Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

JUL 1. 2006 For the 2006 calendar year, or tax year beginning and ending JUN 2007 C Name of organization D Employer identification number Check if applicable: Please use IRS Address change label o COMMUNITY RESOURCE CENTER 62-1308387 print or type. Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return 615-781-1036 412 METROPLEX DRIVE Instruc-Final return Amended return F Accounting method: X Cash Accrual City or town, state or country, and ZIP + 4 Other (specify) NASHVILLE. TN 37211 Applicatio pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts Hand lare not applicable to section 527 organizations. must attach a completed Schedule A (Form 990 or 990-EZ). Yes X No **H(a)** Is this a group return for affiliates? G Website: ▶WWW.COMMUNITY-RESOURCE-CENTER.COM **H(b)** If "Yes." enter number of affiliates ▶ H(c) Are all affiliates included? (If "No," attach a list.) **Organization type** (check only one) \blacktriangleright X 501(c) (3) \blacktriangleleft (insert no.) 4947(a)(1) or N/A Check here if the organization is not a 509(a)(3) supporting organization **and** its gross H(d) Is this a separate return filed by an organization covered by a group ruling? receipts are normally **not** more than \$25,000. A return is not required, but if the organization Yes X No chooses to file a return, be sure to file a complete return. Group Exemption Number ▶ Check if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 337,542. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances Contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds 1a Direct public support (not included on line 1a) 149,877. 1b 16,293. c Indirect public support (not included on line 1a) 1c **d** Government contributions (grants) (not included on line 1a) 1d Total (add lines 1a through 1d) (cash \$ 166,170 . noncash \$ 166,170. 1e 80,119. Program service revenue including government fees and contracts (from Part VII, line 93) 2 2 3 Membership dues and assessments 3,799. 4 Interest on savings and temporary cash investments Dividends and interest from securities 5 6 a Gross rents SEE STATEMENT 1 6b b Less: rental expenses 11,226. Net rental income or (loss). Subtract line 6b from line 6a Other investment income (describe 7 8 a Gross amount from sales of assets other (A) Securities (B) Other 3,649. than inventory 8a 3,285. b Less: cost or other basis and sales expenses 8b 364. Gain or (loss) (attach schedule) STMT 2 **d** Net gain or (loss). Combine line 8c, columns (A) and (B) 364. 8d Special events and activities (attach schedule). If any amount is from gaming, check here 0 • of contributions reported on line 1b) 72,579. 13,936. Less: direct expenses other than fundraising expenses 9b Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 3 58,643. 9с 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b 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) 11 320,321. 12 **Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 Program services (from line 44, column (B)) 210,624. 13 13 54,068. 14 Management and general (from line 44, column (C)) 14 9,385.Fundraising (from line 44, column (D)) 15 15 Payments to affiliates (attach schedule) 16 16 274,077. Total expenses. Add lines 16 and 44, column (A) 17 17 Excess or (deficit) for the year. Subtract line 17 from line 12 46,244. 18 18 Net assets or fund balances at beginning of year (from line 73, column (A)) 1,229,088. 19 20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4 <413,837. Net assets or fund balances at end of year. Combine lines 18, 19, and 20 861,495.

