

**Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

**2004****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

**A For the 2004 calendar year, or tax year beginning**, and ending**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

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

**C** Name of organization

CHRISTIAN WOMEN'S JOB CORPS-NASHVILLE

Number and street (or P O box if mail is not delivered to street address)

PO BOX 22388

City or town

NASHVILLE

State or country

TN

ZIP + 4

37202

**D** Employer identification number

76-0718734

**E** Telephone number

615-244-3669

**F** Accounting method: ☐ Cash ☒ Accrual☐ Other (specify) ▶

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

**G** Website: ▶ www.cwjcnashville.org**J** Organization type (check only one) ▶ ☒ 501(c) ( 3 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ N/A**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 137,790**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions)**1** Contributions, gifts, grants, and similar amounts received**a** Direct public support**1a**

136,962

**b** Indirect public support**1b****c** Government contributions (grants)**1c****d** Total (add lines 1a through 1c) (cash \$ 136,962 noncash \$ )**1d**

136,962

**2** Program service revenue including government fees and contracts (from Part VII, line 93)**2**

0

**3** Membership dues and assessments**3**

0

**4** Interest on savings and temporary cash investments**4**

530

**5** Dividends and interest from securities**5**

0

**6a** Gross rents**6a****b** Less: rental expenses**6b****c** Net rental income or (loss) (subtract line 6b from line 6a)**6c**

0

**7** Other investment income (describe ▶ )**7**

0

**8a** Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

**8a**

0

**b** Less: cost or other basis and sales expenses**8b**

0

**c** Gain or (loss) (attach schedule)**8c**

0

**d** Net gain or (loss) (combine line 8c, columns (A) and (B))**8d**

0

**9** Special events and activities (attach schedule) If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ 136,962 of contributions reported on line 1a)**9a**

0

**b** Less: direct expenses other than fundraising expenses**9b**

0

**c** Net income or (loss) from special events (subtract line 9b from line 9a)**9c**

0

**10a** Gross sales of inventory, less returns and allowances**10a****b** Less: cost of goods sold**10b****c** Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)**10c**

0

**11** Other revenue (from Part VII, line 103)**11**

298

**12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12**

137,790

**13** Program services (from line 44, column (B))**13**

57,060

**14** Management and general (from line 44, column (C))**14**

23,135

**15** Fundraising (from line 44, column (D))**15**

11,147

**16** Payments to affiliates (attach schedule)**16**

0

**17** Total expenses (add lines 16 and 44, column (A))**17**

91,342

**18** Excess or (deficit) for the year (subtract line 17 from line 12)**18**

46,448

**19** Net assets or fund balances at beginning of year (from line 73, column (A))**19**

143,606

**20** Other changes in net assets or fund balances (attach explanation)**20**

0

**21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21**

190,054

675  
RECEIVED  
JUN 16 2005  
OGDEN UT  
(HIA)

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

Form **990** (2004)

61322

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 4,668 noncash \$ 0)	4,668	4,668		
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc	36,550	18,275	10,965	7,310
26	Other salaries and wages	0			
27	Pension plan contributions	4,640	2,320	1,392	928
28	Other employee benefits	0			
29	Payroll taxes	2,796	1,398	839	559
30	Professional fundraising fees	0			
31	Accounting fees	0			
32	Legal fees	0			
33	Supplies	3,809	1,905	1,143	761
34	Telephone	1,778	889	533	356
35	Postage and shipping	997	499	299	199
36	Occupancy	4,800	3,600	1,200	
37	Equipment rental and maintenance	0			
38	Printing and publications	0			
39	Travel	0			
40	Conferences, conventions, and meetings	100	50	30	20
41	Interest	0			
42	Depreciation, depletion, etc (attach schedule)	13,406	10,055	3,351	
43	Other expenses not covered above (itemize) a	0			
b	SEE ATTACHMENT	17,798	13,401	3,383	1,014
c		0			
d		0			
e		0			
f		0			
44	<b>Total functional expenses</b> (add lines 22 through 43). <b>Organizations completing columns (B)-(D), carry these totals to lines 13-15</b>	91,342	57,060	23,135	11,147

Joint Costs. Check ☒ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$ , (iii) the amount allocated to Management and general \$ , and (iv) the amount allocated to Fundraising \$

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)What is the organization's primary exempt purpose? ☒ Women's employment and life skills training and advocacy

