ 3,108,889.)			1d 3,454,562.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2 69,363.
	3 Membership dues and assessments			3
	4 Interest on savings and temporary cash investments			4 110.
	5 Dividends and interest from securities			5
	6 a Gross rents SEE STATEMENT 1	6a	10,988.	
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)			6c 10,988.
7 Other investment income (describe ▶)			7	
	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b Less: cost or other basis and sales expenses	8a		
	c Gain or (loss) (attach schedule)	8b	2,891.	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	<2,891.>	
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		STMT 2	8d <2,891.>
	a Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	48,018.	
	b Less: direct expenses other than fundraising expenses	9b	13,532.	
	c Net income or (loss) from special events (subtract line 9b from line 9a)		SEE STATEMENT 3	9c 34,486.
	10 a Gross sales of inventory, less returns and allowances	10a		
	b Less: cost of goods sold	10b		
Net Assets	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c
	11 Other revenue (from Part VII, line 103)			11 150.
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 3,566,768.
	13 Program services (from line 44, column (B))			13 3,001,999.
	14 Management and general (from line 44, column (C))			14 65,630.
	15 Fundraising (from line 44, column (D))			15 20,050.
	16 Payments to affiliates (attach schedule)			16
	17 Total expenses (add lines 16 and 44, column (A))			17 3,087,679.
	18 Excess or (deficit) for the year (subtract line 17 from line 12)			18 479,089.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19 935,280.
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)			21 1,414,369.	

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LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

Part II Statement of Functional Expenses

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

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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	52,700.	7,905.	36,890.
26	Other salaries and wages	26	71,946.	63,954.	5,173.
27	Pension plan contributions	27	3,300.	1,845.	1,230.
28	Other employee benefits	28	11,127.	4,318.	5,660.
29	Payroll taxes	29	9,670.	5,575.	3,263.
30	Professional fundraising fees	30	6,400.		6,400.
31	Accounting fees	31	7,343.	6,609.	734.
32	Legal fees	32			
33	Supplies	33	3,760.	3,384.	376.
34	Telephone	34	3,388.	3,049.	339.
35	Postage and shipping	35	1,734.	1,561.	173.
36	Occupancy	36	14,488.	13,039.	1,449.
37	Equipment rental and maintenance	37	3,150.	2,835.	315.
38	Printing and publications	38	7,431.	6,688.	743.
39	Travel	39	3,147.	2,832.	315.
40	Conferences, conventions, and meetings	40	740.	666.	74.
41	Interest	41	6,142.	5,528.	614.
42	Depreciation, depletion, etc. (attach schedule)	42	30,782.	27,704.	3,078.
43	Other expenses not covered above (itemize):				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 4	43e	2,850,431.	2,844,507.	5,204.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	3,087,679.	3,001,999.	65,630.
					20,050.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? ☐**PROVIDING RESOURCES FOR NON-PROFITS**

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

		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)	
a	SEE STATEMENT 5		
	(Grants and allocations \$ _____)		3,001,999.
b			
	(Grants and allocations \$ _____)		
c			
	(Grants and allocations \$ _____)		
d			
	(Grants and allocations \$ _____)		
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		3,001,999.

Part IV Balance Sheets

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	97,068.	45	72,212.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	297,970.	52	583,831.
	53 Prepaid expenses and deferred charges		53	1,503.
	54 Investments - securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a			
b Less: accumulated depreciation	57b			
58 Other assets (describe ► SEE STATEMENT 6)	696,672.	57c	690,292.	
	902.	58	200.	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,157,582.	59	1,422,338.	
Liabilities	60 Accounts payable and accrued expenses	5,726.	60	7,969.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	216,576.	64b	
	65 Other liabilities (describe ► STMT 7)		65	
	66 Total liabilities (add lines 60 through 65)	222,302.	66	7,969.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	870,310.	67	1,303,289.
	68 Temporarily restricted	64,970.	68	111,080.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> 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	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	935,280.	73	1,414,369.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,157,582.	74	1,422,338.

