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WRCD 07/07/2010 4 07 PM ે _oui

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , and ending			
B Check if appacable Please C Name of organization		D Emplo	oyer identification number
Address change use IRS women's RESOURCE CENTER IN DUR	RANGO		0.4007.66
Name change print or Doing Business As			-2483766
Initial return type. Number and street (or P 0 box if mail is not delivered to street address) See 679 F 2nd Avenue Injury 6	Room/suite		none number 0-247-1242
Specific Specific			044 054
instruc-		G Gross rece	ipis 341,330
E Name and address of proposal officer		H(a) is this	a group return for
Application pending Name and address of principal officer		affiliate	
679 E. 2nd Avenue, Unit 6		H(b) Are all	affiliates
Durango CO 81302			* attach a list (see instructions)
I Tax-exempt status			
J Website ▶ www.wrcdurango.org			exemption number
K Type of organization X Corporation Trust Association Other ▶	L Year of formation 1	987	M State of legal domicile CC
Part I Summary	·····		
Briefly describe the organization's mission or most significant activities	_		_
The Women's Resource Center advocates for the person	_		i
economic self-sufficiency of women and girls in La	Plata County	•	
economic self-sufficiency of women and girls in La in the organization discontinued its operations or disposed of more the self-sufficiency of women and girls in La in the organization discontinued its operations or disposed of more the self-sufficiency of women and girls in La in the organization discontinued its operations or disposed of more the self-sufficiency of women and girls in La in the organization discontinued its operations or disposed of more the self-sufficiency of women and girls in La in the organization discontinued its operations or disposed of more the self-sufficiency of women and girls in La in the organization discontinued its operations or disposed of more the self-sufficiency of women and girls in La in the organization discontinued its operations or disposed of more the self-sufficiency of women and girls in La in the organization discontinued its operations or disposed of more the self-sufficiency of women and girls in La in the organization discontinued its operations or disposed of more the self-sufficiency of women and girls in the organization discontinued its operations or disposed of more the self-sufficiency of women and girls in the organization discontinued its operations or disposed of more the self-sufficiency or disposed of more the self-sufficiency or disposed or di	050/ -5.4 4		
2 Check this box if the organization discontinued its operations or disposed of more th	an 25% of its net ass	1 1	10
		4	10
4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) 6 Total number of volunteers (estimate if necessary)		5	10
6 Total number of volunteers (estimate if necessary)		6	
7a Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	
b Net unrelated business taxable income from Form 990-T, line 34		7b	C
	Prior Yea	r	Current Year
8 Contributions and grants (Part VIII, line 1h)		3,204	64,596
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,935	194,203
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		471	26,606
11 Other revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		680	36,684
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	332	2,290	322,089
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		-	
14 Benefits paid to or for members (Part IX, column (A), line 4)	238	3,838	239,196
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e)	250	,,030	239,130
b Tota fundraming (see (Far IX, column (A), line 25) ► 42,947			
b Total fundram (10 (2) (11) b Total fundram (11) (11) b Total fundram (12) (13) b Total fundram (13) (14) (15) b Total fundram (15) b Total fundra	119	,112	103,231
18 Total expenses Add ings 13–17 (ares equal Part IX, column (A), line 25)		7,950	342,427
19 Revenue less expenses Supract line 18 from line 12		,660	-20,338
20 Tota assets (Part X into 20)	Beginning of Curr		End of Year
Total assets (Party Per 16) T		,157	602,721
		645	62,547
조리 22 Net assets or fund balances Subtract line 21 from line 20	560	,512	540,174
Part II Signature Block Linder penalties of persury. I declare that I have examined this return, including accompanying sche			
Under penalties of perjury, I declare that I have examined this return, including accompanying sche and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on a			
	·	Ì	
Sign Here Signature of officer		Date	
	Directs	- Date	7/30/10
Type or print name and title			-++
Date Date	: Check i	F	Preparer's identifying number
	self-	. \square	(see instructions)
Paid Preparer's signature 07	/07/10 employe	20	
Preparer's Taylor Poth and Company	/07/10 employe	1 .	,l.,,.
Preparer's Use Only Firm's name (or yours Taylor Roth and Company	/07/10 employe	EIN ▶	
Preparer's Taylor Roth and Company	/07/10 employs	EIN Phone	303-830-8109
Use Only Firm's name (or yours of self-employed). Taylor Roth and Company 800 Grant St Ste 310	/07/10 employe	EIN Phone	303-830-8109

