Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning , and ending

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

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

C Name of organization: CHRISTIAN WOMEN'S JOB CORPS OF MIDDLE TENNESSEE

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite: 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).**

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 ▶

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 is not a 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.

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 ▶ 379,339

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a	0		
	b	Direct public support (not included on line 1a)	1b	341,047		
	c	Indirect public support (not included on line 1a)	1c	0		
	d	Government contributions (grants) (not included on line 1a)	1d	4,009		
	e	**Total** (add lines 1a through 1d) (cash $ 345,056 noncash $ 0)			1e	345,056
	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	3,384
	5	Dividends and interest from securities			5	2,374
	6 a	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 ▶ UNREALIZED GAIN ON INVESTMENTS)			7	774
	8 a	Gross amount from sales of assets other than inventory	(A) Securities: 10,966	8a	(B) Other: 0	
	b	Less: cost or other basis and sales expenses	11,387	8b	0	
	c	Gain or (loss) (attach schedule)	-421	8c	0	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	-421
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ 88,492 of contributions reported on line 1b)	9a	15,643		
	b	Less: direct expenses other than fundraising expenses	9b	15,643		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	0
	10 a	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)			11	1,142
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	352,309
Expenses	13	Program services (from line 44, column (B))			13	122,158
	14	Management and general (from line 44, column (C))			14	54,306
	15	Fundraising (from line 44, column (D))			15	12,769
	16	Payments to affiliates (attach schedule)			16	0
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	189,233
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	163,076
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	378,651
	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	541,727

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 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 a Grants paid from donor advised funds (attach schedule) (cash $ 0 noncash $ 0) If this amount includes foreign grants, check here ▶ ☐	**22a**	0	0		
22 b Other grants and allocations (attach schedule) (cash $ 3,028 noncash $ 0) If this amount includes foreign grants, check here ▶ ☐	**22b**	3,028	3,028		
23 Specific assistance to individuals (attach schedule)	**23**	1,230	1,230		
24 Benefits paid to or for members (attach schedule)	**24**	0	0		
25 a Compensation of current officers, directors, key employees, etc. listed in Part V-A	**25a**	46,142	13,843	23,071	9,228
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	**25b**	0	0	0	0
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	**25c**	0	0	0	0
26 Salaries and wages of employees not included on lines 25a, b, and c	**26**	70,422	60,921	8,770	731
27 Pension plan contributions not included on lines 25a, b, and c	**27**	4,800	1,440	2,400	960
28 Employee benefits not included on lines 25a – 27	**28**	976	976	0	0
29 Payroll taxes	**29**	8,309	5,111	2,436	762
30 Professional fundraising fees	**30**	0	0	0	0
31 Accounting fees	**31**	0	0	0	0
32 Legal fees	**32**	0	0	0	0
33 Supplies	**33**	4,874	2,339	2,339	196
34 Telephone	**34**	3,778	1,813	1,813	152
35 Postage and shipping	**35**	975	468	468	39
36 Occupancy	**36**	7,200	5,400	1,800	0
37 Equipment rental and maintenance	**37**	550	264	264	22
38 Printing and publications	**38**	672	323	323	26
39 Travel	**39**	0	0	0	0
40 Conferences, conventions, and meetings	**40**	548	263	263	22
41 Interest	**41**	0	0	0	0
42 Depreciation, depletion, etc. (attach schedule)	**42**	2,515	1,886	629	0
43 Other expenses not covered above (itemize): **a** SEE ATTACHED	**43a**	33,214	22,853	9,730	631
b	**43b**	0	0	0	0
c	**43c**	0	0	0	0
d	**43d**	0	0	0	0
e	**43e**	0	0	0	0
f	**43f**	0	0	0	0
g	**43g**	0	0	0	0
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	**44**	189,233	122,158	54,306	12,769

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 $ ______;
(iii) the amount allocated to Management and general $ ______ ; and **(iv)** the amount allocated to Fundraising $ ______

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

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.