62-1308387 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. Part II

27 Pension plan contributions not included on lines 25a, b, and c 27 2, 206. 1, 985. 221. 28 Employee benefits not included on lines 25a - 27 28 10, 728. 8, 504. 1, 949. 275. 29 Payroll taxes 29 8, 129. 4, 827. 2, 706. 596. 30 Professional fundraising fees 30 31 7, 160. 6, 444. 716. 32 Legal fees 32 2 33 Supplies 33 2, 160. 1, 944. 216. 34 Telephone 34 7, 490. 6, 741. 749. 35 Postage and shipping 35 1, 441. 1, 297. 144. 36 Occupancy 36 1, 576. 1, 418. 158. 37 Equipment rental and maintenance 37 2, 364. 2, 128. 236. 38 Printing and publications 38 4, 030. 3, 627. 403. 39 Travel 39 2, 367. 2, 130. 237. 39 Travel 40 Conferences, conventions, and meetings 40 90. 81. 9. 41 Interest 41 42 Depreciation, depletion, etc. (attach schedule) 42 43, 465. 39, 119. 4, 346. 436. 436 436 436 436 439 71, 623. 67, 436. 4, 012. 175. 475. 475. 476. 476. 477. 477. 477. 477. 477. 477	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
Exam s	22a Grants paid from donor advised funds					
# This amount includes twenty greats, developed greats and allocations (attach schedule) 222 225	(attach schedule)					
229 Other grants and allocations (attach schodule) (scn s						
Sease	If this amount includes foreign grants, check here	22a				
This exame includes being plants, check her 20 23 Specific assistance to individuals (attach schedulus) 23 Specific assistance to individuals (attach schedulus) 24 Specific plants (attach schedulus) 25 25 26 27 24 28 28 28 29 28 29 29 20 20 20 20 20 20	22b Other grants and allocations (attach schedule					
23 Specific assistance to individuals (attach schedule) 24 Benefits paid to or for members (attach schedule) 25 Compensation of former officers, (directors, key employees, etc. listed in Part V-A STMT 6 25 Compensation of former officers, ficertors, key employees, etc. listed in Part V-B 25 Compensation of former officers, ficertors, key employees, etc. listed in Part V-B 26 Compensation of former officers, ficertors, key employees, etc. listed in Part V-B 26 Compensation of former officers, ficertors, key employees, etc. listed in Part V-B 26 Compensation of former officers, ficertors, key employees, etc. listed in Part V-B 26 Compensation of former officers, ficertors, key employees, etc. listed in Part V-B 27 Persion plan contributions not included on lines 25a, b, and c 28 Salaries and wages of employees not included on lines 25a, b, and c 29 Capacity of the part o	(cash \$0 • noncash \$0 •					
Schedule) 28 Benefits paid to or for members (attach schedule) 29 Benefits paid to or for members (attach schedule) 29 Benefits paid to or for members (attach schedule) 20 Compensation of former officers, directors, key employees, etc. listed in Part V-A STMT 6 20 Compensation of former officers, directors, key employees, etc. listed in Part V-B 20 Compensation and other distributions, not included above, to disqualified persons (as defined under section 4950(),01/8) 20 Salaries and wages of employees end included on lines 25a, b, and c 21 Employee benefits not included on lines 22 Employee benefits not included on lines 23 10,728. 8,504. 1,949. 275. 28 10,728. 8,504. 1,949. 275. 29 Payroll taxes 29 8,129. 4,827. 2,706. 596. 30 1 Accounting fees 31 7,160. 6,444. 716. 32 Legal fees 32 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	If this amount includes foreign grants, check here	22b				
24 Benefits paid to or for members (attach schedule) 25 Compensation of current officers, key employees, etc. listed in Part V-A STMT 6. 26 Compensation of former efficers, directors, key employees, etc. listed in Part V-B 27 Compensation of former efficers, directors, key employees, etc. listed in Part V-B 28 Compensation of officer efficers in Part V-B 29 Compensation and other distributions, not included above, to disqualified persons (as defined under section 4988(fl/11) and persons described in section 4988(fl/11) and persons described fl/11) and persons described fl/11) and persons described fl/12)	23 Specific assistance to individuals (attach					
24 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STRMT 6 25b	schedule)	23				
25a Compensation of current orlicers, directors, key employees, etc. listed in Part V-B	24 Benefits paid to or for members (attach					
employees, etc. listed in Part V-A STMT. 6 b Compensation of former officers, directors, key employees, etc. listed in Part V-B c Compensation and other distributions, not included above, to dispulling expenses, esc. defined under section 4958(f)(1)) and persons described in 4960. 25c 26 60,926. 55,695. 4,141. 1,090. 27 2,206. 1,985. 221. 28 10,728. 8,504. 1,949. 275. 29 Payroll taxes 29 8,129. 4,827. 2,706. 596. 30 1,949. 1,949. 275. 31 Accounting fees 30 1,944. 216. 31. 32 Legal fees 32 1,7160. 6,444. 716. 32. 33 Supplies 33 2,160. 1,944. 216. 32. 34 Telephone 34 7,490. 6,741. 749. 144. 35 Postage and shipping 35 1,441. 1,297. 144. 36 Occupancy 35 1,441. 1,297. 144. 37 Equipment rental and maintenance 37 2,364. 2,128. 236. 38 Travel 40 90. 81. 99. 41 Interest 40 Person persons and the section 4958 (f) 40 10 10 10 10 10 10 10 10 10 10 10 10 10	schedule)	24				
b Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0						
employees, etc. listed in Part V-B 6 Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1) and persons described in section 4958(r) and persons described in section 4958 r) and persons described in section 4958	employees, etc. listed in Part V-A STMT 6	25a	48,322.	7,248.	33,825.	7,249.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(c)(3)(8). 25c 28 Salaries and wages of employees not included on lines 25a, b, and c. 27 Pension plan contributions not included on lines 25a, b, and c. 28 Employee benefits not included on lines 25a, b, and c. 29 Employee benefits not included on lines 25a v. 28 Employee benefits not included on lines 25a v. 29 Rayroll taxes 29 8, 129 4, 827 2, 270 6. 29 Payroll taxes 29 8, 129 4, 827 2, 70 6. 29 Payroll taxes 30 7, 160 6, 444 4. 21 Legal fees 32 2. 30 Professional fundraising fees 31 7, 160 6, 444 4. 31 Accounting fees 32 2. 32 Legal fees 32 2. 33 Supplies 33 2, 160 1, 944 2. 34 Telephone 34 7, 490 6, 741 1, 749 4. 35 Postage and shipping 35 1, 441 1, 2, 297 144 4. 36 Occupancy 36 1, 576 1, 1, 418 1, 158 1. 37 Equipment rental and maintenance 37 2, 364 2, 128 236 . 38 Printing and publications 38 4, 030 3, 627 403 . 39 Travel 39 2, 367 2, 133 0, 237 . 40 Conferences, conventions, and meetings 40 90 81 90 81 9 9 . 41 Interest 41 Depreciation, depletion, etc. (attach schedule) 42 43, 465 . 439 49 Beneficiation, depletion, etc. (attach schedule) 42 A3, 465 . 439 Conferences, conventions, and meetings 43	b Compensation of former officers, directors, key					
above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(8)	employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
section 4958(f)(1)) and persons described in section 4958(c)(3)(8)	c Compensation and other distributions, not included					
26 Salaries and wages of employees not included on lines 25a, b, and c 26	above, to disqualified persons (as defined under					
28 Salaries and wages of employees not included on lines 25a, b, and c	section 4958(f)(1)) and persons described in					
28 Salaries and wages of employees not included on lines 25a, b, and c	section 4958(c)(3)(B)	25c				
27 Pension plan contributions not included on lines 25a, b, and c 27 2, 206. 1, 985. 221. 28 Employee benefits not included on lines 25a · 27 28 Payoril taxes 29 8, 129. 4, 827. 2, 706. 596. 596. 39 7 Professional fundraising fees 30 30 31 Accounting fees 31 7, 160. 6, 444. 716. 32 Legal fees 32 32 32 33 34 7, 490. 6, 741. 749. 35 Postage and shipping 35 1, 441. 1, 297. 144. 36 Postage and shipping 35 1, 441. 1, 297. 144. 36 Postage and shipping 37 2, 364. 2, 128. 236. 38 Printing and publications 38 4, 030. 3, 627. 403. 39 Travel 39 2, 367. 2, 130. 237. 40 Conferences, conventions, and meetings 40 90. 81. 9. 41 Interest 41 42 Depreciation, depletion, etc. (attach schedule) 42 43, 465. 39, 119. 4, 346. 40 438						
Ilines 25a, b, and c 27 2,206. 1,985. 221.	included on lines 25a, b, and c	26	60,926.	55,695.	4,141.	1,090.
28 Employee benefits not included on lines 25a · 27	27 Pension plan contributions not included on					
25a · 27 29 Payroll taxes 29 Payroll taxes 30 Professional fundraising fees 31 7, 160 · 6, 444 · 716 · 31 Accounting fees 31 7, 160 · 6, 444 · 716 · 32 Legal fees 32 Supplies 33 2, 160 · 1, 944 · 216 · 34 Telephone 34 7, 490 · 6, 741 · 749 · 35 Postage and shipping 36 1, 441 · 1, 297 · 144 · 36 Occupancy 37 2, 364 · 2, 128 · 236 · 38 Printing and publications 38 4, 030 · 3, 627 · 403 · 39 Travel 40 Conferences, conventions, and meetings 40 90 · 81 · 9 · 41 Interest 41	lines 25a, b, and c	27	2,206.	1,985.	221.	
29 Payroll taxes	28 Employee benefits not included on lines					
29 Payroll taxes	25a - 27	28	10,728.		1,949.	
30 Professional fundraising fees 31 Accounting fees 32 Legal fees 32 Legal fees 33 Supplies 33 2 , 160 . 1 , 944 . 216 . 34 Telephone 34 7 , 490 . 6 , 741 . 749 . 35 Postage and shipping 36 1 , 441 . 1 , 297 . 144 . 36 Occupancy 37 2 , 364 . 2 , 128 . 236 . 38 Printing and publications 38 4 , 030 . 3 , 627 . 403 . 39 Travel 39 Travel 39 2 , 367 . 2 , 130 . 237 . 40 Conferences, conventions, and meetings 40 90 81 . 9 . 41 Interest 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): a b		29	8,129.	4,827.	2,706.	596.
32 Legal fees 33 Supplies 33 1 2 , 160		30				
32 Legal fees 33 Supplies 33 Supplies 34 Telephone 34 7,490. 6,741. 749. 35 Postage and shipping 36 0ccupancy 37 Equipment rental and maintenance 38 Printing and publications 38 4,030. 3,627. 403. 39 Printing and publications 38 4,030. 3,627. 403. 39 Travel 40 Conferences, conventions, and meetings 41 Interest 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): 45 Other expenses not covered above (itemize): 46	31 Accounting fees	31	7,160.	6,444.	716.	
33		32				
34 Telephone		33		1,944.	216.	
35 Postage and shipping 36 Occupancy 36 1,576. 1,418. 158. 37 Equipment rental and maintenance 37 2,364. 2,128. 236. 38 Printing and publications 38 4,030. 3,627. 403. 39 Travel 39 2,367. 2,130. 237. 40 Conferences, conventions, and meetings 40 90. 81. 9. 41 Interest 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): a b d d e d d d d e d d d d d d d d d d d		34	7,490.	6,741.	749.	
36		35	1,441.	1,297.	144.	
37		36	1,576.	1,418.	158.	
39 Travel 39 2,367 2,130 237 40 Conferences, conventions, and meetings 40 90 81 90 41 90		37		2,128.	236.	
39	38 Printing and publications	38	4,030.		403.	
41 Interest		39	2,367.	2,130.	237.	
42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): a b 43a 43b 43c 43c 43d 43e 43f g SEE STATEMENT 5 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44 274,077. 210,624. 54,068. 9,385. 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 X No If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (iii) the amount allocated to Program services \$ N/A ;	40 Conferences, conventions, and meetings	40	90.	81.	9.	
42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): a b 43a 43b 43b 43c 43d e f g SEE STATEMENT 5 43f Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 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? N/A ; (ii) the amount allocated to Program services \$ N/A ;	41 Interest	41				
a		42	43,465.	39,119.	4,346.	
b 43b 43c 43d 43e 43f 43g 71,623 & 67,436 & 4,012 & 175 & 44 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44 274,077 & 210,624 & 54,068 & 9,385 & 44 274,077 & 210,624 & 54,068 & 9,385 & 45 45 45 45 46 46 46 47 47 47 47 47	43 Other expenses not covered above (itemize):	П				
d d d d d d d d d d d d d d d d d d d	a	43a				
d e f g SEE STATEMENT 5 43g 71,623. 67,436. 4,012. 175. 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44 274,077. 210,624. 54,068. 9,385. 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 X No If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;	b	43b				
the fixed state of the second state of the se	С	43c				
f SEE STATEMENT 5 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44 274,077. 210,624. 54,068. 9,385. 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 X No If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;	d	43d				
g SEE STATEMENT 5 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	e	43e				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	f	43f				
43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	g SEE STATEMENT 5	43g	71,623.	67,436.	4,012.	175.
carry these totals to lines 13-15) 44 274,077. 210,624. 54,068. 9,385. 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 X No If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;	44 Total functional expenses. Add lines 22a through	П				
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? If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;	43g. (Organizations completing columns (B)-(D),					
Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes X No If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;	carry these totals to lines 13-15)	44	274,077.	210,624.	54,068.	9,385.
If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;	Joint Costs. Check if you are following	SOP	98-2.			
	Are any joint costs from a combined educational campaig	gn and	d fundraising solicitation rep	orted in (B) Program servi	ces?▶□	
(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A	If "Yes," enter (i) the aggregate amount of these joint cos	ts \$	<u>N/</u> A ; (ii) the amount allocated to	Program services \$	N/A ;
	(iii) the amount allocated to Management and general $\$$		N/A ; and (iv) the amount allocated to	Fundraising \$	N/A