P	art IV Checklist of Required Schedules			,
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complète Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
-	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	1		
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	guasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
• •	VII, VIII, IX, or X as applicable	11	X	
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
Ī	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
_	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
_	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	.		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes." complete Schedule H	20		X
		Form	990	(2009

For	n 990 (2009) WOMEN'S RESOURCE CENTER IN DURANGO 74-2483766		P	age 4
P	art IV Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	· · · · · · · · · · · · · · · · · · ·	ľ		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	[[
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	l i		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		l	
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		-	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	[X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,		[
	Part IV	28c	[X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			-
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
٠.	Part I	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
J2	Schedule N, Part II	32	1	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
J 4	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
JU	Schedule R, Part V, line 2	35	ļ	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	"		
JO	organization? If "Yes," complete Schedule R, Part V, line 2	36	}	x
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax numbers? If "Yes " complete Schedule R		ļ	

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O

X Form **990** (2009)

Statements Regarding Other IRS Filings and Tax Compliance Yes No Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 U.S. Information Returns Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 10 Statements, filed for the calendar year ending with or within the year covered by this return X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X this return? 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X account)? 4a If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f **7**g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles did the organization file a Form 1098-C as 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a 9b Did the organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b ь 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes." enter the amount of tax-exempt interest received or accrued during the year

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

Sec	tion A. Governing Body and Management				Yes	No
1a	Enter the number of voting members of the governing body	1a	10	<u> </u>	163	1 10
b	Enter the number of voting members that are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		•			
_	any other officer, director, trustee, or key employee?			2	1	x
3	Did the organization delegate control over management duties customarily performed by or under the direct					
-	supervision of officers, directors or trustees, or key employees to a management company or other person?			3	1	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5	1	X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
	of the governing body?			7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following					ĺ
а	The governing body?			8a	X	ĺ
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
ec	tion B. Policies (This Section B requests information about policies not required by the	ntern	al			
Rev	enue Code.)					
					Yes	No
0a	Does the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with those of the organization?			10b		
1	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the					
	form?			11	X	
1a	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
2a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?			12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this is done			12c		
3	Does the organization have a written whistleblower policy?			13		X
4	Does the organization have a written document retention and destruction policy?			14		X
5	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate					
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					
	the organization's exempt status with respect to such arrangements?		···	16b		
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed ▶ None					
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	only)				
	available for public inspection. Indicate how you make these available. Check all that apply					
	Own website Another's website X Upon request					

policy, and financial statements available to the public

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest

19

20

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization	n did not compe	nsat	e an	y cu	rrent	officer,	director, or trustee		
(A)	(B)			((F) Estimated				
Name and Title	Average hours per week	or director		Officer	Key employee	Highest compensated employee	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Liz Mora									
Exec Dir	32.00	X		X			37,031	0	0
Lori Moore									
Chair	2.00	X		X			0	0	0
Judi Mora									
Vice Chair	2.00	X		X			0	0	0
E. Michelle Rabou									
Security	2.00	X		X			0	0	0
Melanie McLean									
Treasurer	2.00	X		X			0	0	0
John Heavenrich		1							
Member	1.00	X	<u></u>				0	0	0
Amber Johnson									
Member	1.00	X					0	0	0
Richard Mason								_	
Member	1.00	X		ļ	ļ.,,		0	0	0
Kelsey McCarthy									•
Member	1.00	X					0	0	0
Mindy Stern, NSW		l							•
Member	1.00	X				\vdash	0	0	0
Nancy Vanderwal				-					•
Member	1.00	X					0	0	0
Karen Ely									•
Exec Dir	40.00	X		X			0	0	0
		-			_				
		<u> </u>			-		 		
+									
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	 	\vdash	 		-	 	 		
				}					
	<u> </u>			1				<u> </u>	

