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5357 06/28/2010

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , and ending

B Check if applicable: Address change; Name change; Initial return; Termination; Amended return; Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
WOMENS RESOURCE MEDICAL CENTERS OF SOUTHERN NEVADA

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
2915 W CHARLESTON BLVD

City or town, state or country, and ZIP + 4
LAS VEGAS NV 89102-1903

D Employer identification number
94-2944732

E Telephone number
702-366-1248

F Group Exemption Number ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ WWW.WRMCSN.COM

H Check ▶ ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 481,254

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	329,326
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	42
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 151,886		
	b	Less direct expenses other than fundraising expenses	6b 39,267		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	112,619
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ _____)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	441,987
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	314,202
	13	Professional fees and other payments to independent contractors		13	100
	14	Occupancy, rent, utilities, and maintenance		14	54,744
	15	Printing, publications, postage, and shipping		15	8,929
	16	Other expenses (describe ▶ See Statement 1)		16	70,914
	17	**Total expenses.** Add lines 10 through 16 ▶		17	448,889
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-6,902
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	63,783
	20	Other changes in net assets or fund balances (attach explanation) See Statement 2		20	1,781
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	58,662

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	36,715	22	47,127
23 Land and buildings		23	
24 Other assets (describe ▶ See Statement 3)	27,318	24	21,484
25 **Total assets**	64,033	25	68,611
26 **Total liabilities** (describe ▶ See Statement 4)	250	26	9,949
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	63,783	27	58,662

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

DAA

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

What is the organization's primary exempt purpose?

PROTECT UNBORN CHILDREN THROUGH COUNSELING

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	CLIENT SERVICES-INCLUDES OPERATING THREE MEDICAL FACILITIES WHERE PROSPECTIVE MOTHERS AND FATHERS ARE COUNSELED (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	368,680
29	PROVIDE PREGNANCY TESTING, LITERATURE AND EDUCATION, AND CLASSES AND SUPPORT GROUPS (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	3,721
30	VOLUNTEER DEVELOPMENT, MEDICAL TRAINING AND VOLUNTEER APPRECIATION. MEDICAL TRAINING FOR USING ULTRASOUND MACHINES TO SHOW CLIENTS THE BABIES THAT ARE ALIVE INSIDE OF THE MOTHER. (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	3,808
31	Other program services (attach schedule) See Statement 5 (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	13,871
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	390,080

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(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	(e) Expense account and other allowances
EDWARD CONOVER 1913 Calanda Court Las Vegas NV 89102	PRESIDENT 5.00	0	0	0
VERN DEVERAUX 778 Rise Canyon Drive Henderson NV 89052	VICE PRESIDENT 3.00	0	0	0
JASON FRAME 9188 Cantina Creek Court Las Vegas NV 89178	TREASURER 5.00	0	0	0
MILT DOYLE 1827 Ruby Lane Henderson NV 89014	TRUSTEE	0	0	0
GREGG SEYMOUR 1833 Escondido Terrace Henderson NV 89074	TRUSTEE	0	0	0
JODY LIMON 706 Leichester Street Henderson NV 89002	TRUSTEE	0	0	0
LINDA MILLER 121 Montesol Drive Henderson NY 89012	TRUSTEE	0	0	0
REBECCA BECKNER-DRIVER 6625 Colony Grant Way Las Vegas NV 89106	TRUSTEE	0	0	0
ESTHER CARUSO-GOLLEHER	CEO 40.00	41,365	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ None			
42a	The organization's books are in care of ▶ Telephone no ▶			
	Located at ▶ ZIP + 4 ▶			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46	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		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer Linda L. Miller President Date 7-21-10

Type or print name and title LINDA L. MILLER PRESIDENT

Paid Preparer's Use Only

Preparer's signature ▶ FRANCIS HOWARD		Date 06/28/10	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instr) P00012970
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	OVIST & HOWARD, CPA'S 7 COMMERCE CENTER DRIVE, SUITE A HENDERSON, NV 89014		EIN ▶ 88-0183378 Phone no ▶ 702-456-1300	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: WOMENS RESOURCE MEDICAL CENTERS OF SOUTHERN NEVADA

Employer identification number: 94-2944732

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	431,666	360,325	583,654	657,414	329,126	2,362,185
2 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						
4 **Total.** Add lines 1 through 3	431,666	360,325	583,654	657,414	329,126	2,362,185
5 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)						
6 **Public support.** Subtract line 5 from line 4						2,362,185

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	431,666	360,325	583,654	657,414	329,126	2,362,185
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	35	346	123,710	803	42	124,936
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						2,487,121

12	Gross receipts from related activities, etc (see instructions)	12	151,928

13 **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) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	94.98%
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	95.00%

