

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2008

Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

03-31, 20 09

For the 2008 calendar year, or tax year beginning

04-01, 2008, and ending

Check if applicable:

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

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

C Name of organization

Sudanese Community and Women's Cent

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

3221 Nolensville Pike

Room/suite

103

City or town, state or country, and ZIP + 4

Nashville, TN 37211

D Employer identification number

02-0674431

E Telephone number

(615) 315-9681

F Group Exemption Number - - - ▶

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

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

I Website: ▶ www.sudaneseccenter.org

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

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 61,845

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

1	Contributions, gifts, grants, and similar amounts received	1	45,144
2	Program service revenue including government fees and contracts	2	16,701
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	61,845
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	26,787
13	Professional fees and other payments to independent contractors	13	5,647
14	Occupancy, rent, utilities, and maintenance	14	14,651
15	Printing, publications, postage, and shipping	15	235
16	Other expenses (describe ▶ STM130)	16	10,247
17	Total expenses. Add lines 10 through 16	17	57,567
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,278
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	22,414
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	26,692

Part II Balance Sheets. If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	13,587	15,868
23 Land and buildings		
Other assets (describe ▶ STM131)	10,046	13,112
25 Total assets	23,633	28,980
26 Total liabilities (describe ▶ STM132)	1,219	2,288
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	22,414	26,692

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28a	25,221
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29a	8,160
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30a	4,197
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	See SERVICES
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32	57,567
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(e) Expense
Account and
other Allowances

0

0

0

Statement of Program Accomplishments - (Continued).

<p>Employment Services and Career Development - Fifty persons have been through the program during the 2008-2009 year. Twelve have found meaningful employment in Warehouse/Manufacturing, Food and Beverage, Gardening, and Security Vocations; The Center also assisted in Resume, Job Seeking, Vocational Training, Application Assistance, and Referral Services.</p>	<table border="1"> <thead> <tr> <th data-bbox="470 430 560 619">Grants</th><th data-bbox="470 231 560 420">Expenses</th></tr> </thead> <tbody> <tr> <td data-bbox="592 430 836 619">\$15,501</td><td data-bbox="592 231 836 420">\$15,036</td></tr> </tbody> </table>	Grants	Expenses	\$15,501	\$15,036
Grants	Expenses				
\$15,501	\$15,036				
<p>Social Adjustment and Emergency Assistance - The food assistance program has served 360 individuals. The SCWC has assisted 78 individuals with various housing needs. Legal assistance has served 42 persons. Six hundred eighty (680) people have been assisted with interpretation, translation and immigration counsel during the current fiscal year.</p>	<table border="1"> <thead> <tr> <th data-bbox="1039 430 1128 619">Grants</th><th data-bbox="1039 231 1128 420">Expenses</th></tr> </thead> <tbody> <tr> <td data-bbox="1136 430 1364 619">\$6,350</td><td data-bbox="1136 231 1364 420">\$4,953</td></tr> </tbody> </table>	Grants	Expenses	\$6,350	\$4,953
Grants	Expenses				
\$6,350	\$4,953				

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed.		
42 a The books are in care of Gatluak Ter Thach Telephone no. 615-315-9681		
Located at 3221 Nolensville Pk Nashville, TN ZIP + 4 37241		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country:		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2008)

Sudanese Community and Women's Cent

02-0674431

Page 4

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

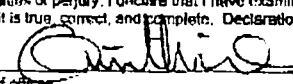
	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49 a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization(s) a section 527 organization?		
50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000		

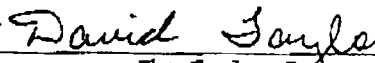
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here:  Signature of officer

Gatluak Ter Thach, Executive Director Date: 6/16/09

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature:  Date: 06-15-2009 Check if self-employed: ☒ Preparer's Identifying No. (See Inst.): 52-2312290

Firm's name (or yours if self-employed), address, and ZIP + 4: The Taylor Group, 167 Wrights Mills Drive, Madison, MS 39110

EIN: Phone no.: 601-853-4920

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

EEA

Form 990-EZ (2008)

Federal Supporting Statements

2008

Name(s) as shown on return

FEIN

Form 990EZ, Part I, Line 16
Other Expenses Schedule 2

<u>Description</u>	<u>Amount</u>
Automobile Expense	644
Taxes and License	2,176
Supplies	3,522
Telephone	2,246
Bank Charges	110
Foods and Client Snacks	260
Fundraising Expenses	510
Miscellaneous Expenses	779
Total	<u>10,247</u>

Form 990EZ, Part II, Line 24
Other Assets Schedule 3

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Furniture and Equipment	<u>10,046</u>	<u>13,112</u>
Total	<u>10,046</u>	<u>13,112</u>

Form 990EZ, Part II, Line 26
Other Liabilities Schedule 3

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Payroll Liabilities	<u>1,219</u>	<u>2,288</u>
Total	<u>1,219</u>	<u>2,288</u>

Federal Supporting Statements

2008

Name(s) as shown on return

FEIN

Gatluak Ter Thach

Explanation

Paid as employee with no fringe benefits.

FOR TAX YEAR 2008

Sudanese Community and Women's Cent

The Taylor Group

167 Wrights Mills Drive

Madison, MS 39110

(601)853-4920

Federal Filing Instructions

2008

Name(s) as shown on return

Your Social Security Number

Sudanese Community and Women's Cent

02-0674431

Date to file by: 08-17-2009

Form to be filed: Form 990EZ and supplemental Forms and Schedules

Sign and date: An officer must sign and date Form 990EZ on page 3.

Address to file: Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0027

Refund: Neither a refund nor a balance due

Other Instructions: If the return is not filed by the due date (including any extension granted), attach a statement giving the reason for not filing on time.

Statement of Program Service Accomplishments

2008 01

Name(s) as shown on return

Your Social Security Number

Sudanese Community and Women's Cent

02-0674431

Form 990EZ, Part III, Line 31

Program Service Expenses	\$19989
Grants and allocations included in above expense	\$21851
Includes Foreign Grants	No

Explanation

Other program services