RCD 07/07/2010	4 07 PM						
orm 990 (2009) WOMEN'S	RESOURCE	CENTER	IN DU	RANGO	74-248376	6_
Part VII	Section A. Office	rs, Directors, Tru	stees, Key Em	ployees, an	d Highest Co	ompensated Emplo	yee
			1				

	ert VII Section A. Officers	, Directors, Trus	stee	s, Ke	y E	mple	oyee	s, ar	nd Highest Compensated	Employees (continued)				
	(A) Name and Title	(B) Average	Pos	ition (C) k all	that a		- normananation	(E) Reportable		(F) Estimated amount of		
	,	hours per week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fi org an	other other opensa rom the panizate d relate anizate	ation e ion ed	
													·	
1b 2	Total Total number of individuals (inc	cluding but not be	miter	d to t	hose	e list	ed a	bove	37,031	\$100,000 in				
	reportable compensation from											╗	es No	
3	Did the organization list any fo employee on line 1a? If "Yes,"								yee, or highest compensate	ed			X	
4	For any individual listed on line the organization and related or	1a, is the sum o	of rep	porta	ble i	com	pens	ation	n and other compensation f s," complete Schedule J for	from such				
5	individual Did any person listed on line 1:									r	-4		X	
Sec	services rendered to the organ tion B Independent Contractor		CON	ipiet	e Sc	neui	uie J	101 3	such person			<u>' </u>		
1	Complete this table for your five compensation from the organization		nsat	ed ir	ndep	ende	ent c	ontr						
	Name and	(A) business address							Descript	(B) ion of services		Comp	C) ensation	
													-	
							i							
							-							
2	Total number of independent of	contractors (inclu	dino	but :	not I	ımıte	ed to	thos	se listed above) who receive	ed				
DAA	more than \$100 000 in compe										F	orm 9	990 (2009)	

Part \	VIII Statement of Rev	<u>renue</u>		(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
	•				function revenue	revenue	under sections 512, 513 or 514
9 12	Federated campaigns	1a	4,000		-		
5	Membership dues	1b	·		į		
"EI	: Fundraising events	1c		į		ĺ	
, . ·	Related organizations	1d					
	Government grants (contributions)	1e	13,341		İ		
S	f All other contributions, gifts, grants,	1.0					
The l	and similar amounts not included above	1f	47,255				
o d	Noncash contributions included in lines 1	<u> </u>	1,400				
a a	Total. Add lines 1a-1f	<i>σ</i> -π ψ	_,,	64,596			
	Total. Add lines Ta-11		Busn Code				
≣ 22	Fee for service		624100	168,839	168,839		
2a			900099	12,844	12,844		
۲ b	-		900099	10,780	10,780		
≦ c			900099	1,740	1,740		
g d	Program income		300033	1,740	1,740		·
2a b c d d e e f	: All other non-more	0.001.0					
≦" ^f	All other program service revi	enue		194,203			
				194,203			
3	Investment income (including	dividends, int	erest, and	26 606]	26 606
	other similar amounts)			26,606			26,606
4	Income from investment of ta	x-exempt bon	d proceeds				
5	Royalties	<u> </u>	<u> </u>				
	(i) Real		ii) Personal	ļ			
6a	Gross Rents						
b	Less rental exps			ŀ			
С	Rental inc or (loss)			ļ			
_d	Net rental income or (loss)		•				
/a	Gross amount from (i) Securities sales of assets	es	(ii) Other			ŀ	
	other than inventory					ĺ	
b	Less cost or other						
	basis & sales exps					į	
С	Gain or (loss)					į.	
d	Net gain or (loss)		•				
, 8a	Gross income from fundraising even	ents					
	(not including \$				1		
	of contributions reported on line 10	2)					
[See Part IV, line 18	a	56,187				
b	Less direct expenses	ь	19,867		į		
5 6	Net income or (loss) from fun	draisino event		36,320	36,320		
	Gross income from gaming activiti		·				<u>, ,</u>
"	See Part IV, line 19	a	i			[
h	Less direct expenses	ь					
1	Net income or (loss) from gar		•				
	Gross sales of inventory, less						
iva	•						
	returns and allowances	a					
	Less cost of goods sold					-	
C	Net income or (loss) from sale		Busn Code				
	Miscellaneous Revenu		Busii Code	364	264	1	
11a	Other Income		 	364	364		
b							
С							
d	Ali other revenue		L				
е	Total. Add lines 11a-11d		>	364			
12	Total Revenue. See instruction	ons	• 1	322,089	230,887	0	26,606

