

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)

COPY

OMB No. 1545-0047

2003

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 2003 calendar year, or tax year beginning 2/4/2003, and ending 12/31/2003

B Check if applicable:
☐ Address change
☐ Name change
☒ Initial return
☐ Final return
☐ Amended return
☐ Application pending

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) **▶**

G Website: **▶ N/A**

J Organization type (check only one) ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 196,578**

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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
 Group Exemption Number **▶ N/A**

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	195,253	
b Indirect public support	1b	0	
c Government contributions (grants)		0	
d Total (add lines 1a through 1c) (cash \$ <u>195,253</u> noncash \$ <u>0</u>)	1d		195,253
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4		
5 Dividends and interest from securities	5		
6a Gross rents	6a	0	
b Less: rental expenses	6b	0	
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		0
7 Other investment income (describe ▶)	7		
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
	0 8a	0	
b Less: cost or other basis and sales expenses	0 8b	0	
c Gain or (loss) (attach schedule)	0 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 <input type="checkbox"/>			
a Gross revenue (not including \$ <u>195,253</u> 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	0	
b Less: cost of goods sold	10b	0	
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)			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			
13 Program services (from line 44, column (B))			
14 Management and general (from line 44, column (C))			
15 Fundraising (from line 44, column (D))			
16 Payments to affiliates (attach schedule)			
17 Total expenses (add lines 16 and 44, column (A))			
Excess or (deficit) for the year (subtract line 17 from line 12)			
Net assets or fund balances at beginning of year (from line 73, column (A))			
Other changes in net assets or fund balances (attach explanation)			
Net assets or fund balances at end of year (combine lines 18, 19, and 20)			

For Paperwork Reduction Act Notice, see the separate instructions.

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 \$ 3,783 noncash \$ 0)	22 3,783	3,783		
23	Specific assistance to individuals (attach schedule)	23 0			
24	Benefits paid to or for members (attach schedule)	24 0			
25	Compensation of officers, directors, etc.	25 27,387	13,694	8,216	5,477
26	Other salaries and wages	26 0			
27	Pension plan contributions	27 1,600	800	480	320
28	Other employee benefits	28 0			
29	Payroll taxes	29 2,095	1,048	629	418
30	Professional fundraising fees	30 0			
31	Accounting fees	31 0			
32	Legal fees	32 0			
33	Supplies	33 1,127	564	338	225
34	Telephone	34			
35	Postage and shipping	35			
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38 0			
39	Travel	39 0			
40	Conferences, conventions, and meetings	40 0			
41	Interest	41 0			
42	Depreciation, depletion, etc. (attach schedule)	42 2,078	1,557	519	
43	Other expenses not covered above (itemize): a	43a 0			
	b SEE ATTACHMENT	43b 10,718	7,588	2,522	608
	c	43c 0			
	d	43d 0			
	e	43e 0			
	f	43f 0			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 52,972	31,533	13,879	7,560

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

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

(iii) the amount allocated to Management and general \$ 0; and (iv) the amount allocated to Fundraising \$ 0

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 \$)	31,533
b		
	(Grants and allocations \$)	
c		
	(Grants and allocations \$)	
d		
	(Grants and allocations \$)	
e	Other program services (attach schedule)	(Grants and allocations \$)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	31,533

Part IV Balance Sheets (See page 25 of the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	0	45	25,607
	46 Savings and temporary cash investments	0	46	80,237
	47 a Accounts receivable	47a 495		
	b Less: allowance for doubtful accounts	47b 0	0	47c 495
	48 a Pledges receivable	48a 9,296		
	b Less: allowance for doubtful accounts	48b 0	0	48c 9,296
	49 Grants receivable	0	49	0
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	0	51c 0
	52 Inventories for sale or use	0	52	0
	53 Prepaid expenses and deferred charges	0	53	123
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54	0
	55 a Investments—land, buildings, and equipment: basis	55a 0		
	b Less: accumulated depreciation (attach schedule)	55b 0	0	55c 0
56 Investments—other (attach schedule)	0	56	0	
57 a Land, buildings, and equipment: basis	57a 35,620			
b Less: accumulated depreciation (attach schedule)	57b 2,076	0	57c 33,544	
58 Other assets (describe)	0	58	0	
59 Total assets (add lines 45 through 58) (must equal line 74)	0	59	149,302	
Liabilities	60 Accounts payable and accrued expenses	0	60	5,696
	61 Grants payable	0	61	0
	62 Deferred revenue	0	62	0
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe)	0	65	0
66 Total liabilities (add lines 60 through 65)	0	66	5,696	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	0	67	138,415
	68 Temporarily restricted	0	68	5,191
	69 Permanently restricted	0	69	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds	0	70	0
	71 Paid-in or capital surplus, or land, building, and equipment fund	0	71	0
	72 Retained earnings, endowment, accumulated income, or other funds	0	72	0
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	0	73	143,606	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	0	74	149,302	

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.)

a	Total revenue, gains, and other support per audited financial statements	a	196,578
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	0
c	Line a minus line b	c	196,578
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) and (2)	d	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	196,578

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

a	Total expenses and losses per audited financial statements	a	52,972
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	0
c	Line a minus line b	c	52,972
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) and (2)	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	52,972

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		Title			
City ATTACHMENT	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	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? If "Yes," attach schedule—see page 28 of the instructions.