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

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total revenue, gains, and other support per audited financial statements	a	3,583,191.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ _____		
(2)	Donated services and use of facilities \$ _____		
(3)	Recoveries of prior year grants \$ _____		
(4)	Other (specify):		
	STMT 8 \$ 13,532.		
	Add amounts on lines (1) through (4)	b	13,532.
c	Line a minus line b	c	3,569,659.
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify):		
	STMT 10 \$ <2,891.>		
	Add amounts on lines (1) and (2)	d	<2,891.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	3,566,768.

a	Total expenses and losses per audited financial statements	a	3,101,211.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ _____		
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____		
(3)	Losses reported on line 20, Form 990 \$ _____		
(4)	Other (specify):		
	STMT 9 \$ 13,532.		
	Add amounts on lines (1) through (4)	b	13,532.
c	Line a minus line b	c	3,087,679.
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify):		
	\$ _____		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	3,087,679.

Part V	List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)
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[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. ☐ Yes ☒ No

Part 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	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
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? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
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 <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	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		
e	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		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
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.) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 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	89b	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	90b	4
b	Number of employees employed in the pay period that includes March 12, 2003		
91	The books are in care of DIANE GRAMANN Telephone no. 615-781-1036		

Located at 412 METROPLEX DRIVEZIP + 4 3721192 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PARTNER FEES					36,425.
b PROGRAM REVENUE					32,938.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	110.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	10,988.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					<2,891.>
101 Net income or (loss) from special events					34,486.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER					150.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		11,098.	101,108.
105 Total (add line 104, columns (B), (D), and (E))					112,206.

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

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

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

SEE STATEMENT 12

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

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

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes☒ No

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

I am preparing this return, and to the best of my knowledge and belief, it is true, correct, and complete, and I am not aware of any information which preparer has any knowledge.

1/3/04

RICK MURRAY, BOARD PRESIDENT

Type or print name and title.

Date

Check if

Preparer's SSN or PTIN

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2003

Name of the organization

COMMUNITY RESOURCE CENTER

Employer identification number

62 1308387

(See page 1 of the instructions. List each one. If there are none, enter "None.")

Total number of other employees paid over \$50,000

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

Total number of others receiving over \$50,000 for professional services

Part III Statements About Activities (See page 2 of the instructions.)	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) SEE STATEMENT 13		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☐ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)**

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	163,446.	316,643.	191,386.	253,846.	925,321.
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	101,613.	74,233.	63,139.	30,287.	269,272.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	310.	519.	941.	4,646.	6,416.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		1,263.	SEE STATEMENT 14		1,263.
23 Total of lines 15 through 22	265,369.	392,658.	255,466.	288,779.	1,202,272.
24 Line 23 minus line 17	163,756.	318,425.	192,327.	258,492.	933,000.
25 Enter 1% of line 23	2,654.	3,927.	2,555.	2,888.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 18,660.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 268,700.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 933,000.
d Add: Amounts from column (e) for lines: 18 6,416. 19 22 1,263. 26b 268,700.					26d 276,379.
e Public support (line 26c minus line 26d total)					26e 656,621.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 70.3774%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2002) (2001) (2000) (1999)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2002) (2001) (2000) (1999)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)**N/A**(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** ☐ if the organization belongs to an affiliated group.Check **b** ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

(a)
Affiliated group
totals**(b)**
To be completed for ALL
electing organizations**N/A****36** Total lobbying expenditures to influence public opinion (grassroots lobbying)**36****37** Total lobbying expenditures to influence a legislative body (direct lobbying)**37****38** Total lobbying expenditures (add lines 36 and 37)**38****39** Other exempt purpose expenditures**39****40** Total exempt purpose expenditures (add lines 38 and 39)**40****41** Lobbying nontaxable amount. Enter the amount from the following table -

If the amount on line 40 is -

The lobbying nontaxable amount is -

Not over \$500,000

20% of the amount on line 40

Over \$500,000 but not over \$1,000,000

\$100,000 plus 15% of the excess over \$500,000

Over \$1,000,000 but not over \$1,500,000

\$175,000 plus 10% of the excess over \$1,000,000

Over \$1,500,000 but not over \$17,000,000

\$225,000 plus 5% of the excess over \$1,500,000

Over \$17,000,000

\$1,000,000

41**42** Grassroots nontaxable amount (enter 25% of line 41)**42****43** Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36**43****44** Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38**44****Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period**N/A**

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount
		0.