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must o	complete column (A) but a	re not required to comple	te columns (B), (C), and (D	
	o not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	a, 8b, 9b, and 10b of Part VIII.		evheuses	general expenses	OAPCI1303
1					
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
•	the U.S. See Part IV, line 22				······································
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	207 166	136,730	37,289	33,147
7	Other salaries and wages	207,166	136,730	31,209	33,141
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	15 450	10 000	2 010	1 000
9	Other employee benefits	15,472	10,680	2,912	1,880
10	Payroll taxes	16,558	10,460	2,853	3,245
11	Fees for services (non-employees)				
а	Management				
þ	Legal				
С	Accounting	10,275	3,072	7,203	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	3,188	2,529	349	310
12	Advertising and promotion	1,367	902	246	219
13	Office expenses	18,283	14,321	2,808	1,154
14	Information technology				
15	Royalties				
16	Occupancy	10,771	9,766	532	473
17	Travel	3,545	3,332	124	89
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,366	7,025	1,873	468
23	Insurance	5,278	3,483	951	844
	industrios .	= ,=			
24	Other expenses Itemize expenses not				
44	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)	į			
_	Program	11,105	11,105		
a	Education and training	7,664	7,204	460	
b		7,662	7,662		
C	Emergency assistance Bad Debt	6,067	6,067		· · · · · · · · · · · · · · · · · · ·
d -	Other	3,609	2,382	650	577
e	-	5,051	3,552	958	541
f	All other expenses	342,427	240,272	59,208	42,947
25	Total functional expenses Add lines 1 through 24f	342,421	240,212	33,208	72,341
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
_	fundraising solicitation				
DAA			·		Form 990 (2009)

Form 990 (2009) WOMEN'S RESOURCE CENTER IN DURANGO 74-2483766

	990 (2009) WOMEN'S RESOURCE CENTER IN DURANGO	74-2483766	Page 11
Par	t X Balance Sheet	(A)	(B)
	•	Beginning of year	End of year
	1 Cash—non-interest bearing	52,777	1 30,106
	2 Savings and temporary cash investments		2 8,793
	3 Pledges and grants receivable, net		3
	4 Accounts receivable, net	31,537	4 25,920
	5 Receivables from current and former officers, directors, trustees, key		
'	employees, and highest compensated employees. Complete Part II of		
	Schedule L		5
، ا	6 Receivables from other disqualified persons (as defined under section		
`	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		
	Part II of Schedule L	1	6
با ب	7 Notes and loans receivable, net		7
Assets	Inventories for sale or use		8
A		2 5 4 5	9 3,366
1 1	· · · · · · · · · · · · · · · · · · ·	3/3-3	97999
"	0a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D. 10a 371,7	13	
i		338,170 1	330,204
			11 181,254
11			12
12			13
13	. •		14
14	· ·		
15			200
16			
17	• •		
18			18 19 53,673
19			
20	•	 	20
Liabilities 22			21
≣ 22			
ab B	employees, highest compensated employees, and disqualified		
-]	persons Complete Part II of Schedule L		22
23			23
24		· · · · · · · · · · · · · · · · · · ·	24
25	•		25 62 547
26		56,645 2	62,547
ès	Organizations that follow SFAS 117, check here ▶ X and		
Fund Balances	complete lines 27 through 29, and lines 33 and 34.	E CO E 1 2	E 40 174
윤 27			540,174
<u>m</u> 28			28
≧ ²⁹			29
<u>ت</u>	Organizations that do not follow SFAS 117, check here ▶		
<u>ه</u> ا	and complete lines 30 through 34.		
1 30	· · · · · · · · · · · · · · · · · · ·		30
8 31	•		31
Net Assets or 33 33 34			540 174
<u>ㅎ</u> 33			540,174
Z 34	Total liabilities and net assets/fund balances	617,157 3	602,721