16a **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 ▶ ☒

b **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 ▶ ☐

17a **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 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 ▶ ☐

b **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 ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **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) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

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 ▶ ☐

b **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 ▶ ☐

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

Part IV **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.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2009

Open To Public Inspection

Name of the organization: WOMENS RESOURCE MEDICAL CENTERS OF SOUTHERN NEVADA

Employer identification number: 94-2944732

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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? ☐ Yes ☐ No

b 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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 BABY BOTTLE CAM (event type)	(b) Event #2 BANQUET (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	70,434	52,721	28,731	151,886
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	70,434	52,721	28,731	151,886
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	6,350	27,794	5,123	39,267
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	(39,267)
	11 Net income summary Combine line 3, column (d), and line 10			▶	112,619

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☒ No	☐ Yes % ☒ No	☐ Yes % ☒ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary Combine line 1, column d, and line 7			▶	

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		X
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		X
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		X
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		X

				Yes	No
13	Indicate the percentage of gaming activity operated in				
a	The organization's facility	13a	%		
b	An outside facility	13b	%		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records				
	Name ▶				
	Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		X
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $				
c	If "Yes," enter name and address of the third party				
	Name ▶				
	Address ▶				
16	Gaming manager information				
	Name ▶				
	Gaming manager compensation ▶ $				
	Description of services provided ▶				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a		X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172
2009
Attachment Sequence No **67**

Name(s) shown on return: WOMENS RESOURCE MEDICAL CENTERS OF SOUTHERN NEVADA

Identifying number: 94-2944732

Business or activity to which this form relates: Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	289
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	4,588
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		290	5.0	HY	200DB	58
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	4,935
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

There are no amounts for Page 2

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	$
Advertising	21,391
Bank Fees	3,425
Insurance	7,212
Office Expenses	1,464
Technology	25,597
Other Program Expenses	984
Testing, Literature & Ed	4,135
Volunteer Dev & Training	4,231
Miscellaneous	2,475
Total	$ 70,914

Statement 2 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Book / Tax Deprec Difference	$ 1,781
Total	$ 1,781

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Prepaid Expenses and Deferred Charges	$	$ 14,933
3 DRAWER LATERAL FILES		270
Less Accumulated Depreciation		270
DRAFTING TABLE		107
Less Accumulated Depreciation		107
30X60 USED DESK		425
Less Accumulated Depreciation		425
CREDENZA		325
Less Accumulated Depreciation		325
HUTCH		325
Less Accumulated Depreciation		325
8 METAL TABLES		360
Less Accumulated Depreciation		360
8 METAL TABLES		520
Less Accumulated Depreciation		520
4 SOFA/LOVESEATS		560
Less Accumulated Depreciation		560
8 CHAIRS		160
Less Accumulated Depreciation		160
GUEST CHAIR		85
Less Accumulated Depreciation		85
SR EXECUTIVE CHAIR		149
Less Accumulated Depreciation		149
STENO CHAIR W/OAK CAPS		149
Less Accumulated Depreciation		149
SHELL WORKSTATION		117
Less Accumulated Depreciation		117
30X66 DESK W/RETURN		269

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets (continued)

Description	Beginning of Year	End of Year
Less Accumulated Depreciation	$	$ 269
3 DRAWER LATERAL FILE		318
Less Accumulated Depreciation		318
GUEST CHAIR		85
Less Accumulated Depreciation		85
JR EXEC CHAIR		150
Less Accumulated Depreciation		150
JR EXEC CHAIR		150
Less Accumulated Depreciation		150
3 DRAWER LOCKING FILE		318
Less Accumulated Depreciation		318
30X72 DESK		309
Less Accumulated Depreciation		309
30X60 DESK		199
Less Accumulated Depreciation		199
JR EXEC CHAIR		150
Less Accumulated Depreciation		150
4 OAK TV STANDS		235
Less Accumulated Depreciation		235
OAK STORAGE CABINET		100
Less Accumulated Depreciation		100
TABLE FOR TESTING		180
Less Accumulated Depreciation		180
4 ERGONOMIC CHAIRS-BLUE		395
Less Accumulated Depreciation		395
6 SHELF BOOKCASE		70
Less Accumulated Depreciation		70
COMPUTER CART & CENTER		160
Less Accumulated Depreciation		160
EXAM TABLE FOR UNLV CENTER		400
Less Accumulated Depreciation		200
COMPUTER DESK WITH HUTCH-UNIV		160
Less Accumulated Depreciation		51
STATE STREET EXECUTIVE DESK-UNIV		200
Less Accumulated Depreciation		64
2 FABRIC CHAIRS-UNIV		43
Less Accumulated Depreciation		14
TABLE SET-UNIV		109
Less Accumulated Depreciation		35
FURNITURE		763
Less Accumulated Depreciation		109
FURNITURE		100
Less Accumulated Depreciation		14
FURNITURE-UNIVERSITY		758
Less Accumulated Depreciation		108
TELEPHONE SYSTEM		2,287
Less Accumulated Depreciation		2,287
CABLE - LE CURE CONTROL		47
Less Accumulated Depreciation		47
COMPUTER HARD DRIVE		217
Less Accumulated Depreciation		217
EXTERNAL 1/2HP SCSI W/CABLE		90
Less Accumulated Depreciation		90