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

Exempt Organizations (See page 12 of the instructions.)

a Transfers from the reporting organization to a noncharitable exempt organization of:

- | | Yes | No |
|--------|-----|----|
| 51a(i) | | X |
| a(ii) | | X |
| b(i) | | X |
| b(ii) | | X |
| b(iii) | | X |
| b(iv) | | X |
| b(v) | | X |
| b(vi) | | X |
| c | | X |

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

[illegible]

► ☐ Yes ☒ No

N/A

[illegible]

FORM 990	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
OFFICE SUBLEASE	1	10,988.
TOTAL TO FORM 990, PART I, LINE 6A		10,988.

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	2
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
ASSET DISPOSALS	VARIOUS	07/28/03	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC
	0.	4,057.	0.	1,166.
TO FM 990, PART I, LN 8		4,057.	0.	1,166.
				NET GAIN OR (LOSS)
				<2,891.>
				<2,891.>

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	3
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
OYSTER EASTER	48,018.		48,018.	13,532.	34,486.
TO FM 990, PART I, LINE 9	48,018.		48,018.	13,532.	34,486.

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
OUTSIDE SERVICES	1,007.	906.	101.	0.
UTILITIES	12,137.	10,923.	1,214.	0.
INSURANCE	14,775.	10,591.	3,464.	720.
MEMBERSHIPS	615.	554.	61.	0.
TAXES & LICENSES	530.	477.	53.	0.
ADVERTISING & PUBLIC				
RELATIONS	839.	755.	84.	0.
AMORTIZATION	702.	632.	70.	0.
MISCELLANEOUS	1,558.	1,401.	157.	0.
PROGRAM COSTS	16,699.	16,699.	0.	0.
DISTRIBUTIONS OF				
NONCASH DONAT	2,801,569.	2,801,569.	0.	0.
TOTAL TO FM 990, LN 43	2,850,431.	2,844,507.	5,204.	720.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	5
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DESCRIPTION OF PROGRAM SERVICE ONE

THE COMMUNITY RESOURCE CENTER IS A CLEARING HOUSE FOR NON-CASH DONATIONS OF GOODS AND VOLUNTEER SERVICES NEEDED BY NON-PROFIT ORGANIZATIONS IN MIDDLE TENNESSEE. BY MATCHING THESE DONATIONS WITH NON-PROFIT ORGANIZATIONS, THEY HELP PROVIDE THE RESOURCES NON-PROFIT ORGANIZATIONS NEED TO MEET THE HEALTH, WELFARE, AND EDUCATION NEEDS OF MIDDLE TENNESSEE

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		3,001,999.

FORM 990	OTHER ASSETS	STATEMENT	6
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DESCRIPTION	AMOUNT
DEPOSITS	200.
NET INTANGIBLE ASSETS	0.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	200.

FORM 990	MORTGAGES PAYABLE	STATEMENT	7
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DESCRIPTION	BALANCE DUE
SUNTRUST BANK, NASHVILLE, N.A.	0.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	8
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DESCRIPTION	AMOUNT
SPECIAL EVENTS DIRECT EXPENSES	13,532.
TOTAL TO FORM 990, PART IV-A	13,532.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	9
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DESCRIPTION	AMOUNT
SPECIAL EVENTS DIRECT EXPENSES	13,532.
TOTAL TO FORM 990, PART IV-B	13,532.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	10
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DESCRIPTION	AMOUNT
LOSS ON ASSET DISPOSALS	<2,891.>
TOTAL TO FORM 990, PART IV-A	<2,891.>

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	11
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DIANE GRAMANN 412 METROPLEX DRIVE NASHVILLE, TN 37211	EXECUTIVE DIRECTOR 40	52,700.	1,500.	0.
WILL CHEEK, III 400 REALTORS BLDG 306 GAY STREET NASHVILLE, TN 37201	DIRECTOR 0	0.	0.	0.
LINDA PARSONS 155 FRANKLIN ROAD SUITE 400 BRENTWOOD, TN 37027	SECRETARY 0	0.	0.	0.
CHIP HIGGINS P.O. BOX 100 FRANKLIN, TN 37064	TREASURER 0	0.	0.	0.
FRAN BOONE 1422 PLANTATION DRIVE BRENTWOOD, TN 37027	VICE PRESIDENT 0	0.	0.	0.