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

Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)	
a Literacy classes; GED materials and supplies; meal supplements; relocation and personal living expense stipends; provided to women released from incarceration who participated in the Organization's programs (Grants and allocations \$ )	52,782
b Advocacy for needs of women in Nashville, TN area released from incarceration and entering workforce (Grants and allocations \$ )	4,278
c (Grants and allocations \$ )	
d (Grants and allocations \$ )	
e Other program services (attach schedule) (Grants and allocations \$ )	
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	57,060

**Part IV Balance Sheets** (See page 25 of the instructions.)

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .	25,607	<b>45</b>	67,457
	<b>46</b> Savings and temporary cash investments . . . . .	80,237	<b>46</b>	96,260
	<b>47 a</b> Accounts receivable . . . . . <b>47a</b> 623			
	<b>b</b> Less: allowance for doubtful accounts . . . . . <b>47b</b> 0	495	<b>47c</b>	623
	<b>48 a</b> Pledges receivable . . . . . <b>48a</b> 0			
	<b>b</b> Less: allowance for doubtful accounts . . . . . <b>48b</b> 0	9,296	<b>48c</b>	0
	<b>49</b> Grants receivable . . . . .	0	<b>49</b>	0
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	<b>50</b>	0
	<b>51 a</b> Other notes and loans receivable (attach schedule) . . . . . <b>51a</b> 0			
	<b>b</b> Less: allowance for doubtful accounts . . . . . <b>51b</b> 0	0	<b>51c</b>	0
	<b>52</b> Inventories for sale or use . . . . .	0	<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .	123	<b>53</b>	107
	<b>54</b> Investments—securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	<b>54</b>	0
	<b>55 a</b> Investments—land, buildings, and equipment: basis . . . . . <b>55a</b> 0			
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . . <b>55b</b> 0	0	<b>55c</b>	0
<b>56</b> Investments—other (attach schedule) . . . . .	0	<b>56</b>	1,000	
<b>57 a</b> Land, buildings, and equipment: basis . . . . . <b>57a</b> 42,281				
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . . <b>57b</b> 15,482	33,544	<b>57c</b>	26,799	
<b>58</b> Other assets (describe <input type="checkbox"/> )	0	<b>58</b>	0	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	149,302	<b>59</b>	192,246	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	5,696	<b>60</b>	2,192
	<b>61</b> Grants payable . . . . .	0	<b>61</b>	0
	<b>62</b> Deferred revenue . . . . .	0	<b>62</b>	0
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	<b>63</b>	0
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) . . . . .	0	<b>64a</b>	0
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	0	<b>64b</b>	0
	<b>65</b> Other liabilities (describe <input type="checkbox"/> )	0	<b>65</b>	0
<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .	5,696	<b>66</b>	2,192	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted . . . . .	138,415	<b>67</b>	190,054
	<b>68</b> Temporarily restricted . . . . .	5,191	<b>68</b>	0
	<b>69</b> Permanently restricted . . . . .	0	<b>69</b>	0
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .	0	<b>70</b>	0
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .	0	<b>71</b>	0
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>72</b>	0
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21) . . . . .	143,606	<b>73</b>	190,054
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .	149,302	<b>74</b>	192,246

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

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	
<b>b</b>	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	<b>b</b>	0
<b>c</b>	Line a minus line b	<b>c</b>	0
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	0

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

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

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the instructions.)

(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
Name SEE Str City ATTACHMENT ST ZIP	Title Hr/WK	0	0	0
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No  
If "Yes," attach schedule—see page 28 of the instructions

**Part VI Other Information** (See page 28 of the instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct and indirect political expenditures. See line 81 instructions	81a	0
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	8,000
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0 ; section 4912 <input type="checkbox"/> 0 ; section 4955 <input type="checkbox"/> 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> TENNESSEE		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	1
91	The books are in care of <input type="checkbox"/> Name JERI DANIELS, TREASURER Telephone no. <input type="checkbox"/> (615) 661-4949 Located at <input type="checkbox"/> 614 DAVIS DRIVE City BRENTWOOD ST TN ZIP + 4 <input type="checkbox"/> 37027		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92 N/A		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments					<b>530</b>
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue. <b>a</b> _____					
<b>b</b> <b>SPONSORSHIP-KROGER CARDS</b>					<b>298</b>
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .		<b>0</b>		<b>0</b>	<b>828</b>
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					<b>828</b>

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
<b>103</b>	<b>KROGER SPONSORED MEAL AND GROCERY FUNDING TO WOMEN PARTICIPANTS THROUGH PROCEEDS OF KROGER CARDS - ALL WORK PERFORMED BY KROGER WITHOUT COMPENSATION FROM OR COST TO THE ORGANIZATION.</b>