Yes ☐ No ☒

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	
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	N/A
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"/> N/A 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	2,700
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	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	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	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <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"/> TN		
b	Number of employees employed in the pay period that includes March 12, 2003 (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	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	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					1,325
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	1,325
105 Total (add line 104, columns (B), (D), and (E))					

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).

N/A

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	

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).

Please 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		Date 8-16-04	
Paid Preparer's Use Only	Type or print name and title: Nancy Becker, Chairman of the Board			
	Preparer's signature	Date 8-16-04	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W) 413-92-0939
	Firm's name (or yours if self-employed), address, and ZIP + 4: Charles Wm Demore, CPA, 238 Blackman Rd, Nashville, TN 37211	EIN	Phone no. 615-834-7449	

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

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	SEE	ATTACHMENT	0	0	0
16 Membership fees received	0	0	0	0	
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	0	0	0	0	0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	0	0	0	0	0
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	0	0	0	0	
24 Line 23 minus line 17	0	0	0	0	
Enter 1% of line 23	0	0	0	0	

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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts **26b** 0

c Total support for section 509(a)(1) test: Enter line 24, column (e) **26c**

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

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

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:

(2002) SEE ATTACHMENT (2001) (2000) (1999)

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

(2002) (2001) (2000) (1999)

c Add: Amounts from column (e) for lines: 15 0 16 0 17 0 20 0 21 0 **27c** 0

d Add: Line 27a total and line 27b total **27d** 0

e Public support (line 27c total minus line 27d total) **27e** 0

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) **27f** 0

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) **27g** 0.00%

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) **27h** 0.00%

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

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information—(See separate instructions.)

2003

Name of the organization

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

Employer identification number

CHRISTIAN WOMEN'S JOB CORPS - NASHVILLE

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	ST	Title		
Zip	Country	Avg hr/wk		
Name				
Str				
City	ST	Title		
Zip	Country	Avg hr/wk		
Name				
Str				
City	ST	Title		
Zip	Country	Avg hr/wk		
Name				
Str				
City	ST	Title		
Zip	Country	Avg hr/wk		
Name				
Str				
City	ST	Title		
Zip	Country	Avg hr/wk		
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		
Str	Check here if a business	
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		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2003

(HTA)

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.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	
c Furnishing of goods, services, or facilities?	2c	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	See Part V, Form 990	
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____ 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 6 of the instructions.)

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

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

		Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶		(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45	Lobbying nontaxable amount					0
46	Lobbying ceiling amount (150% of line 45(e))					0
47	Total lobbying expenditures					0
48	Grassroots nontaxable amount					0
49	Grassroots ceiling amount (150% of line 48(e))					0
50	Grassroots lobbying expenditures					0

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

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

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:

	Yes	No	Amount
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.)			0

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

Line 1a (990) - Direct public support

1	Contributions	1	195,253
2	Non Cash Contributions	2	0
3	Special events contributions (Line 9 - Special Events)	3	0
4	-----	4	-----
5	-----	5	-----
6	-----	6	-----
7	-----	7	-----
8	-----	8	-----
9	-----	9	-----
10	Total	10	195,253

Line 22 (990) - Grants and allocations

PrintThese1

	Check box if grantee is a business	Class of activity	Grantee's name	Address	City	State	Zip code	Amount given	Relationship	
1		Ministry Intern	Beth Fortwendel	128 8th Avenue, South	Nashville	TN	37202	2,060		1
2		Ministry Intern	Grace Livingstone	128 8th Avenue, South	Nashville	TN	37202	760		1
3		Ministry Intern	Liz Rhodes	128 8th Avenue, South	Nashville	TN	37202	963		
4		Totals:						3,783		

Line 47 (990) - Accounts receivable

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

Line 48 (990) - Pledges receivable

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

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	0	35,000	0	2,059
8	Equipment - Computers	0	620	0	
9					
10					
11					
12					
13					
14					
15					
16					
17	Total buildings and equipment	0	35,620	0	2,076
18	Buildings and equipment (less accumulated depreciation)			0	33,544
19	Total land, buildings and equipment			0	33,544

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
ATTACHMENT TO FORM 990
TAX YEAR 2003