· COMMUNITY RESOURCE CENTER

62-1308387

DERRICK BRITTON P.O. BOX 689007 MAIL DROP 825 FRANKLIN, TN 37067	DIRECTOR 0	0.	0.	0.
EVA CARTER P.O. BOX 181 SHELBYVILLE, TN 37162-0181	DIRECTOR 0	0.	0.	0.
ADAM DREAD P.O. BOX 158891 NASHVILLE, TN 37215-8891	DIRECTOR 0	0.	0.	0.
KYM JACKSON 202 ATHENS WAY NASHVILLE, TN 37228	DIRECTOR 0	0.	0.	0.
MILES JOHNSON 770 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.
LORI MUNKEBOE 401 CHURCH STREET 8TH FLOOR, L&C NASHVILLE, TN 37243-1533	DIRECTOR 0	0.	0.	0.
RICK MURRAY 555 GREAT CIRCLE DRIVE SUITE 200 NASHVILLE, TN 37228	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	DIRECTOR 0	0.	0.	0.
CATHERINE MAYHEW P.O. BOX 158434 NASHVILLE, TN 37215-8434	DIRECTOR 0	0.	0.	0.
MARION REYNOLDS 104 CONTINENTAL PLACE, SUITE 300 BRENTWOOD, TN 37027	DIRECTOR 0	0.	0.	0.
WILLIAM SINCLAIR 30 WHITE BRIDGE ROAD NASHVILLE, TN 37205	DIRECTOR 0	0.	0.	0.

BARRY SMITH
5141 VIRGINIA WAY
BRENTWOOD, TN 37027

DIRECTOR
0

0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V

52,700. 1,500. 0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 12
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	THE COLLECTION OF PARTNER FEES HELPS THE ORGANIZATION IDENTIFY OTHER NONPROFIT ORGANIZATIONS AND THEIR NEEDS IN ORDER TO DONATE GOODS THAT THE ORGANIZATION COLLECTS.
93B	FEES ARE COLLECTED TO COVER SOME OF THE COSTS OF REPAIRS TO DONATED EQUIPMENT GIVEN TO OTHER NONPROFIT AGENCIES.
101	TO PROVIDE COMMUNITY AWARENESS OF THE ORGANIZATION'S PURPOSE
103A	AND NEEDS.

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC,. PART III, LINE 2 STATEMENT 13

EXECUTIVE DIRECTOR PAID SALARY OF \$52,700

SCHEDULE A OTHER INCOME STATEMENT 14

DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
OTHER	0.	1,263.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	0.	1,263.	0.	0.

Community Resource Center Depreciation Schedule by Category For the 12 Months Ended 06/30/04