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

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

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No
- Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please

Date

Preparer's SSN or PTIN (See Gen. Inst. W)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information—(See separate instructions.)**

OMB No 1545-0047

**2004**

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

Name of the organization

CHRISTIAN WOMEN'S JOB CORPS-NASHVILLE

Employer identification number

76-0718734

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name NONE				
Str				
City	Title			
ST	Avg hr/wk			
Zip				
Country				
Name				
Str				
City	Title			
ST	Avg hr/wk			
Zip				
Country				
Name				
Str				
City	Title			
ST	Avg hr/wk			
Zip				
Country				
Name				
Str				
City	Title			
ST	Avg hr/wk			
Zip				
Country				
Name				
Str				
City	Title			
ST	Avg hr/wk			
Zip				
Country				
Total number of other employees paid over \$50,000				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name NONE		
Check here if a business		
Str		
City		
ST		
ZIP		
Country		
Name		
Check here if a business		
Str		
City		
ST		
ZIP		
Country		
Name		
Check here if a business		
Str		
City		
ST		
ZIP		
Country		
Name		
Check here if a business		
Str		
City		
ST		
ZIP		
Country		
Name		
Check here if a business		
Str		
City		
ST		
ZIP		
Country		
Total number of others receiving over \$50,000 for professional services		

**Part III Statements About Activities** (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V, Form 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )	X	
b Do you have a section 403(b) annuity plan for your employees?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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

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

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

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

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	185,957	0	0	0	185,957
<b>16</b> Membership fees received	0	0	0	0	0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	0	0	0	0	0
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,325	0	0	0	1,325
<b>19</b> Net income from unrelated business activities not included in line 18	0	0	0	0	0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0	0	0	0	0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	0	0	0	0	0
<b>23</b> Total of lines 15 through 22	187,282	0	0	0	187,282
<b>24</b> Line 23 minus line 17	187,282	0	0	0	187,282
<b>25</b> Enter 1% of line 23	1,873	0	0	0	

**26 Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24

26a 0

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts

26b

c Total support for section 509(a)(1) test. Enter line 24, column (e)

26c 0

d Add: Amounts from column (e) for lines 18 0 19 0  
22 0 26b 0

26d 0

e Public support (line 26c minus line 26d total)

26e 0

f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

26f 0.00%

**27 Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year

(2003) 8,595 (2002) 0 (2001) 0 (2000) 0

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2003) 0 (2002) 0 (2001) 0 (2000) 0

c Add: Amounts from column (e) for lines 15 185,957 16 0  
17 0 20 0 21 0

27c 185,957

d Add Line 27a total 8,595 and line 27b total 0

27d 8,595

e Public support (line 27c total minus line 27d total)

27e 177,362

f Total support for section 509(a)(2) test Enter amount from line 23, column (e)

27f 187,282

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

27g 94.70%

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27h 0.71%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

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

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )	<b>31</b>	
-----		
-----		
-----		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
-----		
-----		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities?	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
-----		
-----		
-----		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended?	<b>34b</b>	
If you answered "Yes" to either 34a or b, please explain using an attached statement		
-----		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>	

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

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

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	0	0
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	0	0
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table—			
<b>If the amount on line 40 is—</b>	<b>The lobbying nontaxable amount is—</b>		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	0	0
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	0	0
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	0	0
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	0	0

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount					0
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0
<b>47</b> Total lobbying expenditures					0
<b>48</b> Grassroots nontaxable amount					0
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0
<b>50</b> Grassroots lobbying expenditures					0

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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

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

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 11 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

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

(i) **Cash**

(ii) Other assets

**b Other transactions**

**(i) Sales or exchanges of assets with a noncharitable exempt organization**

**(ii) Purchases of assets from a noncharitable exempt organization**

**(iii) Rental of facilities, equipment, or other assets**

**(iv) Reimbursement arrangements**

**(v) Loans or loan guarantees**

**(vi) Performance of services or membership or fundraising solicitations**

**c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

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

	Yes	No
<b>51a(i)</b>		X
<b>a(ii)</b>		X
<b>b(i)</b>		X
<b>b(ii)</b>		X
<b>b(iii)</b>		X
<b>b(iv)</b>		X
<b>b(v)</b>		X
<b>b(vi)</b>		X
<b>c</b>		X

[illegible]

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

▶ ☐ Yes ☒ No

**b If "Yes," complete the following schedule**

[illegible]