01-23-07

Part III | Statement of Program Service Accomplishments (See the instructions.)

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

	nat is the organization's prin			FTTS				Program Service Expenses
All	organizations must describents served, publications is ganizations and 4947(a)(1) r	ne their exempt purp sued, etc. Discuss a	pose achievem achievements	nents in a clear ar that are not mea	surable. (Section 501	(c)(3) and (4)		(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	THE COMMUNITY NONPROFIT PAR				HOUSEHOLD	GOODS	ТО	
b	(Grants and allocations	\$)	If this amount in	cludes foreign grants	, check here	> □	210,624.
							. [-1	
C	(Grants and allocations	\$)	If this amount in	cludes foreign grants	, check here	P L	
d	(Grants and allocations	\$)	If this amount in	cludes foreign grants	, check here	> [
	(Grants and allocations	\$	1	If this amount in	cludes foreign grants	chack have		
e	Other program services (a	<u> </u>)	ii iiiis aiiiouiil iii	ciades ioreign grafits	, CHECK HEIE		
_	(Grants and allocations	\$			cludes foreign grants	, check here		210.624.

Form **990** (2006)

Form	1990 ((2006) COMMUNITY RESO	URCE CENTER		62-1	L308387 Page 4	
Pa	rt IV	Balance Sheets (See the instructions.)					
Note		ore required, attached schedules and amounts with uld be for end-of-year amounts only.	hin the description column	(A) Beginning of year		(B) End of year	
				45 535	,_	170 042	
	45	Cash - non-interest-bearing		45,535.	45	170,943.	
	46	Savings and temporary cash investments		75,756.	46	26,530.	
	47 a	Accounts receivable	₄₇₂				
		Less: allowance for doubtful accounts	47b		47c		
	ן ו	Less. allowance for doubtful accounts	470		4/6		
	48 a	Pledges receivable	48a				
		Less: allowance for doubtful accounts		13,775.	48c		
	49	Grants receivable			49		
	l	Receivables from current and former officers, di					
		key employees			50a		
Assets	Ь	Receivables from other disqualified persons (as					
		4958(f)(1)) and persons described in section 495			50b		
	51 a	Other notes and loans receivable					
		Less: allowance for doubtful accounts			51c		
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges		1,417.	53	1,650.	
	54 a	Investments - publicly-traded securities			54a		
	b	Investments - other securities	Cost FMV		54b		
	55 a	Investments - land, buildings, and					
		equipment: basis	55a				
	b	Less: accumulated depreciation			55c		
	56	Investments - other			56		
		Land, buildings, and equipment: basis		E10 001		662 541	
		Less: accumulated depreciation	57b 274,816.	710,291.	57c	663,541.	
	58	Other assets, including program-related investments	E COMPENSION 7	40C F00	_	200	
		`	E STATEMENT 7	406,580.		200.	
	59	Total assets (must equal line 74). Add lines 45 t		1,253,354. 24,266.		862,864.	
	60	Accounts payable and accrued expenses		24,200.	60		
	61 62	Grants payable			61 62		
es	63	Deferred revenue Loans from officers, directors, trustees, and key			63		
Liabilities		a Tax-exempt bond liabilities			64a		
iab	"	b Mortgages and other notes payable			64b		
_	65	Other liabilities (describe ► PAYROLL TAX	ES WITHHELD		65	1,369.	
			, _				
	66	Total liabilities. Add lines 60 through 65		24,266.	66	1,369.	
	Orga	anizations that follow SFAS 117, check here	X and complete lines				
		67 through 69 and lines 73 and 74.					
ces	67	Unrestricted		1,177,813. 51,275.	67	861,495.	
lan	68	Temporarily restricted		51,275.	68	0.	
Net Assets or Fund Balances	69	Permanently restricted			69		
nuc	Orga	anizations that do not follow SFAS 117, check h	nere 🕨 🔛 and				
Ϋ́		complete lines 70 through 74.					
ts c	70	Capital stock, trust principal, or current funds \dots	-		70		
sse	71	Paid-in or capital surplus, or land, building, and e			71		
χĄ	72	Retained earnings, endowment, accumulated in			72		
Š	73		Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72.				
		(Column (A) must equal line 19 and column (B) must e	enuar line 2 D	1.229.088.	ı /3 l	861.495.	