What is the organization's primary exempt purpose? ▶ Womens' employment & life skills training & 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 COACHING AND MATERIALS; JOB SKILLS TRAINING; MEAL SUPPLEMENTS; RELOCATION AND PERSONAL LIVING ASSISTANCE PROVIDED TO WOMEN RELEASED FROM INCARCERATION WHO PARTICIPATED IN THE ORGANIZATION'S PROGRAMS (Grants and allocations $ 0) If this amount includes foreign grants, check here ▶ ☐	122,158
b (Grants and allocations $ 0) If this amount includes foreign grants, check here ▶ ☐	0
c (Grants and allocations $ 0) If this amount includes foreign grants, check here ▶ ☐	0
d (Grants and allocations $ 0) If this amount includes foreign grants, check here ▶ ☐	0
e Other program services (attach schedule) (Grants and allocations $ 0) If this amount includes foreign grants, check here ▶ ☐	0
f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . ▶	122,158

Part IV **Balance Sheets** *(See 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			149,896	45	155,652
	46 Savings and temporary cash investments			205,436	46	259,411
	47 a Accounts receivable	47a	2,317			
	b Less: allowance for doubtful accounts	47b	0	2,188	47c	2,317
	48 a Pledges receivable	48a	2,400			
	b Less: allowance for doubtful accounts	48b	0	0	48c	2,400
	49 Grants receivable			0	49	0
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			0	50b	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			2,509	53	3,003
	54 a Investments—publicly-traded securities. ▶ ☐ Cost ☐ FMV			0	54a	0
	b Investments—other securities (attach schedule). ▶ ☐ Cost ☒ FMV			17,348	54b	116,532
	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	51,632			
	b Less: accumulated depreciation (attach schedule)	57b	43,386	1,674	57c	8,246
	58 Other assets, including program-related investments (describe ▶)			0	58	0
	59 **Total assets** (must equal line 74). Add lines 45 through 58			379,051	59	547,561
Liabilities	60 Accounts payable and accrued expenses			400	60	5,834
	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			400	66	5,834
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			361,591	67	394,053
	68 Temporarily restricted			5,000	68	135,000
	69 Permanently restricted			12,060	69	12,674
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 **Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			378,651	73	541,727
	74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73.			379,051	74	547,561

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)* N/A

a	Total revenue, gains, and other support per audited financial statements			a	
b	Amounts included on line **a** but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4	0		
	Add lines **b1** through **b4**			b	0
c	Subtract line **b** from line **a**			c	0
d	Amounts included on Part I, line 12, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2	0		
	Add lines **d1** and **d2**			d	0
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ▶			e	0

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

a	Total expenses and losses per audited financial statements			a	
b	Amounts included on line **a** but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4	0		
	Add lines **b1** through **b4**			b	0
c	Subtract line **b** from line **a**			c	0
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2	0		
	Add lines **d1** and **d2**			d	0
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ▶			e	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See 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 plans	**(E)** Expense account and other allowances
Name SEE ATTACHED Str City ST ZIP	Title Hr/WK	46,142	4,800	0
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
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Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 15			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	**75b**		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ▶ If "Yes," attach a statement that includes the information described in the instructions.	**75c**		X
d	Does the organization have a written conflict of interest policy?	**75d**	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	**(B)** Loans and Advances	**(C)** Compensation (if not paid, enter -0-)	**(D)** Contributions to employee benefit plans & deferred compensation plans	**(E)** Expense account and other allowances
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
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Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	**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**	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 ▶ ______ and check whether it is ☐ exempt **or** ☐ 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

Part VI Other Information *(continued)*

				Yes	No
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	23,285		
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		N/A	
85	*501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members?	85a			
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b			
	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.				
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 a	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	88a			X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶	88b			X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A				
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 ▶		N/A		
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e			X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f			X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g			X

90 a List the states with which a copy of this return is filed ▶ TN

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) **90b** 3

91 a The books are in care of ▶ Name BECKY SUMRALL Telephone no. ▶ 615-244-3669

Located at ▶ 128 8TH AVENUE, SOUTH City NASHVILLE ST TN ZIP + 4 ▶ 37202

			Yes	No
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)?	91b		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.

Part VI Other Information *(continued)*

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c		X

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041*** —Check here . . . . ▶ ☐
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 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					3,384
96 Dividends and interest from securities					2,374
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					774
100 Gain or (loss) from sales of assets other than inventory					-421
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a SALE OF MUSIC CD					1,142
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	7,253
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					7,253

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See 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).
95 & 96	INTEREST EARNED USED TO FUND CHARITABLE PROGRAMS
99	INVESTMENT EARNINGS USED TO FUND CHARITABLE PROGRAMS
100	INVESTMENT EARNINGS USED TO FUND CHARITABLE PROGRAMS
103	PROCEEDS USED TO SUPPORT NEEDS OF PROGRAM PARTICIPANTS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See 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
	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See 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).*