Form **990** (2009)

om	n 990 (2009) WOMEN'S RESOURCE CENTER IN DURANGO 74-2483766		Pa	ge 12
Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u> </u>
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		ľ	
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		1	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WOMEN'S RESOURCE CENTER IN DURANGO

Employer identification number 74-2483766

Pa	irt i	Reas	on for Public Charity	Status (All organizations	s must	comple	te this	part)	See ı	nstruc	ctions			
he	orgai	nization is not	t a private foundation because	se it is (For lines 1 through 11,	check on	ly one bo	x)							
1		A church, co	nvention of churches, or ass	sociation of churches described	ın sectio	n 170(b)(1)(A)(i).							
2	П	A school des	scribed in section 170(b)(1)((A)(ii). (Attach Schedule E)										
3				ice organization described in se	ction 170	(b)(1)(A)	(iii).							
4	\sqcap	A medical re	search organization operate	ed in conjunction with a hospital	described	ın sectio	on 170(t)(1)(A)(iii). Ent	er the h	ospital's r	name) .	
		city, and stat	•	•			•		•		•			
5		•		of a college or university owned	or opera	ted by a d	iovernm	ental un	ıt descr	ibed in				
	ш	•	(b)(1)(A)(iv). (Complete Part		o. opora	.00 0, 0 9	,0,0,,,,,,	onia an		ibed iii				
				jovernmental unit described in s	oction 1	70/63/43/	11/41							
6	X		=					from the		ماطييم اه	_			
7														
_	described in section 170(b)(1)(A)(vi) (Complete Part II)													
8	_	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross												
9		-	•											
		•		npt functions—subject to certain		-					3			
			-	nd unrelated business taxable in	•			k) from i	ousines	ses				
			*	0, 1975 See section 509(a)(2).										
10	_	•		exclusively to test for public safe	-									
11	$\overline{}$	-	· ·	exclusively for the benefit of, to										
		• •		ed organizations described in se						section	n			
		509<u>(a)</u>(3) Ch	eck the box that describes t	he type of supporting organizati			nes 11e	through	11h					
		а 💹 Туре	I b Type II	c Type III-Function	ally integi	ated	d	Тур	e III-O	ther				
е			-	janization is not controlled direc										
		persons othe	r than foundation managers	and other than one or more put	olicly sup	orted org	ganızatıo	ns desc	ribed in	section	n			
	509(a)(1) or section 509(a)(2)													
f		If the organiz	ation received a written dete	ermination from the IRS that it is	a Type I	Type II,	or Type	III supp	orting					_
		organization,	check this box											
g		Since August	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution fron	any of the	ne							
		following per	rsons?											
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ribed in (11)			_		Yes	No
		and (III)	below, the governing body o	f the supported organization?							1	1g(i)	<u> </u>	
		(ii) A family	member of a person describ	ped in (i) above?							1	1g(ii)		
		(iii) A 35% c	ontrolled entity of a person of	described in (i) or (ii) above?							1	1g(iii)		
h		Provide the f	following information about t	he supported organization(s)										
1 (i)	lame	of supported	(ii) EIN	(iii) Type of organization	(IV) Is the	organization	(v) Did y	ou notify	(vi)	ls the	(vii) Amo	ount of	
		inization	·	(described on lines 1-9	1 ''	sted in your		erzation in	organizat			supp	ort	
				above or IRC section (see instructions))	governing	document?		of your cort?		zed in the S ?	{			
				(see mandchons))	Yes	No	Yes	No	Yes	No	1			
					1									
					•				·					
											ļ			

			l	ļ	ŀ	1			1	,	l			

Schedule A (Form 990 or 990-EZ) 2009 WOMEN'S RESOURCE CENTER IN DURANGO Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 169,144 362,093 822,825 97.109 131,283 63.196 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 97,109 169,144 362,093 131,283 63,196 822,825 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 126,696 Public support. Subtract line 5 from line 4 696,129 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 169,144 7 Amounts from line 4 97,109 362,093 131,283 63,196 822,825 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar 1,201 B,064 12,088 22,838 44,194 sources Net income from unrelated business activities, whether or not the business is 0 regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets 575 364 939 (Explain in Part IV) 11 Total support. Add lines 7 through 10 867,958 12 12 Gross receipts from related activities, etc. (see instructions) 481,472 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 ▶□ organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 80.20% 14 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 85.01% 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2008 If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or 17a more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009