862,864. Form **990** (2006)

1,253,354. 74

Total liabilities and net assets/fund balances. Add lines 66 and 73

Part IV-A	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the
	instructions)

Pa	Reconciliation of Revenue per Audited Fina instructions.)	ancial Statements Wi	ith R	Revenue pe	er Re	turn (S	ee the
a	Total revenue, gains, and other support per audited financial statement	ents				a	334,257.
b	Amounts included on line a but not on Part I, line 12:						-
1	Net unrealized gains on investments	b	1				
	Donated services and use of facilities		2				
3			3				
4	Other (specify): SPECIAL EVENTS DIRECT EXPI	ENSES b	4	13,9	36.		
	Add lines b1 through b4					b	13,936.
C	Subtract line b from line a					С	320,321.
d	Amounts included on Part I, line 12, but not on line a:				Ī		
1	Investment expenses not included on Part I, line 6b Other (specify):	d	I1				
2	Other (specify):	d	12				
	Add lines d1 and d2					d	0.
е	Total revenue (Part I, line 12). Add lines c and dart IV-B Reconciliation of Expenses per Audited Fin					е	320,321.
Pa	art IV-B Reconciliation of Expenses per Audited Fin	ancial Statements W	/ith	Expenses	per F	Return	
a	Total expenses and losses per audited financial statements					а	288,013.
b	Amounts included on line a but not on Part I, line 17:						
1	Donated services and use of facilities	<u>b</u>	1				
2	Prior year adjustments reported on Part I, line 20	<u>b</u>	2				
3	Losses reported on Part I, line 20	<u>b</u>	3				
4	Other (specify): SPECIAL EVENTS DIRECT EXPI	ENSES b	4	13,9	36.		
	Add lines b1 through b4					b	13,936.
C	Subtract line b from line a					С	274,077.
d	Amounts included on Part I, line 17, but not on line a:						
1	Investment expenses not included on Part I, line 6b	<u>d</u>	11				
2	Other (specify):	d	12				
	Add lines d1 and d2					d	0.
е	Total expenses (Part I, line 17). Add lines c and d					е	274,077.
Pa	art V-A Current Officers, Directors, Trustees, and K or key employee at any time during the year even if they w		•		an of	ficer, dire	ector, trustee,
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) ((If no	Compensation ot paid, enter -0)	(D)Cor emplo plans comper	tributions to yee benefit & deferred Isation plan	(E) Expense account and other allowances

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D)Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 8		43,950.	4,372.	0.

	t V-A Current Officers, Directors, Trustees, and K		ed)	02 1300	507	Yes	No	
	Enter the total number of officers, directors, and trustees permitted							
, o u	meetings	-	>	13				
b	Are any officers, directors, trustees, or key employees listed in Form	1990 Part V-Δ or highest α	compensated emp	lovees				
•	listed in Schedule A, Part I, or highest compensated professional ar		•					
	Part II-A or II-B, related to each other through family or business rela	tionships? If "Yes," attach	a statement that i	dentifies			X	
	the individuals and explains the relationship(s)							
C	c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees							
	listed in Schedule A, Part I, or highest compensated professional ar							
	Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."							
	If "Yes," attach a statement that includes the information described				75c		X	
d	•				75d		X	
Par	Does the organization have a written conflict of interest policy? t V-B Former Officers, Directors, Trustees, and Ke	y Employees That F	eceived Com	pensation o	or Ot	her		
	Benefits (If any former officer, director, trustee, or key e	mployee received compens	ation or other ben	efits (describe	d belo	w) du		
	the year, list that person below and enter the amount of co	mpensation or other benef						
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid,	`employee benefit	: ``	E) Expe ccount		
	NONE	, ,	`enter -0-) ´	plans & deferred compensation plan	- 41- 1	er allow		
					+			
					+			
					+			
Par	t VI Other Information (See the instructions.)	1		I		Yes	No	
76	Did the organization make a change in its activities or methods of co	onducting activities? If "Ye	s," attach a detaile	ed				
	statement of each change				76		X	
77	Were any changes made in the organizing or governing documents	but not reported to the IRS	3?		77		X	
	If "Yes," attach a conformed copy of the changes.							
	Did the organization have unrelated business gross income of \$1,00				78a		X	
				N/A	78b		v	
79	Was there a liquidation, dissolution, termination, or substantial cont				79		X	
ou a	Is the organization related (other than by association with a statewic membership, governing bodies, trustees, officers, etc., to any other	•	,		80a		х	
h	If "Yes," enter the name of the organization N/A	evenibr or nonexembrords	ai iiZatiUi !		oua		-25	
U	11/11	and check whether it is	exempt or	nonexempt				
81 a	Enter direct or indirect political expenditures. (See line 81 instruction	_		0.				
b	Did the organization file Form 1120-POL for this year?				81b		Х	
					Form	990	(2006)	

	rt VI Other Information (continued)		Yes	No
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			
- u	less than fair rental value?	82a		х
b	If "Yes," you may indicate the value of these items here. Do not include this	- Ju		
-	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.) 82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	х	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х
	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			
	Section 162(e) lobbying and political expenditures 85d N/A			
е	27/2			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	37/3	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			
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.)			
88 a	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	88a		Х
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ▶			
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			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
е		89e		X
f	7 11	89f		Х
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,			
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
	List the states with which a copy of this return is filed TN			
	Number of employees employed in the pay period that includes March 12, 2006	1 1	026	3
91 a	The books are in care of ► CATHERINE MAYHEW Telephone no. ► 615-78			
	Located at ► 412 METROPLEX DRIVE ZIP+4 ► 3			NI-
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country N/A			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank			
	and Financial Accounts.			

Part VI Other Information (continued)					Ye	s No			
c At any time during the calendar year, did the orga	nization mai	ntain an office outside of	the U	nited States?	91c	X			
If "Yes," enter the name of the foreign country									
92 Section 4947(a)(1) nonexempt charitable trusts fill	ing Form 990	in lieu of Form 1041- Ch	heck h	ere	>				
and enter the amount of tax-exempt interest rece	ived or accru	ed during the tax year		▶ 92	N/A				
Part VII Analysis of Income-Producing	Activities	(See the instructions.)							
Note: Enter gross amounts unless otherwise		ted business income		ded by section 512, 513, or 514	(E)				
indicated.	(A) Business	(B)	(C) Exclu-	(D)	Related or exer	mpt			
93 Program service revenue:	code	Amount	sion code	Amount	function incon	ne			
a PARTNER FEES					18,	700.			
b PROGRAM REVENUE						419.			
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	3,799.					
			1 1	3,133.					
96 Dividends and interest from securities									
97 Net rental income or (loss) from real estate:									
a debt-financed property			16	11,226.					
b not debt-financed property			10	11,220.					
98 Net rental income or (loss) from personal property									
99 Other investment income									
100 Gain or (loss) from sales of assets						264			
other than inventory						364. 643.			
101 Net income or (loss) from special events					58,	643.			
102 Gross profit or (loss) from sales of inventory									
103 Other revenue:									
a									
b									
C									
d									
e									
104 Subtotal (add columns (B), (D), and (E))		0.		15,025.	139,				
105 Total (add line 104, columns (B), (D), and (E))				- _	154,	<u> 151.</u>			
Note: Line 105 plus line 1e, Part I, should equal the ame									
Part VIII Relationship of Activities to the	Accomp	lishment of Exemp	t Pur	poses (See the instruction	18.)				
Line No. Explain how each activity for which income is rep			l import	antly to the accomplishment of	the organization's				
exempt purposes (other than by providing funds	for such purpo	oses).							
SEE STATEMENT 9									
Part IX Information Regarding Taxable	Subsidia		ed Er						
(A) (B) Name, address, and EIN of corporation, Percentage o	:	(C) Nature of activities		(D) Total income	(E)				
Name, address, and EIN of corporation, partnership, or disregarded entity ownership inter	est	Nature of activities		TOTAL IIICUITIE	End-of-year assets				
	%								
N/A	%								
	%								
	%								
Part X Information Regarding Transfe	rs Associa	ated with Personal	Bene	efit Contracts (See the i	nstructions.)				
(a) Did the organization, during the year, receive any funds,						X No			
(b) Did the organization, during the year, pay premiums, dir	-		-			X No			
Note: If "Yes" to (b), file Form 8870 and Form 4720 (s	-				. — —				
. , , , , , , , , , , , , , , , , , , ,		•			Form 99 (0 (2006)			