Line 1a (990) - Direct public support

1	Contributions	1	136,962
2	Non Cash Contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 9 - Special Events)	6	0
7		7	
8		8	
9		9	
10	Total	10	136,962

Line 22 (990) - Grants and allocations

	Check box if grantee is a business	Class of activity	Grantee's name	Address	City	State	Zip code	Amount given	Relationship
1		MINISTRY INTERN	SARAH KITCHENS	128 8TH AVE, SOUTH	NASHVILLE	TN	37202	1,980	
2		MINISTRY INTERN	SARAH TURNER	128 8TH AVE, SOUTH	NASHVILLE	TN	37202	968	
3		MINISTRY INTERN	CASEY PARKS	128 8TH AVE, SOUTH	NASHVILLE	TN	37202	1,720	
4		Totals:..						4,668	

**CHRISTIAN WOMEN'S JOB CORPS NASHVILLE**  
**EIN 76-0718734**  
**FORM 990 - ATTACHMENT**  
**TAX YEAR 2004**

**Part II. Statement of Functional Expenses - Line 42, Depreciation and Amortization**

	Acq Date	Original Cost	Lease Term (Months)	Estm Useful Life (Months)	Monthly Amortization	2004 Depreciation
<b><u>LEASEHOLD IMPROVEMENTS</u></b>						
DMC Building - 5TH Floor	11/8/03	\$ 35,000	34	-	\$ 1,029	\$ 12,353
Total		<u>\$ 35,000</u>				<u>\$ 12,353</u>
<b><u>EQUIPMENT-COMPUTERS</u></b>						
Emachine 2800+	11/19/03	\$ 620	-	36	\$ 17	\$ 207
Projector	02/08/04	995	-	36	28	304
Server-small business	03/02/04	381	-	36	11	106
Emachine T2798	06/08/04	450	-	36	12	88
Emachine T2798	06/08/04	450	-	36	12	87
Emachine 2894	12/31/04	400	-	36	11	-
Computer-CompUSA	12/31/04	500	-	36	14	-
Total		<u>3,796</u>				<u>\$ 792</u>
<b><u>EQUIPMENT- OFFICE</u></b>						
Fax	06/30/04	490	-	36	\$ 14	\$ 95
Copier	10/26/04	2,995	-	36	83	166
Total		<u>3,485</u>				<u>\$ 261</u>
		<u>\$ 42,281</u>				<u>\$ 13,406</u>

Depreciation and amortization calculated using straight-line method.

**CHRISTIAN WOMEN'S JOB CORPS - NASHVILLE**  
**EIN 76-0718734**  
**FORM 990 - ATTACHMENT**  
**TAX YEAR 2004**

**Part II - STATEMENT OF FUNCTIONAL EXPENSES -**  
**Line 43, Other Expenses**

	(A) Total	(B) Program Services	(C) Management and General	(D) Fund- raising
Program Expenses:				
Literacy Classes	\$ 1,631	\$ 1,631	\$ -	\$ -
GED Materials and Supplies	1,330	1,330	-	-
Women's Needs	837	837	-	-
Children's Room	500	500	-	-
Meal Assistance	83	83	-	-
Charitable Donations	4,278	4,278	-	-
Class Supplies	1,645	1,645	-	-
Bank Fees	10	-	10	-
Board Meetings	347	-	347	-
Internet Expense	104	52	31	21
Publicity Expense	1,986	993	-	993
Memberships	290	-	290	-
Recognitions	1,288	644	644	-
Volunteer Expense	488	244	244	-
Insurance-E&O Liability	1,429	-	1,429	-
Cleaning Expense	249	187	62	-
Maintenance Expense	915	686	229	-
Insurance-Property	388	291	97	-
				-
	<u>\$ 17,798</u>	<u>\$ 13,401</u>	<u>\$ 3,383</u>	<u>\$ 1,014</u>



Line 47 (990) - Accounts receivable

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	CONTRIBUTIONS RECEIVABLE	495	623		
2					
3					
4					
5					
6					
7					
8					
9					
10					
11	Total accounts receivable	495	623	0	0

Line 48 (990) - Pledges receivable

		Pledges receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	PLEDGES RECEIVABLE	9,296	0		
2					
3					
4					
5					
6					
7					
8					
9					
10					
11	Total pledges receivable	9,296	0	0	0

Line 56 (990) - Other Investments

Check one box to indicate how investments are listed:

☒ Cost

☐ End of year market value (FMV)