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	\$ 998	\$ 998	\$	\$
GED Materials and Supplies	1,790	1,790		
Women's Needs	2,015	2,015		
Relocation	794	794		
Meal Assistance	610	610		
Bank Fees	74	-	74	
Board Meetings	40	-	40	
Internet Expense	245	123	74	48
Publicity Expense	902	451	-	451
Licenses and Fees	500	-	500	-
Memberships	100	-	100	
Recognitions	1,066	533	533	-
Insurance-E&O Liability	1,037	-	1,037	-
Other	547	274	164	109
	<u>\$ 10,718</u>	<u>\$ 7,588</u>	<u>\$ 2,522</u>	<u>\$ 608</u>

CHRISTIAN WOMEN'S JOB CORPS - NASHVILLE
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 TAX YEAR 2003

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
	Mary Frances Turner 5940 Robert E. Lee Drive Nashville, TN 37215	Chairman of Board 8 hours per week	\$0	\$0	\$0
2	Nancy Becker 2022 Overhill Drive Nashville, TN 37215	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	Jeri 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	Jean Hester 504 Granny White Pike Brentwood, TN 37027	Director 4 hours per week	\$0	\$0	\$0
7	Ed Houk 814 Cammack Court Nashville, TN 37205	Director 4 hours per week	\$0	\$0	\$0
8	Olive Hudson 1062 Todd Preis Nashville, TN 37221	Director 4 hours per week	\$0	\$0	\$0
9	Dan McAlexander 6015 Foxboro Square East Brentwood, TN 37027	Director 4 hours per week	\$0	\$0	\$0
	Bill Moody 740 Rodney Drive Nashville, TN 37205	Director 4 hours per week	\$0	\$0	\$0
11	Anvil Nelson 905 Shenandoah Drive Brentwood, TN 37027	Director 4 hours per week	\$0	\$0	\$0
12	Glenda Palmer 1113 Oak Creek Drive Nolensville, TN 37135	Ex-Officio Member 4 hours per week	\$0	\$0	\$0
13	Bill Wilson 8011 Lipscomb Court Brentwood, TN 37027	Director 4 hours per week	\$0	\$0	\$0
14	Becky Sumrall 5360 Village Way Nashville, TN 37211	Employee - Executive Director 40 hours per week	\$27,387	\$1,600	\$0

CHRISTIAN WOMEN'S JOB CORPS - NASHVILLE
 EIN 76-0718734
 ATTACHMENT TO FORM 990 - SCHEDULE A
 TAX YEAR 2003

PART IV-A. SUPPORT SCHEDULE -

Calendar Year (or Fiscal Year Beginning In)	2003
15 Gifts, grants, and contributions received	185,957
16 Membership fees received	0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable etc. purpose	0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5), rents, royalties, and unrelated business income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,325
19 Net income from unrelated business activities not included in line 18	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	
22 Other Income.	0
23 Total of lines 15 through 22	<u>187,282</u>
24 Line 23 minus line 17	<u>187,282</u>
25 Enter 1% of line 23	<u>1,873</u>
27a Amounts received from "disqualified persons" in 2003.	<u>8,595</u>
27b Sum of differences (the excess amount) for the year	<u>0</u>
27c Amount from total for lines 15 - \$185,957 16 - \$0- 17 - \$0- 20 - \$0- 21 - \$0-	<u>185,957</u>
27d Line 27a total - \$8,595 and line 27b total - \$0-	<u>8,595</u>
27e Public Support (line 27c minus line 27d total)	<u>177,362</u>
27f Total Support for section 509(a)(2) test: Enter 23	<u>187,282</u>
27g Public Support percentage (line 27e numerator) divided by line 27f denominator	<u>94.70%</u>
27h Investment Income percentage (line 18 numerator divided by line 27f denominator)	<u>0.71%</u>

CHRISTIAN WOMEN'S JOB CORPS NASHVILLE
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 ATTACHMENT TO FORM 990
 TAX YEAR 2003

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

	Acq Date	Original Cost	Lease Term (Months)	Estm Useful Life (Months)	Monthly Amortization	2003 Depreciation
<u>LEASEHOLD IMPROVEMENTS</u>						
DMC BUILDING - 5TH FLOOR	11/8/03	\$ 35,000	34		\$ 1,029	\$ 2,059
Total		<u>\$ 35,000</u>				<u>\$ 2,059</u>
<u>EQUIPMENT-COMPUTERS</u>						
EMACHINE 2800+	11/19/03	\$ 620		36	\$ 17	\$ 17
Total		<u>\$ 620</u>				<u>\$ 17</u>
						<u>\$ 2,076</u>

Depreciation and amortization calculated using straight-line method.

CHRISTIAN WOMEN'S JOB CORPS - NASHVILLE
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ATTACHMENT TO FORM 990 - SCHEDULE A
TAX YEAR 2003

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 assigned by NAMB is approved in advance by the Organization's Board of Directors as to qualifications and skills.