orm 99	0 (2006) COMMUNITY RESOURCE CENT	ER	62-1308	
Part X	Information Regarding Transfers To and From C		ies. Complete only if the organiza	tion is a
	controlling organization as defined in section 512(b)(13).	N/A		Yes No
	the reporting organization make any transfers to a controlled entity a	as defined in section	1 512(b)(13) of the Code? If "Yes,"	103 113
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
p				
c				
	Totals_	**************************************		
	d the reporting organization receive any transfers from a controlled er implete the schedule below for each controlled entity.			Yes No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
3				
b				
c				
	Totais	****		
	the organization have a blinding written contract in effect on August nuities described in question 107 above?	17, 2006, covering t	he interest, rents, royaltics, and	Yes No
lease lign	Under persons of expury, I declare that I have examined this return, including accompany and complete Declaration of preparer (other than pricer) is based on all information of white Signature of officer	ing subedulee and station of preparer has any know	ents, and to the best of my knowledge and be edge.	loi, it is true, someot,
lere	Type or print name and title			
aid reparer's se Only	Preparer's signature Rnm's name of MULLINS CLEMMONS & MAYES, yours if self-employed, address, and SP-4 BRENTWOOD, TN 37027	Date ///s/67 PLLC ITE 120	calf-	
<u> </u>	DAME TOOL IN STOCK		PRIORE NO. POID - 3	Form 990 (2006)

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 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

2006

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	COMMUNITY RESOURCE CENTER	_		62 13083	387
Part I	Compensation of the Five Highest Paid Emp (See page 2 of the instructions. List each one. If there are none, en	nter "None.")	Officers, Dire		
	(a) Name and address of each employee paid more than \$50,000	(b) litle and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and othe allowances
NONE					
Total number of over \$50,000	of other employees paid	0			
Part II-A				ional Servic	es
	(a) Name and address of each independent contractor paid more th	an \$50,000	(b) Type of s	service	(c) Compensation
NONE					
	of others receiving over of others receiving over	0			
Part II-B		ependent Contracto onal services, whether individu		ervices	
	(a) Name and address of each independent contractor paid more th	·	(b) Type of s	service	(c) Compensation
NONE					
Total number of \$50,000 for ot	of other contractors receiving over	0			

_	, , , , , , , , , , , , , , , , , , , ,		•	
F	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		Х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
	a Sale, exchange, or leasing of property?	2a		X
	b Lending of money or other extension of credit?	2b		X
	c Furnishing of goods, services, or facilities?	2c		X
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	Х	
	e Transfer of any part of its income or assets?	2e		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	the organization determines that recipients qualify to receive payments.)	3a		X
	b Dd the organization have a section 403(b) annuity plan for its employees?	3b		Х
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		х
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		Х
	b Did the organization make any taxable distributions under section 4966?	4b		Х
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		Х
	d Enter the total number of donor advised funds owned at the end of the tax year		•	0
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0.
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Schedule A (Form 990 or 990-EZ) 2006

Par	t IV	Reason for Non-Private Foundation	Status (See pages 4 t	hrough 7 of the instructio	ns.)			
5 6 7 8	y that th	he organization is not a private foundation because it is: (A church, convention of churches, or association of cl A school. Section 170(b)(1)(A)(ii). (Also complete Par A hospital or a cooperative hospital service organization A federal, state, or local government or governmental	nurches. Section 170(b)(1 t V.) on. Section 170(b)(1)(A)(i	I)(A)(i). ii).				
9		A medical research organization operated in conjunction and state	on with a hospital. Section	n 170(b)(1)(A)(iii). Enter f	the hospital's	s name, city,		
10		An organization operated for the benefit of a college of (Also complete the Support Schedule in Part IV-A.)	university owned or ope	rated by a governmental (unit. Section	170(b)(1)(A)	(iv).	
11a	X	An organization that normally receives a substantial p Section 170(b)(1)(A)(vi). (Also complete the Support	Schedule in Part IV-A.)		the general _l	public.		
11b 12		A community trust. Section 170(b)(1)(A)(vi). (Also co An organization that normally receives: (1) more than receipts from activities related to its charitable, etc., fu its support from gross investment income and unrelated by the organization after June 30, 1975. See section 5	33 1/3% of its support fronctions - subject to certailed business taxable incor	om contributions, member n exceptions, and (2) no ne (less section 511 tax)	more than 33 from busines	3 1/3% of		
13		An organization that is not controlled by any disqualifi 509(a)(3). Check the box that describes the type of su Type I Type II	pporting organization:	undation managers) and one of the control of the co	otherwise me	eets the requi		
		Provide the following information a	bout the supported orga	nizations. (See page 7 of	the instructio	ons.)		
		(a) (b) (c) (d) (e) Name(s) of supported organization(s) Employer identification number (EIN) Figure 1 Figure 2 Figure 3 Figure 3 Figure 4 Figure 4 Figure 4 Figure 4 Figure 5 Figure 4 Figure 5 Figure 4 Figure 5 Figure 4 Figure 6 Figure 4 Figure 6 Figure 7 Figure 7 Figure 6 Figure 7 Figure 7 Figure 6 Figure 7 Figur						
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz	upported on listed in oporting zation's	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz	upported on listed in oporting zation's	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organizati the sup organiz governing	upported on listed in oporting zation's documents?	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organizati the sup organiz governing	upported on listed in oporting zation's documents?	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organizati the sup organiz governing	upported on listed in oporting zation's documents?	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organizati the sup organiz governing	upported on listed in oporting zation's documents?	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organizati the sup organiz governing	upported on listed in oporting zation's documents?	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organizati the sup organiz governing	upported on listed in oporting zation's documents?	Amount of	
Total			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organizati the sup organiz governing	upported on listed in oporting zation's documents?	Amount of	