Asset No.	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 07/01/03	Current Depreciation	Accum Depr 06/30/04
BUILDING									
1	BUILDING - METROPLEX DRIVE	04/30/98	ST LINE	39/00	N	548,549.00	72,715.98	14,065.36	86,781.34
	Total for (BUILDING)					548,549.00	72,715.98	14,065.36	86,781.34
BUILDING IMPROVEMENTS									
4	BUILDING IMPROVEMENTS	10/08/98	ST LINE	39/00	N	1,276.00	154.72	32.72	187.44
5	METROPLEX IMPROVEMENTS	02/26/99	ST LINE	39/00	N	3,738.00	416.22	95.85	512.07
6	ARCHITECTURE	08/31/98	ST LINE	15/00	N	7,296.00	2,350.71	486.40	2,837.11
7	AIR CONDITIONER	01/17/00	ST LINE	07/00	N	3,599.00	1,775.61	514.14	2,289.75
8	ARCHITECTURE	01/24/00	ST LINE	15/00	N	442.53	101.32	29.50	130.82
9	RENOVATIONS	02/28/00	ST LINE	39/00	N	1,689.98	144.67	43.33	188.00
10	RENOVATIONS	03/29/00	ST LINE	39/00	N	12,757.32	1,065.34	327.11	1,392.45
11	ELECTRICAL WORK	04/04/00	ST LINE	39/00	N	26,165.61	2,174.04	670.91	2,844.95
12	RENOVATIONS	04/12/00	ST LINE	39/00	N	10,205.43	842.24	261.68	1,103.92
13	RENOVATIONS	04/13/00	ST LINE	39/00	N	2,563.00	211.35	65.72	277.07
14	ELECTRICAL WORK	04/18/00	ST LINE	39/00	N	14,977.50	1,229.77	384.04	1,613.81
15	RENOVATIONS	05/30/00	ST LINE	39/00	N	3,817.43	302.20	97.88	400.08
16	RENOVATIONS	07/12/99	ST LINE	39/00	N	101.75	10.36	2.61	12.97
17	RENOVATIONS	12/29/99	ST LINE	39/00	N	470.00	42.24	12.05	54.29
18	RENOVATIONS	07/05/00	ST LINE	39/00	N	13,796.11	1,057.37	353.75	1,411.12
19	RENOVATIONS-ELECTRICAL	07/20/00	ST LINE	39/00	N	1,600.00	120.95	41.03	161.98
20	RENOVATIONS	07/31/00	ST LINE	39/00	N	403.52	30.20	10.35	40.55
21	PAINTING	08/29/00	ST LINE	15/00	N	3,475.00	657.56	231.67	889.23
22	PAINTING	09/01/00	ST LINE	15/00	N	4,250.00	801.87	283.33	1,085.20
23	FENCING	09/19/00	ST LINE	15/00	N	615.00	114.01	41.00	155.01
24	RENOVATIONS	10/04/00	ST LINE	39/00	N	784.54	55.12	20.12	75.24
25	RENOVATIONS	01/24/01	ST LINE	39/00	N	500.00	31.19	12.82	44.01
104	4 X 12 DOOR CANOPY	06/01/04	ST LINE	05/00	N	940.00	0.00	15.41	15.41
	Total for (BUILDING IMPROVEMENTS)					115,463.72	13,689.06	4,033.42	17,722.48
LAND & IMPROVEMENTS									
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	817.25	199.13	1,016.38
	Total for (LAND & IMPROVEMENTS)					99,790.00	817.25	199.13	1,016.38
OFFICE EQUIPMENT									
29	IOMEGA ZIP DRIVE	01/15/98	ST LINE	05/00	N	175.00	175.00	0.00	175.00
30	PAYROLL TAX SOFTWARE	07/07/99	ST LINE	05/00	Y	86.59	68.99	1.32	70.31
31	DIGITAL CAMERA	08/26/99	ST LINE	05/00	N	144.96	111.53	28.99	140.52
32	COMPUTER SOFTWARE	09/08/99	ST LINE	05/00	Y	199.99	152.46	3.06	155.52
33	QUICKBOOKS SOFTWARE	09/13/99	ST LINE	05/00	Y	349.89	265.77	4.40	270.17
34	PHONE SYSTEM + 6 UNITS	11/16/99	ST LINE	05/00	N	5,404.40	3,915.98	1,080.88	4,996.86
35	SIGN	12/29/99	ST LINE	05/00	N	59.25	41.54	11.85	53.39
36	SOFTWARE	02/09/00	ST LINE	05/00	Y	120.00	81.38	1.84	83.22
37	CORDLESS PHONE	03/01/00	ST LINE	05/00	N	39.99	26.67	8.00	34.67
38	NETWORKING HUB	06/16/00	ST LINE	05/00	N	132.99	80.89	26.60	107.49
57	LINEX SERVER	03/01/00	ST LINE	05/00	Y	50.00	33.33	0.77	34.10
58	COMPAQ COMPUTER - PENTIUM	12/01/02	ST LINE	05/00	Y	650.00	75.51	9.95	85.46

Community Resource Center Depreciation Schedule by Category For the 12 Months Ended 06/30/04