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets (continued)

Description	Beginning of Year	End of Year
TOSHIBA COPIER	$	$ 2,000
Less Accumulated Depreciation		2,000
APPLE LAPTOP COMPUTER		750
Less Accumulated Depreciation		750
MAC COMPUTER		2,865
Less Accumulated Depreciation		2,865
APPLE IMAGEWRITER PRINTER		464
Less Accumulated Depreciation		464
TOSHIBA FAX MACHINE		500
Less Accumulated Depreciation		500
TELEPHONE EQUIPMENT		330
Less Accumulated Depreciation		330
ANSWERING MACHINE		120
Less Accumulated Depreciation		120
PRINTER		350
Less Accumulated Depreciation		350
PROJECTOR & SLIDE TRAY		282
Less Accumulated Depreciation		282
2 COMPUTERS W/ETHERNET HUB		2,737
Less Accumulated Depreciation		2,737
HP 720 COLOR PRINTER		300
Less Accumulated Depreciation		300
COMPAQ COMPUTER		540
Less Accumulated Depreciation		540
SYLVANIA MONITOR		180
Less Accumulated Depreciation		180
COMPAQ COMPUTER		1,200
Less Accumulated Depreciation		1,200
SHARP TV/VCR		200
Less Accumulated Depreciation		200
HP DESKJET 610		98
Less Accumulated Depreciation		98
HP DESKJET 810		140
Less Accumulated Depreciation		140
HP DESKJET 810		140
Less Accumulated Depreciation		140
SHARP TV/VCR		180
Less Accumulated Depreciation		180
SHARP TV/VCR		180
Less Accumulated Depreciation		180
PRINTER		160
Less Accumulated Depreciation		160
BUBBLE JET PRINTER		135
Less Accumulated Depreciation		135
EQUIPMENT		209
Less Accumulated Depreciation		209
ULTRASOUND MACHINE		23,500
Less Accumulated Depreciation		23,500
ULTRASOUND MACHINE		23,500
Less Accumulated Depreciation		23,500
PHONE SYSTEM		2,096
Less Accumulated Depreciation		2,096
EQUIPMENT		2,521

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets (continued)

Description	Beginning of Year	End of Year
Less Accumulated Depreciation	$	$ 2,521
PHONE SYSTEM		150
Less Accumulated Depreciation		150
COMPUTERS		1,650
Less Accumulated Depreciation		1,650
COMPUTER LAPTOP		1,210
Less Accumulated Depreciation		1,210
2 COMPUTERS		2,300
Less Accumulated Depreciation		2,300
COMPUTER		1,200
Less Accumulated Depreciation		1,200
COMPUTER		1,250
Less Accumulated Depreciation		750
PHOTOSMART PRINTER		80
Less Accumulated Depreciation		48
MICROSOFT OFFICE SOFTWARE		314
Less Accumulated Depreciation		230
ADOBE PHOTOSHOP		900
Less Accumulated Depreciation		660
ULTRASOUND MACHINE		4,400
Less Accumulated Depreciation		2,420
3 MONITORS		390
Less Accumulated Depreciation		175
OKIDATA PRINTER		1,243
Less Accumulated Depreciation		559
SHREDDER		95
Less Accumulated Depreciation		43
3 TV/DVDS-UNIVERSITY		390
Less Accumulated Depreciation		175
PRINTER		270
Less Accumulated Depreciation		122
EQUIPMENT		579
Less Accumulated Depreciation		116
FURNITURE		485
Less Accumulated Depreciation		485
	27,318	
	27,318	21,484

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	$ 250	$ 9,949
	250	9,949

Statement 5 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description
Other Program Services

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]

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

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 print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	WOMENS RESOURCE MEDICAL CENTERS OF SOUTHERN NEVADA	94-2944732
	Number, street, and room or suite no If a P O box, see instructions 2915 W CHARLESTON BLVD	
	City, town or post office, state, and ZIP code For a foreign address, see instructions LAS VEGAS NV 89102-1903	

Check type of return to be filed (file a separate application for each return)

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

The books are in the care of ▶

Telephone No ▶ 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 it is for part of the group, check this box ▶ [ ] and attach 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 [ ] 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	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev 4-2009)

DAA

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