Pa	rt IV-A	Support Schedule (Co Note: You may use the					
Caler begir	ining in)	or fiscal year	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, gran received. (grants. Se	ts, and contributions Do not include unusual e line 28.)	148,356.	217,163.	336,343.	163,446.	865,308
16	Membersh	nip fees received					
17	merchand performed facilities in related to	eipts from admissions, ise sold or services I, or furnishing of any activity that is the organization's , etc., purpose	142,833.	157,066.	117,381.	94,944.	512,224
18	dividends, payments tion 512(a unrelated (less secti businesse	ome from interest, , amounts received from on securities loans (sec-)(5)), rents, royalties, and business taxable income on 511 taxes) from s acquired by the on after June 30, 1975	13,621.	12,130.	11,098.	6,979.	43,828
19	Net incom	e from unrelated business					
		not included in line 18					
20	organizati	ues levied for the on's benefit and either or expended on its behalf					
21	furnished governme Do not inc or facilities the public	of services or facilities to the organization by a ntal unit without charge. lude the value of services s generally furnished to without charge					
22	Do not inc sale of cap	me. Attach a schedule. llude gain or (loss) from pital assets		225	151 000	0.65-0.60	1 101 252
23		nes 15 through 22	304,810.			265,369.	1,421,360
24		inus line 17	161,977.		347,441.	170,425.	909,136
25	Enter 1%		3,048.	3,864.	4,648.	2,654.	10 102
26		ions described on lines 10					18,183
D	•	list for your records to sho			,		
	•	blicly supported organization	,	•			//1 21E
		e this list with your return.					441,315 909,136
		oort for section 509(a)(1) to unts from column (e) for li		43,828. 19		≥ 26c	303,130
u	Auu. Aiiio	unts ironi columni (e) for il			441,31	5	485,143
•	Dublic cur	pport (line 26c minus line 2	22	26b			423,993
f		pport (iiiie 200 minus iiiie 2 pport percentage (line 266					46.6369
27		ions described on line 12:					
21	-	show the name of, and to					-
		•	N/A	aon your nom, ouon aloq	damica person. Do not n	ic tino not with your retur	III. Entor the sam of
	(0005)	unto for each year.	•	(2	003)	(2002)	
b	, ,	nount included in line 17 th					
_	-	nt received for each year, t					
		in lines 5 through 11b, as		• ,,	,	• • • •	•
		amount described in (1) or	•	-			
	(0005)			,	003)		
C	. , .	unts from column (e) for li		,			
		17	20		21	► 27c	N/A
d	Add: Line		an	d line 27b total		▶ 27d	N/A
е		pport (line 27c total minus	line 27d total)			▶ 27e	N/A
f	Total supp	oort for section 509(a)(2) to	est: Enter amount on line	23, column (e)	► 27f	N/A	
g		upport percentage (line				▶ 27g	N/A %
<u>h</u>	Investme	ent income percentage	e (line 18, column (e)				N/A 9

²⁸ Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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.

NONE

NONE

Schedule A (Form 990 or 990-EZ) 2006

Schedule A (Form 990 or 990-EZ) 2006 COMMUNITY RESOURCE CENTER

Part V Private School Questionnaire (See page 9 of the instructions.)

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

instrument, or in a resolution of its governing body? 28 30 30 30 30 31 32 32 32 33 33 33 33	29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
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? 32 Does the organization maintain the following: 33 Records indicating the racial composition of the student body, faculty, and administrative staff? 34 Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 35 Copies of all material used by the organization or on its behalf to solicit contributions? 36 If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) 37 Does the organization discriminate by race in any way with respect to: 38 Students 'rights or privileges? 39 Admissions policies? 30 Admissions policies? 31 Admissions policies? 31 Admissions policies? 32 Admissions policies? 33 Admissions policies? 34 Admissions policies? 35 Admissions policies? 36 Admissions policies? 37 Admissions policies? 38 Admissions policies? 39 Admissions policies? 30 Admissions policies organization or the financial assistance? 31 Admissions policies? 32 Admissions policies? 33 Admissions policies? 34 Admissions policies? 35 Admissions policies? 36 Admissions policies? 37 Admissions policies? 38 Admissions policies? 39 Admissions policies? 30 Admissions policies? 31 Admissions policies? 32 Admissions policies? 33 Admissions policies? 34 Admissions policies? 35 Adm		instrument, or in a resolution of its governing body?	29		
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Schedule A (Form 990 or 990-EZ) 2006

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) Check ▶ a if the organization belongs to an affiliated group. Check ▶ b if you checked "a" and "limited control" provisions apply.

<u> </u>	tick P & in the organization belongs to an animated group.	<u> </u>	y o a on	conou u una minica control	proviolono appiyi
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)			(a) Affiliated group totals	(b) To be completed for all electing organizations
37 38 39	Total lobbying expenditures to influence public opinion (grassroots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 36 and 37) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 38 and 39)		36 37 38 39 40	N/A	
	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 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		
43	Grassroots nontaxable amount (enter 25% of line 41) Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.		42 43 44		

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 13 of the instructions.)

		N/A			
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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
GO Grassroots lobbying expenditures					0

Part VI-B	Lobbying	ı Activitv b	Nonelecting	p Public Charities
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(For reporting only by or	rganizations that did not	complete Part VI-A)	(See page 13 o	f the instructions.)
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N/A

Du	ring the year, did the organization attempt to influence national, state or local legislation, including any attempt to	Yes	No	Amount
infl	uence public opinion on a legislative matter or referendum, through the use of:	103	NO	Alliount
а	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			
е	Publications, or published or broadcast statements			
	Grants to other organizations for lobbying purposes			
	Direct contact with legislators, their staffs, government officials, or a legislative body			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
	Total lobbying expenditures (Add lines c through h .)			0.
	If "Ves" to any of the above, also attach a statement diving a detailed description of the lobbying activities			

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

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51	Did the reporting organization d	irectly or indirectly engage in any of	the following with any other	organization described in section			
	, ,	section 501(c)(3) organizations) or ir		litical organizations?			
а		ganization to a noncharitable exempt	•		I	Yes	No
					51a(i)		X
					a(ii)		Х
b	Other transactions:				1		
					b(i)		X
					b(ii)		X
					b(iii)		X
					b(iv)		X
					b(v)		X
					b(vi)		X
		mailing lists, other assets, or paid er		huaya ahaw tha fair markat value of the			Λ
		given by the reporting organization.	• •	llways show the fair market value of the			
		nent, show in column (d) the value of	-			N/A	
(a)	(b)	(c)	the goods, other assets, or	(d)		14 / 11	
Line n		Name of noncharitable exe	empt organization	Description of transfers, transactions, and sl	naring ar	rangen	nents
				anizations described in section 501(c) of the	1		7
	Code (other than section 501(c)	(3)) or in section 527?		▶ ∟	Yes	LX.	No
D	f "Yes," complete the following s		(6)	(2)			
	(a Name of or		(b) Type of organization	(c) Description of relationshi	D		
			,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	,	•		
000450							

FORM 990	RENTAL	INCOME		STATEMENT	1
KIND AND LOCATION OF PROPERTY			ACTIVITY NUMBER	GROSS RENTAL INCOM	ΜE
OFFICE SUBLEASE			1	11,226	6.
TOTAL TO FORM 990, PART I, LIN	E 6A			11,226	6.