10/21/04

09:56AM

Asset No.	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 07/01/03	Current Depreciation	Accum Depr 06/30/04
OFFICE EQUIPMENT									
59	COMPAQ COMPUTER - PENTIUM	12/01/02	ST LINE	05/00	Y	650.00	75.51	9.95	85.46
60	COMPAQ COMPUTER - PENTIUM	12/01/02	ST LINE	05/00	Y	650.00	75.51	9.95	85.46
61	COMPAQ COMPUTER - PENTIUM	12/01/02	ST LINE	05/00	Y	650.00	75.51	9.95	85.46
62	COMPAQ COMPUTER - PENTIUM	12/01/02	ST LINE	05/00	N	650.00	75.51	130.00	205.51
63	MONITOR	12/01/02	ST LINE	05/00	N	40.00	4.65	8.00	12.65
64	MONITOR	12/01/02	ST LINE	05/00	N	40.00	4.65	8.00	12.65
65	MONITOR	12/01/02	ST LINE	05/00	N	40.00	4.65	8.00	12.65
66	MONITOR	12/01/02	ST LINE	05/00	N	40.00	4.65	8.00	12.65
67	MONITOR	12/01/02	ST LINE	05/00	N	40.00	4.65	8.00	12.65
68	MONITOR	12/01/02	ST LINE	05/00	Y	40.00	4.65	0.61	5.26
69	MONITOR	12/01/02	ST LINE	05/00	Y	40.00	4.65	0.61	5.26
70	MONITOR	12/01/02	ST LINE	05/00	Y	40.00	4.65	0.61	5.26
71	PRINTER	12/01/02	ST LINE	05/00	N	40.00	4.65	8.00	12.65
72	PRINTER	12/01/02	ST LINE	05/00	N	40.00	4.65	8.00	12.65
73	PRINTER	12/01/02	ST LINE	05/00	N	40.00	4.65	8.00	12.65
74	PRINTER	12/01/02	ST LINE	05/00	N	40.00	4.65	8.00	12.65
75	FAX MACHINE	11/01/02	ST LINE	05/00	N	25.00	3.32	5.00	8.32
76	OVERHEAD PROJECTOR	03/01/02	ST LINE	05/00	N	25.00	6.67	5.00	11.67
77	SCANNER	03/01/01	ST LINE	05/00	Y	25.00	11.67	0.38	12.05
78	JVC - VCR	03/01/01	ST LINE	05/00	N	50.00	23.34	10.00	33.34
79	RCA - TV	03/01/01	ST LINE	05/00	N	75.00	35.01	15.00	50.01
80	PALM PILOT	01/01/03	ST LINE	05/00	N	100.00	9.92	20.00	29.92
81	REFRIGERATOR	03/01/00	ST LINE	05/00	N	50.00	33.33	10.00	43.33
82	MICROWAVE	03/01/00	ST LINE	05/00	N	20.00	13.33	4.00	17.33
83	LAMINATOR	06/01/03	ST LINE	05/00	N	90.00	1.48	18.00	19.48
84	COFFEE MAKER	03/01/00	ST LINE	05/00	N	50.00	33.33	10.00	43.33
91	DELL OPTIPLEX GX270 COMPUT	07/28/03	ST LINE	05/00	N	823.00	0.00	152.46	152.46
92	DELL OPTIPLEX GX270 COMPUT	07/28/03	ST LINE	05/00	N	823.00	0.00	152.46	152.46
93	DELL OPTIPLEX GX270 COMPUT	07/28/03	ST LINE	05/00	N	942.00	0.00	174.50	174.50
94	DELL OPTIPLEX GX270 COMPUT	07/28/03	ST LINE	05/00	N	942.00	0.00	174.50	174.50
95	DELL POWEREDGE 600 SC SER	07/28/03	ST LINE	05/00	N	3,195.22	0.00	591.90	591.90
96	BACKUP EXEC 9.0 SOFTWARE	07/28/03	ST LINE	05/00	N	604.00	0.00	111.89	111.89
97	WATCHGUARD FIREBOX SOHO	07/28/03	ST LINE	05/00	N	345.00	0.00	63.91	63.91
98	ADOBE ACROBAT 6.0	07/28/03	ST LINE	05/00	N	265.00	0.00	49.09	49.09
99	ADOBE PHOTOSHOP	07/28/03	ST LINE	05/00	N	74.00	0.00	13.71	13.71
100	NETWORK INSTALLATION CHAR	07/28/03	ST LINE	05/00	N	3,300.00	0.00	611.31	611.31
101	SYMANTEC MAIL SECURITY SOF	10/27/03	ST LINE	05/00	N	345.29	0.00	46.79	46.79
102	QUICKBOOKS PREMIER NONPR	07/23/03	ST LINE	05/00	N	329.95	0.00	62.02	62.02
103	MISCELLANEOUS SOFTWARE	07/14/03	ST LINE	05/00	N	154.00	0.00	29.71	29.71
Total for (OFFICE EQUIPMENT)						23,145.52	5,558.29	3,742.97	9,301.26
WAREHOUSE EQUIPMENT									
26	P.A SOUND SYSTEM	11/10/94	ST LINE	05/00	N	2,700.00	2,700.00	0.00	2,700.00
27	ML55 - PALLET JACK 27X48	01/19/96	ST LINE	05/00	N	394.00	394.00	0.00	394.00
28	A4248 DOCK PLATE	01/19/96	ST LINE	05/00	N	372.00	372.00	0.00	372.00