18

18

Investment income percentage from 2008 Schedule A, Part III, line 17

19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 WOMEN'S RESOURCE CENTER IN DURANGO 74-2483766

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b and Part III, line 12 Provide any other additional information. See instructions

Part II, Line 10 - Other Income Detail

Other income

\$

939

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12

▶ Attach to Form 990 ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 74-2483766 WOMEN'S RESOURCE CENTER IN DURANGO Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 🕨 _ Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche		SOURCE CEN'				183/6			Page Z	
P£	art III Organizations Maintaining	Collections of Ar	t, Historical Trea	sures, c	or Other	Similar	Assets	(continu	ed)	
3	Using the organization's acquisition, accession collection items (check all that apply)	a, and other records, ch	neck any of the followi	ing that are	e a signific	ant use of	f its			
а	Public exhibition	d 🗌 Loai	n or exchange program	ns						
b	Scholarly research	e 🗍 Othe	er							
С	Preservation for future generations									
4	Provide a description of the organization's colle Part XIV	ections and explain hov	v they further the orga	anızatıon's	exempt po	urpose in				
5										
Pa	ert IV Escrow and Custodial Arrai				swered	"Yes" to	Form 9	90. Part		
	IV, line 9, or reported an am							,		
1a				her assets	not					
,,	la is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No									
h		nd complete the follow	no tabie						لــا	
J	b If "Yes," explain the arrangement in Part XIV and complete the following table Amount									
	Beginning balance					1	c			
	Additions during the year					1			·	
	• •					1				
_	Distributions during the year					1			-	
f	•	000 D 1 V 1 010				<u> </u>	<u></u>		T	
	Did the organization include an amount on For	n 990, Part X, line 217						Yes	No	
	If "Yes," explain the arrangement in Part XIV	1 '6		- F	000 D-	IV II-	- 10			
Pa	rt V Endowment Funds. Comple			,						
		(a) Current year	(b) Pnor year	- ` ' - ' - '	ears back	(d) Three	years back	(e) Four ye	ears back	
1a	Beginning of year balance	19,310	19,310							
þ	Contributions									
С	Net investment earnings, gains,									
	and losses	3,768								
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance	23,078	19,310							
_	Provide the estimated percentage of the year e		. <u></u>			1		(
	Board designated or quasi-endowment 1									
	Permanent endowment > %	<u></u>								
		f	45-4 bald d		iar tha					
3a	Are there endowment funds not in the possess	on or the organization	that are nelo and aom	iinistered i	or the			· v	es No	
	organization by								K	
	(i) unrelated organizations							<u> </u>	-	
	(ii) related organizations							3a(ii)	<u> </u>	
b	If "Yes" to 3a(ii), are the related organizations li							3b		
4	Describe in Part XIV the intended uses of the o			<u> </u>	7 1 47					
Pa	rt VI Investments—Land, Buildin	gs, and Equipme	nt. See Form 99	0, Part 2						
	Description of investment	(a) Cost or other basis	1 ''		٠,	umulated		(d) Book va	lue	
		(investment)	basis (other))	depre	eciation				
1a	Land									
b	Buildings		371	,713		41,5	09	330	,204	
	Leasehold improvements									
	Equipment									
	Other									
-	. Add lines 1a through 1e (Column (d) must equ	ial Form 990, Part X, c	olumn (B), line 10(c))			>	330	,204	
	<u> </u>						Schedule	D (Form 9	90) 2009	

Schedule D (F	Form 990) 2009 WOMEN'S RESOURCE CE	NTER IN DURANGO	74-2483766	Page
Part VII	Investments-Other Securities. See Form	990, Part X, line 12		
	(a) Description of security or category	(b) Book value	(c) Method of valua	tron
	(including name of security)	İ	Cost or end-of-year mark	ket value
Financial deriv	vatives			
Closely-held e	equity interests			
Other				
		_		
		_		
		_		
		_		
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)	>		
Part VIII	Investments-Program Related. See Form	990, Part X, line 13		
	(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
				