FORM 990 GAIN	(LOSS) FROM	SALE OF OTH	IER ASSETS	STA	ATEMENT 2
DESCRIPTION		DATE ACQUIR			
1989 FORD F350 PICKUP		08/09/	05 07/15/	06 PURCH	IASED
NAME OF BUYER S.	GROSS ALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	3,649.	4,000.	0.	715.	364.
TO FM 990, PART I, LN 8	3,649.	4,000.	0.	715.	364.
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT.	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
OYSTER EASTER	RECEIPTS 66,979	INCLUDED .	REVENUE 66,979.	13,104.	INCOME 53,875.
SHUCKTOBERFEST	5,600		5,600. 		4,768.
TO FM 990, PART I, LINE	9 72,579	· -	72,579.	13,936.	58,643.
FORM 990 OTHER CH.	ANGES IN NE	T ASSETS OR	FUND BALANC	ES STA	ATEMENT 4
DESCRIPTION					AMOUNT
CHANGE IN ACCOUNTING MET	HOD				<413,837.
TOTAL TO FORM 990, PART	I, LINE 20				<413,837.

FORM 990	OTHE	R EXPENSES		STATEMENT	5
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)	
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISI	NG
OUTSIDE SERVICES	7,811.	7,030.	781.		
UTILITIES	14,658.	13,192.	1,466.		
INSURANCE	7,214.	5,762.	1,277.	1	75.
MEMBERSHIPS	185.	167.	18.		
TAXES & LICENSES	425.	383.	42.		
ADVERTISING & PUBLIC	0 00=	0 645	222		
RELATIONS	2,905.	2,615.	290.		
PROGRAM COSTS	37,035.	37,035.	4.0.0		
MISCELLANEOUS	1,390.	1,252.	138.		
TOTAL TO FM 990, LN 43	71,623.	67,436.	4,012.	1	75.

NAME OF OFFICER, ETC. COMPENSATION BEN. PLANS BEN. PLANS EXPENSE ACCOUNTS TOTALS CATHERINE MAYHEW 24,660. 677. 25,337. A. PROGRAM SERVICES 3,699. 102. 3,801. B. MANAGEMENT AND GENERAL 17,262. 474. 17,736. C. FUNDRAISING 3,699. 101. 3,800. NAME OF OFFICER, ETC. COMPENSATION BEN. PLANS BEN. PLANS EXPENSE ACCOUNTS TOTALS DIANE GRAMANN 19,290. 3,695. 22,985. A. PROGRAM SERVICES 2,894. 554. 3,448. B. MANAGEMENT AND GENERAL 13,503. 2,587. 16,090. C. FUNDRAISING 2,893. 554. 3,447. TOTAL PROGRAM SERVICES 7,249. TOTAL PROGRAM SERVICES 7,249. TOTAL FUNDRAISING 7,247. TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A 48,322. FORM 990 OTHER ASSETS STATEMENT DESCRIPTION AMOUNT DEPOSITS AMOUNT COLON.	FORM 990 OFFI	CER COMPENSATIC PART II, LIN			STATEMENT	6	
A. PROGRAM SERVICES 3,699. 102. 3,801. B. MANAGEMENT AND GENERAL 17,262. 474. 17,736. C. FUNDRAISING 3,699. 101. 3,800. NAME OF OFFICER, ETC. COMPENSATION BEN. PLANS ACCOUNTS TOTALS DIANE GRAMANN 19,290. 3,695. 22,985. A. PROGRAM SERVICES 2,894. 554. 3,448. B. MANAGEMENT AND GENERAL 13,503. 2,587. 16,090. C. FUNDRAISING 2,893. 554. 3,447. TOTAL PROGRAM SERVICES 7,249. TOTAL MANAGEMENT AND GENERAL 33,826. TOTAL FUNDRAISING 7,247. TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A 48,322. FORM 990 OTHER ASSETS STATEMENT 7 DESCRIPTION AMOUNT DEPOSITS STATEMENT 7 DEPOSITS STATEMENT 7 DEPOSITS AMOUNT DEPOSITS AMOUNT DEPOSITS AMOUNT DEPOSITS STATEMENT 7 AMOUNT DEPOSITS STATEMENT 7 AMOUNT	NAME OF OFFICER, ETC.	COMPENSATION			TOTALS		
B. MANAGEMENT AND GENERAL 17,262. 474. 17,736. C. FUNDRAISING 3,699. 101. 3,800. NAME OF OFFICER, ETC. COMPENSATION BEN. PLANS ACCOUNTS TOTALS DIANE GRAMANN 19,290. 3,695. 22,985. A. PROGRAM SERVICES 2,894. 554. 3,448. B. MANAGEMENT AND GENERAL 13,503. 2,587. 16,090. C. FUNDRAISING 2,893. 554. 3,447. TOTAL PROGRAM SERVICES 7,249. TOTAL MANAGEMENT AND GENERAL 33,826. TOTAL FUNDRAISING 7,247. TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A 48,322. FORM 990 OTHER ASSETS STATEMENT 7 DESCRIPTION AMOUNT DEPOSITS NON-CASH DONATIONS RECEIVED TO BE DISTRIBUTED 0.	CATHERINE MAYHEW	24,660.	677.		25,337.		
C. FUNDRAISING 3,699. 101. 3,800.	A. PROGRAM SERVICES	3,699.	102.		3,801	1.	
NAME OF OFFICER, ETC. COMPENSATION EMPLOYEE BEN. PLANS EXPENSE ACCOUNTS TOTALS DIANE GRAMANN 19,290. 3,695. 22,985. A. PROGRAM SERVICES 2,894. 554. 3,448. B. MANAGEMENT AND GENERAL 13,503. 2,587. 16,090. C. FUNDRAISING 2,893. 554. 3,447. TOTAL PROGRAM SERVICES 7,249. 33,826. TOTAL FUNDRAISING 7,247. TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A 48,322. FORM 990 OTHER ASSETS STATEMENT 7 DESCRIPTION AMOUNT DEPOSITS NON-CASH DONATIONS RECEIVED TO BE DISTRIBUTED TO PARTNERS 0.	B. MANAGEMENT AND GENERAL	17,262.	474.		17,736.		
NAME OF OFFICER, ETC. COMPENSATION BEN. PLANS ACCOUNTS TOTALS DIANE GRAMANN 19,290. 3,695. 22,985. A. PROGRAM SERVICES 2,894. 554. 3,448. B. MANAGEMENT AND GENERAL 13,503. 2,587. 16,090. C. FUNDRAISING 2,893. 554. 3,447. TOTAL PROGRAM SERVICES 7,249. TOTAL FUNDRAISING 7,247. TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A 48,322. FORM 990 OTHER ASSETS STATEMENT 7 DESCRIPTION AMOUNT DEPOSITS NON-CASH DONATIONS RECEIVED TO BE DISTRIBUTED TO PARTNERS 0.	C. FUNDRAISING	3,699.	101.		3,800.		
A. PROGRAM SERVICES 2,894. 554. 3,448. B. MANAGEMENT AND GENERAL 13,503. 2,587. 16,090. C. FUNDRAISING 2,893. 554. 3,447. TOTAL PROGRAM SERVICES 7,249. TOTAL MANAGEMENT AND GENERAL 33,826. TOTAL FUNDRAISING 7,247. TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A 48,322. FORM 990 OTHER ASSETS STATEMENT 7 DESCRIPTION AMOUNT DEPOSITS 200. NON-CASH DONATIONS RECEIVED TO BE DISTRIBUTED TO PARTNERS 0.	NAME OF OFFICER, ETC.	COMPENSATION			TOTALS		
B. MANAGEMENT AND GENERAL 13,503. 2,587. 16,090. C. FUNDRAISING 2,893. 554. 3,447. TOTAL PROGRAM SERVICES 7,249. TOTAL MANAGEMENT AND GENERAL 33,826. TOTAL FUNDRAISING 7,247. TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A 48,322. FORM 990 OTHER ASSETS STATEMENT 7 DESCRIPTION AMOUNT DEPOSITS 200. NON-CASH DONATIONS RECEIVED TO BE DISTRIBUTED 0.	DIANE GRAMANN	19,290.	3,695.		22,985.		
C. FUNDRAISING 2,893. 554. 3,447. TOTAL PROGRAM SERVICES 7,249. TOTAL MANAGEMENT AND GENERAL 33,826. TOTAL FUNDRAISING 7,247. TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A 48,322. FORM 990 OTHER ASSETS STATEMENT 7 DESCRIPTION AMOUNT DEPOSITS 200. NON-CASH DONATIONS RECEIVED TO BE DISTRIBUTED TO PARTNERS 0.	A. PROGRAM SERVICES	2,894.	554.		3,448.		
TOTAL PROGRAM SERVICES TOTAL MANAGEMENT AND GENERAL TOTAL FUNDRAISING TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A FORM 990 OTHER ASSETS STATEMENT DESCRIPTION AMOUNT DEPOSITS NON-CASH DONATIONS RECEIVED TO BE DISTRIBUTED TO PARTNERS 7,249. 48,322. 200.	B. MANAGEMENT AND GENERAL	13,503.	2,587.		16,090.		
TOTAL MANAGEMENT AND GENERAL TOTAL FUNDRAISING TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A FORM 990 OTHER ASSETS STATEMENT DESCRIPTION DEPOSITS NON-CASH DONATIONS RECEIVED TO BE DISTRIBUTED TO PARTNERS 33,826. 7,247. 48,322. AMOUNT 200.	C. FUNDRAISING	2,893.	554.		3,447	7.	
TOTAL FUNDRAISING 7,247. TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A 48,322. FORM 990 OTHER ASSETS STATEMENT 7 DESCRIPTION AMOUNT DEPOSITS NON-CASH DONATIONS RECEIVED TO BE DISTRIBUTED TO PARTNERS 0.	TOTAL PROGRAM SERVICES				7,249	9.	
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A 48,322. FORM 990 OTHER ASSETS STATEMENT 7 DESCRIPTION AMOUNT DEPOSITS 200. NON-CASH DONATIONS RECEIVED TO BE DISTRIBUTED TO PARTNERS 0.	TOTAL MANAGEMENT AND GENERA	AL			33,826	5.	
FORM 990 OTHER ASSETS STATEMENT 7 DESCRIPTION AMOUNT DEPOSITS 200. NON-CASH DONATIONS RECEIVED TO BE DISTRIBUTED TO PARTNERS 0.	TOTAL FUNDRAISING				7,247	7.	
DESCRIPTION DEPOSITS NON-CASH DONATIONS RECEIVED TO BE DISTRIBUTED TO PARTNERS AMOUNT 200.	TOTAL OFFICER, ETC., COMPE	NSATION INCLUDE	D ON PART II	, LINE 25A	48,322	2.	
DEPOSITS NON-CASH DONATIONS RECEIVED TO BE DISTRIBUTED TO PARTNERS 200. 0.	FORM 990	OTHER AS	SETS		STATEMENT	7	
NON-CASH DONATIONS RECEIVED TO BE DISTRIBUTED TO PARTNERS 0.	DESCRIPTION				AMOUNT		
TO PARTNERS 0.		D MO DE DIGEOTO	TIMED		200	0.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B 200.		TO RE DISTRIE	ROTED		(o.	
	TOTAL TO FORM 990, PART IV	, LINE 58, COLU	UMN B		200	0.	