**Community Resource Center
Depreciation Schedule by Category
For the 12 Months Ended 06/30/04**

10/21/04
09:56AM

Asset No.	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 07/01/03	Current Depreciation	Accum Depr 06/30/04
WAREHOUSE EQUIPMENT									
39	WAREHOUSE LIFT / DOCK DOOF	03/29/99	ST LINE	05/00	N	3,500.00	2,980.27	519.73	3,500.00
40	LOADING DOCK	09/09/00	ST LINE	05/00	N	24,749.50	13,900.40	4,949.90	18,850.30
41	25 SMALL SHELVING UNITS	03/01/00	ST LINE	05/00	N	625.00	416.67	125.00	541.67
42	21 LARGE SHELVING UNITS	03/01/00	ST LINE	05/00	N	1,575.00	1,050.00	315.00	1,365.00
43	8 ROLLING SHELVING UNITS	02/01/02	ST LINE	05/00	Y	400.00	112.88	40.22	153.10
44	2 LARGE WAREHOUSE CARTS	03/01/00	ST LINE	05/00	N	150.00	100.00	30.00	130.00
45	4 INDUSTRIAL FANS	06/01/02	ST LINE	05/00	N	500.00	108.22	100.00	208.22
46	18 STEEL FRAMED SHELVES	01/01/03	ST LINE	05/00	N	1,800.00	178.52	360.00	538.52
47	7 CLOTHING RACKS	08/01/02	ST LINE	05/00	Y	105.00	19.22	10.56	29.78
48	12 FT. LADDER	03/01/03	ST LINE	05/00	N	700.00	46.79	140.00	186.79
49	3 SMALL LADDERS	03/01/00	ST LINE	05/00	N	60.00	40.00	12.00	52.00
50	2 STORAGE LOCKERS	01/01/03	ST LINE	05/00	N	100.00	9.92	20.00	29.92
51	3 DOLLIES	06/01/02	ST LINE	05/00	N	45.00	9.74	9.00	18.74
52	UTILITY CART	03/01/00	ST LINE	05/00	N	30.00	20.00	6.00	26.00
53	SECTIONAL STAGE	03/01/00	ST LINE	05/00	N	150.00	100.00	30.00	130.00
54	375 STACKABLE CHAIRS	03/01/00	ST LINE	05/00	N	375.00	250.00	75.00	325.00
55	30 4 FT. STACKING TABLES	03/01/00	ST LINE	05/00	N	120.00	80.00	24.00	104.00
56	14 8 FT. FOLDING TABLES	03/01/00	ST LINE	05/00	N	85.00	56.67	17.00	73.67
85	2 6 FT. FOLDING TABLES	03/01/00	ST LINE	05/00	N	50.00	33.33	10.00	43.33
86	5 4 FT. FOLDING TABLES	03/01/00	ST LINE	05/00	N	125.00	83.33	25.00	108.33
87	STANDING PODIUM	03/01/00	ST LINE	05/00	N	100.00	66.67	20.00	86.67
88	TABLE TOP PODIUM	03/01/00	ST LINE	05/00	N	40.00	26.67	8.00	34.67
89	20 FOLDING CHAIRS	07/01/03	ST LINE	05/00	N	100.00	0.00	20.00	20.00
90	FORKLIFT	10/30/03	ST LINE	05/00	N	14,000.00	0.00	1,874.32	1,874.32
Total for (WAREHOUSE EQUIPMENT)						52,950.50	23,155.30	8,740.73	31,896.03
Client Subtotal Before Sales						839,898.74	115,935.88	30,781.61	146,717.49
Less Assets Sold						4,056.47			1,165.87
Total						835,842.27	115,935.88	30,781.61	145,551.62