				
			1.170	
				· =
			· · · · · · · · · · · · · · · · · · ·	
Total (Column	n (b) must equal Form 990, Part X, col (B) line 13)	>		
Part IX	Other Assets. See Form 990, Part X, line 15	5		
	(a) Description			(b) Book value
		-		
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 15)		>	
Part X	Other Liabilities. See Form 990, Part X, line	25		
1	(a) Description of liability	(b) Amount		
Federal income	e taxes			
_,				
Total (Column	n (b) must equal Form 990, Part X, col (B) line 25)			
	otnote In Part XIV, provide the text of the footnote to the or	`	s that reports the	
	liability for uncertain tax positions under FIN 48	James of manolal statement	a mar reporte the	
organization S	nability for uncertain tax positions under File 40			

Sch	edule D (Form 990) 2009 WOMEN'S RESOURCE CENTER		2483766	Page 4
P	art XI Reconciliation of Change in Net Assets from Forr	n 990 to Audited Financi	al Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	322,089
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	342,427
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	-20,338
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities		5	
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lin	es 3 and 9	10	-20,338
	art XII Reconciliation of Revenue per Audited Financial S	Statements With Revenu	e per Return	
1	Total revenue, gains, and other support per audited financial statements		1	322,089
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d	<u> </u>	2e	
3	Subtract line 2e from line 1		3	322,089
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	[]		
٦,	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a h	Other (Describe in Part XIV)	4b		
•	Add lines 4a and 4b	_ 	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5	322,089
5	rt XIII Reconciliation of Expenses per Audited Financial			322,003
1	Total expenses and losses per audited financial statements	Otatomorito vitti Expone	1	342,427
_	Amounts included on line 1 but not on Form 990, Part IX, line 25		 	<u> </u>
2		2a		
a	Donated services and use of facilities			
b	Prior year adjustments	2b	 	
C	Other losses	2c		
d	Other (Describe in Part XIV)	_2d		
е	Add lines 2a through 2d		2e	240 407
3	Subtract line 2e from line 1	1 1	3	342,427
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	
_ 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8)	5	342,427
	rt XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9,	Part III, lines 1a and 4, Part IV, I	ines 1b	
and 2	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and P	art XIII, lines 2d and 4b Also co	mpiete	
this p	part to provide any additional information			
·				_
_		. _		
		· · · · — — — — —	· — —	

Department of the Treasury

Total

SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ. See separate instructions

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service Employer identification number Name of the organization 74-2483766 WOMEN'S RESOURCE CENTER IN DURANGO Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part indicate whether the organization raised funds through any of the following activities. Check all that apply

Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes." list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (III) Did fund-(i) Name of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to raiser have (or retained by) or entity (fundraiser) from activity (or retained by) custody or fundraiser listed in organization control of contributions? col (i) Yes No

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2009

	art	Fundraising E	Events. Comple 5,000 on Form 9	te if the orga	nization answ 6a List event	ered "Yes"	to Form 990), Part IV, Iir	ne 18, or re		ed
		,	(a) Event	sing	(b) Eve	nt #2	(c) Othe	er events	(d) Total		
Revenue	1 2	Gross receipts Less Charitable contributions		56,187						56,	187
	3	Gross revenue (line 1 minus line 2)		56,187						56,	187
	4	Cash prizes				 				·	
	5	Noncash prizes				····					
uses	6	Rent/facility costs									
Direct Expenses	7	Food and beverages		-							
Direc	8	Entertainment									
	9	Other direct expenses		19,867						19,	867
	10	Direct expense summary Net income summary C						> (19,5 36,5	867 ₎ 320
P	art	II Gaming. Com	plete if the orga on Form 990-E2	nization ansi	wered "Yes" to	Form 990,	Part IV, line	e 19, or repo	orted more	3	
enne		11411 \$10,000	(a) Bingo		(b) Pull tabs bingo/progress		(c) Other	gaming	(d) Total gar col (a) throu		
Revenue	1	Gross revenue									
s	2	Cash prizes		İ							
xpenses	3	Noncash prizes									
Direct Ex	4	Rent/facility costs			· · · · · · · · · · · · · · · · · · ·						
_	5	Other direct expenses									
	6	Volunteer labor	Yes No	%	Yes No	%	Yes No	%			
	7	Direct expense summary	y Add lines 2 throug	h 5 in column (d	1)			> <u>k</u>			
	8	Net gaming income sum	mary Combine line	1, column d, an	d line 7			•			,
9	En	ter the state(s) in which th	ie organization opera	ates gaming acti	vities					Yes	No
a b		the organization licensed t No," Explain	to operate gaming a	ctivities in each	of these states?				9a		
							0		40-		
0a b		ere any of the organization 'Yes," Explain	rs gaming licenses i	revoked, suspen	ided or terminated	during the tax	year /		10a		
11	Da	es the organization opera	te namino activities s	with nonmembe	rs?				11		
2	Is	the organization a grantor med to administer charita	, beneficiary or truste			tnership or othe	er entity		12		