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

	Yes	No
106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

	Yes	No
107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

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

Type or print name and title

COPY

Paid Preparer's Use Only			
Preparer's signature	Charles Demore	Date 4/18/08	Check if self-employed ▶ ☑
Preparer's SSN or PTIN (See Gen. Inst. X)	P00743012		
Firm's name (or yours if self-employed), address, and ZIP + 4	CHARLES WM. DEMORE, CPA	EIN ▶	
	PO BOX 111726, NASHVILLE, TN 37222-1726	Phone no. ▶ (615)	477-2941

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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

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

OMB No. 1545-0047

2007

Name of the organization	Employer identification number
CHRISTIAN WOMEN'S JOB CORPS OF MIDDLE TENNESSEE	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
NONE ,				
Total number of other employees paid over $50,000 ►	0			

Part II-A 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
NONE ,		
Total number of others receiving over $50,000 for professional services . . . . ► 0		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE ,		
Total number of other contractors receiving over $50,000 for other services . . . . ► 0		

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

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 ▶ $ ________ (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		X
	c	Furnishing of goods, services, or facilities?	2c		X
	d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V - 990	2d	X	
	e	Transfer of any part of its income or assets?	2e		X
3	a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X	
	b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
	c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
	d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4	a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
	b	Did the organization make any taxable distributions under section 4966?	4b		X
	c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X
	d	Enter the total number of donor advised funds owned at the end of the tax year ▶			
	e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			
	f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶			0
	g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶			0

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	No	(e) Amount of support
					0
					0
					0
					0
					0
					0
Total ▶					0

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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)** 2006	**(b)** 2005	**(c)** 2004	**(d)** 2003	**(e)** Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	264,757	172,985	145,933	185,957	769,632
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, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,848	1,607	1,025	1,325	6,805
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					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		165			165
23 Total of lines 15 through 22	267,605	174,757	146,958	187,282	776,602
24 Line 23 minus line 17	267,605	174,757	146,958	187,282	776,602
25 Enter 1% of line 23	2,676	1,748	1,470	1,873	

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 2003 through 2006 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 ______ 19 ______ 22 ______ 26b ______ ▶ **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:

(2006) 15,785 (2005) 4,220 (2004) 8,200 (2003) 8,595

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 11b, 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:

(2006) 63,205 (2005) 28,863 (2004) 23,236 (2003) 111,825

c Add: Amounts from column (e) for lines: 15 769,632 16 ______ 17 ______ 20 ______ 21 ______ ▶ **27c** 769,632

d Add: Line 27a total 36,800 and line 27b total 227,129 ▶ **27d** 263,929

e Public support (line 27c total minus line 27d total) ▶ **27e** 505,703

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ **27f** 776,602

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** 65.12%

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** 0.88%

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 9 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?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
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 11 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	0
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40	0	0
41 Lobbying nontaxable amount. Enter the amount from the following table—			
If the amount on line 40 is— / **The lobbying nontaxable amount is—**			
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	41		
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			
42 Grassroots nontaxable amount (enter 25% of line 41)	42	0	0
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0	0
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	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 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2007	**(b)** 2006	**(c)** 2005	**(d)** 2004	**(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 14 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		X	
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
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.

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 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?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	**51a(i)**		X
(ii) Other assets	**a(ii)**		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b(i)**		X
(ii) Purchases of assets from a noncharitable exempt organization	**b(ii)**		X
(iii) Rental of facilities, equipment, or other assets	**b(iii)**		X
(iv) Reimbursement arrangements	**b(iv)**		X
(v) Loans or loan guarantees	**b(v)**		X
(vi) Performance of services or membership or fundraising solicitations	**b(vi)**		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**		X

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:

(a) Line no.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

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:

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

CHRISTIAN WOMEN'S JOB CORPS OF MIDDLE TENNESSEE
EIN 76-0718734
FORM 990 - ATTACHMENT
TAX YEAR 2007

Part I - REVENUES, EXPENSES AND CHANGES IN NET ASSETS
Line 1a, Direct Public Support and Contributions

		Cash	NonCash
Line 1a - Direct Public Support			
1	Contributions	$252,555	$0
2	Membership dues and assessments	0	0
3	Commercial co-venture	0	0
4	Special events contributions (Line 9 - Special Events)	88,492	0
Line 1b - Indirect Public Support		0	0
Line 1c - Government contributions (grants)		4,009	0
	Total	$345,056	$0