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STATEMENT

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,

TRUSTEE	ES AND KEY EMPLOYEE	:S 		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CATHERINE MAYHEW 412 METROPLEX DRIVE NASHVILLE, TN 37211	EXECUTIVE DIRE	CTOR 24,660.	677.	0.
MARTIN AKIN P.O. BOX 28100 NASHVILLE, TN 37202	TREASURER 0.00	0.	0.	0.
CHIP HIGGINS P.O. BOX 100 FRANKLIN, TN 37064	PRESIDENT 0.00	0.	0.	0.
FRAN BOONE 1422 PLANTATION DRIVE BRENTWOOD, TN 37027	DIRECTOR 0.00	0.	0.	0.
DREW ALEXANDER 48 MUSIC SQUARE WEST NASHVILLE, TN 37203	DIRECTOR 0.00	0.	0.	0.
MIKE SANDERS 7149 CENTENNIAL NASHVILLE, TN 37209	SECRETARY 0.00	0.	0.	0.
BILL BOYCE 750 MELROSE AVENUE NASHVILLE, TN 37211	DIRECTOR 0.00	0.	0.	0.
JOHN SCANNAPIECO P.O. BOX 340025 NASHVILLE, TN 37203	PAST PRESIDENT 0.00	0.	0.	0.
RICK MURRAY 780 BROWNS LANE GALLATIN, TN 37066	DIRECTOR 0.00	0.	0.	0.
TIM OZGENER 6172 COCKRILL BEND CIRCLE NASHVILLE, TN 37209	DIRECTOR 0.00	0.	0.	0.
AMBER GOODING 1 TERMINAL DRIVE, SUITE 501 NASHVILLE, TN 37214	DIRECTOR 0.00	0.	0.	0.

COMMUNITY RESOURCE CENTER			62-130	08387
RICHARD COURTNEY 1516 16TH AVENUE SOUTH NASHVILLE, TN 37202	DIRECTOR 0.00	0.	0.	0.
LUCIUS CARROLL II 2100 WEST END AVENUE NASHVILLE, TN 37203	DIRECTOR 0.00	0.	0.	0.
BRETT SCOTT 555 GREAT CIRCLE ROAD, SUITE 200 NASHVILLE, TN 37228	DIRECTOR 0.00	0.	0.	0.
DIANE GRAMANN 412 METROPLEX DRIVE NASHVILLE, TN 37211	EXECUTIVE DIR 40.00	ECTOR 19,290.	3,695.	0.
TOTALS INCLUDED ON FORM 990, PART	V-A	43,950.	4,372.	0.
FORM 990 PART VIII - RELATI ACCOMPLISHMENT	ONSHIP OF ACTI		STATEMENT	г 9

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	THE COLLECTION OF PARTNER FEES HELPS THE ORGANIZATION IDENTIFY OTHER NONPROFIT ORGANIZATIONS AND THEIR NEEDS IN
93в	ORDER TO DONATE GOODS THAT THE ORGANIZATION COLLECTS. 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 AND NEEDS.