Sche	dule G (Form 990 or 990-EZ) 2009 WO	MEN'S	RESOURCE	CENTER	IN	DURANGO	74-248376	56	P	age 3
-	date of the state								Yes	No
13	Indicate the percentage of gaming activity ope	erated in				1				
а	The organization's facility					13a	%			
b	An outside facility					13b	%			
14	Provide the name and address of the person	who prepa	res the organization	n's gaming/spe	cıal ev	ents books				
•	and records									
	Name ▶									
	Address ▶									
15a	Does the organization have a contract with a	hird party	from whom the org	anization recei	ves ga	mıng		45-	j	
	revenue?						41	15a		
b	If "Yes," enter the amount of gaming revenue	received b	y the organization I	> \$		and	tne		i	
	amount of gaming revenue retained by the thi		\$							
С	If "Yes," enter name and address of the third j	oarty								
	Name ▶									
	Mance									
	Address ▶									
16	Gaming manager information								,	
	Name ►									
	Gaming manager compensation ▶ \$									
	Description of services provided ▶									
	Director/officer Employee		Independent of	contractor						
17	Mandatory distributions									
а	is the organization required under state law to	make cha	ırıtable distributions	from the gam	ıng pro	ceeds to				
	retain the state gaming license?							17a		—
b	Enter the amount of distributions required und			er exempt orga	anızatıc	ons or spent				
	in the organization's own exempt activities du	ring the tar	k year ▶ \$							

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

200

Quen to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Name of the organization

WOMEN'S RESOURCE CENTER IN DURANGO

Employer identification number

74-2483766

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990
Organization's Process to Review Form 990 Reviewed by Board Treasurer prior to submission.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Form 1023, 990, 990T, and financial statements available on request.

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868	► X						
 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) 	N IV						
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)							
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868							
The state of the s							
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)							
A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only	▶ □						
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns	_						
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file							
one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868							
electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group							
returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form							
8868 For more details on the electronic filing of this form, visit www irs.gov/efile and click on e-file for Charities & Nonprofits							
Type or Name of Exempt Organization Employer identification	number						
print							
File by the dute for Number street and room or state no. If a P.O. box, see instructions.							
filing your 679 E 2nd Avenue IIni+ 6							
return See City, town or post office, state, and ZIP code For a foreign address, see instructions							
Durango CO 81302							
Check type of return to be filed (file a separate application for each return)							
Form 990 Form 990-T (corporation)	20						
Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 522	27						
Form 990-EZ Form 990-T (trust other than above)	39						
Form 990-PF Form 1041-A Form 883	70						
Telephone No ▶ 970-247-1242 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If the part of the group, check this box	> []						
a list with the names and EINs of all members the extension will cover							
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15/10, to file the exempt organization return for the organization named above. The extension is							
for the organization's return for							
► X calendar year 2009 or							
tax year beginning , and ending							
2 If this tax year is for less than 12 months, check reason I Initial return Final return Change in accounting period							
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax							
less any nonrefundable credits. See instructions.							
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax							
a this application is for Form 550-11 or 550-1, effect any retainable deduce and estimated tax							
payments made include any prior year overpayment allowed as a credit 3b \$							
	<u> </u>						
payments made Include any prior year overpayment allowed as a credit 3b \$							
payments made Include any prior year overpayment allowed as a credit Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,							

For Privacy Act and Paperwork Reduction Act Notice, see Instructions

Form **8868** (Rev 4-2009)