		Book value	Beginning	End
		Cost	Cost	Cost
1	ENDOWMENT FUNDS - TN BAPTIST FOUNDATION	1,000	0	1,000
2				0
3				0
4				0
5				0
6				0
7				0
8				0
9				0
10				0
11	Total other investments	1,000	0	1,000

Line 57 (990) - Land, buildings, and equipment

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1			
2			
3			
4			
5			
6	Total land (net of any amortization)	0	0

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	LEASEHOLD IMPROVEMENTS	35,000	35,000	2,059	14,412
8	EQUIPMENT-COMPUTERS	620	3,796	17	809
9	EQUIPMENT-OFFICE	0	3,485	0	261
10					
11					
12					
13					
14					
15					
16					
17	Total buildings and equipment	35,620	42,281	2,076	15,482
18	Buildings and equipment (less accumulated depreciation)			33,544	26,799
19	Total land, buildings and equipment			33,544	26,799

Category or Item		Cost/Other Basis		Accumulated Depreciation		Book Value	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11	Total	0		0		0	

**CHRISTIAN WOMEN'S JOB CORPS - NASHVILLE**  
**EIN 76-0718734**  
**FORM 990 - SCHEDULE A - ATTACHMENT**  
**TAX YEAR 2004**

**PART III - Statements About Activities - Line 3a**

The Organization has entered into a ministry partnership agreement with the North American Mission Board of the Southern Baptist Convention ("NAMB") whereby NAMB provides an individual to serve as a ministry intern for varying lengths of time to the Organization. NAMB compensates the individual directly and the Organization provides assistance with housing, transportation and meals. Each individual assigned by NAMB is approved in advance by the Organization's Board of Directors as to qualifications and skills.

---

CHRISTIAN WOMEN'S JOB CORPS - NASHVILLE  
EIN 76-0718734  
FORM 990 - ATTACHMENT  
TAX YEAR 2004

**Part V - LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

	A	B	C	D	E
	Name and Address	Title and Average Hours per Week Devoted to Position	Compensation	Contributions to Employee Benefit Plans & Deferred Compensation	Expense Account and Other Allowances
1	Nancy Becker 2022 Overhill Drive Nashville, TN 37215	Chairman of Board 8 hours per week	\$0	\$0	\$0
2	Olive Hudson 1062 Todd Preis Nashville, TN 37221	Vice Chair 8 hours per week	\$0	\$0	\$0
3	Debbie Reynolds 1535 Richlawn Drive Nashville, TN 37027	Secretary 4 hours per week	\$0	\$0	\$0
4	Jen Daniels 614 Davis Drive Brentwood, TN 37027	Treasurer 6 hours per week	\$0	\$0	\$0
5	Carolyn Campbell 112 Camousti Drive Franklin, TN 37069	Director 4 hours per week	\$0	\$0	\$0
6	Dawn Ferguson 114 Moonlight Drive Gallatin, TN 37066	Director 4 hours per week	\$0	\$0	\$0
7	Pat Green 712 Waller Road Brentwood, TN 37027	Director 4 hours per week	\$0	\$0	\$0
8	Jean Hester 504 Granny White Pike Brentwood, TN 37027	Director 4 hours per week	\$0	\$0	\$0
9	Ed Houk 814 Cammack Court Nashville, TN 37205	Director 4 hours per week	\$0	\$0	\$0
10	Frank Ingraham 4099 Clovercroft Road Franklin, TN 37064	Director 4 hours per week	\$0	\$0	\$0
11	Dan McAlexander 6015 Foxboro Square East Brentwood, TN 37027	Director 4 hours per week	\$0	\$0	\$0
12	Bill Moody 740 Rodney Drive Nashville, TN 37205	Director 4 hours per week	\$0	\$0	\$0
13	Anvil Nelson 905 Shenandoah Drive Brentwood, TN 37027	Director 4 hours per week	\$0	\$0	\$0
14	Glenda Palmer 1113 Oak Creek Drive Nolensville, TN 37135	Ex-Officio Member 4 hours per week	\$0	\$0	\$0
15	Robert Poutienus 7104 Calderwood Drive Antioch, TN 37013	Director 4 hours per week	\$0	\$0	\$0
16	Bill Wilson 8011 Lipscomb Court Brentwood, TN 37027	Director 4 hours per week	\$0	\$0	\$0
17	Becky Sumrall 5360 Village Way Nashville, TN 37211	Employee - Executive Director 40 hours per week	\$36,550	\$4,640	\$0