CHRISTIAN WOMEN'S JOB CORPS OF MIDDLE TENNESSEE
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TAX YEAR 2007

Part I - REVENUES, EXPENSES AND CHANGES IN NET ASSETS
Line 8c, Gain/Loss from Sale of Assets Other than Inventory

Description	Gain/Loss from sale of public securities?	Is purchaser a business?	Purchaser	Date Acquired	Acquisition Method	Date Sold	Gross Sales Price	Basis	Gain or (Loss)
135 shares - Pool Corp Common Stock	Yes	Yes	Amsouth Investments	12/29/06	Donation	01/17/07	5,307	5,288	19
SBF Growth Fund	Yes	Yes	TN Baptist Foundation	06/26/06	Cost	07/02/07	5,659	6,099	(440)
							10,966	11,387	(421)

CHRISTIAN WOMEN'S JOB CORPS OF MIDDLE TENNESSEE
EIN 76-0718734
FORM 990 - ATTACHMENT
TAX YEAR 2007

Part I - REVENUES, EXPENSES AND CHANGES IN NET ASSETS
Line 9, Special Events and Activities

		Event A
1	Special Event Name	Fundraiser Dinner
1a	Number of Special Events	1
2	Gross Receipts	$104,135
3	Less: Contributions	88,492
4	Gross Revenue	15,643
5	Less: Direct Expenses	15,643
6	Net Income or (Loss)	$0

CHRISTIAN WOMEN'S JOB CORPS OF MIDDLE TENNESSEE
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Part II - STATEMENT OF FUNCTIONAL EXPENSES
Line 22b, Other Grants and Allocations

	Grantee's Name and Address	Class of Activity	Is Grantee A Business?	Amount Given
1	Sarah Atkins 128 8th Avenue, South Nashville, TN 37202 USA	Ministry Intern	No	$560
2	Brenda Biddy 128 8th Avenue, South Nashville, TN 37202 USA	Ministry Intern	No	$30
3	Leslie Dellinger 128 8th Avenue, South Nashville, TN 37202 USA	Ministry Intern	No	$1,618
4	Nikkie Johnson 128 8th Avenue, South Nashville, TN 37202 USA	Ministry Intern	No	$550
5	Lynsey Riley 128 8th Avenue, South Nashville, TN 37202 USA	Ministry Intern	No	$84
6	Abbie Sumrall 128 8th Avenue, South Nashville, TN 37202 USA	Ministry Intern	No	$186
	Total			$3,028

CHRISTIAN WOMEN'S JOB CORPS OF MIDDLE TENNESSEE
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TAX YEAR 2007

Part II - STATEMENT OF FUNCTIONAL EXPENSES -
Line 23, Specific Assistance to Individuals

Participant Shelter Assistance	$	525
Participant Utilities Assistance		280
Participant Clothing Assistance		425
	$	1,230

Cash assistance was paid on behalf of indigent individuals participating in the Organization's programs.

CHRISTIAN WOMEN'S JOB CORPS OF MIDDLE TENNESSEE
EIN 76-0718734
FORM 990 - ATTACHMENT
TAX YEAR 2007

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

	Acq Date		Original Cost	Lease Term (Months)	Estm Useful Life (Months)		Monthly Amortization		2007 Depreciation
LEASEHOLD IMPROVEMENTS									
DMC Building -									
5TH Floor Renovations	11/8/03	$	35,000	34	-	$	1,029	$	-
5TH Floor A/C Compressor	06/07/07		2,185	48	-		46		319
Total		$	37,185					$	319
COMPUTERS									
Emachine 2800+	11/19/03	$	620	-	36	$	17	$	-
Projector	02/08/04		995	-	36		28		28
Server-small business	03/02/04		381	-	36		11		21
Emachine T2798	06/08/04		450	-	36		12		62
Emachine T2798	06/08/04		450	-	36		12		62
Emachine 2894	12/31/04		400	-	36		11		133
Computer-Exec Director	01/05/07		715	-	36		20		238
Laptop-Madison	10/15/07		590	-	36		16		49
Computer-Wmson Co	10/21/07		860	-	36		24		57
Dell Computer	11/20/07		599	-	36		17		17
Computer-Nashville	12/30/07		1,218	-	36		34		-
Total			7,278					$	667
OFFICE EQUIPMENT									
Fax	06/30/04		490	-	36	$	14	$	69
Copier	10/26/04		2,995	-	36		83		832
Panasonic phone 4 lines	09/05/07		524	-	36		15		58
2 storage cabinets-Madison	08/25/07		625	-	36		17		69
Total			4,634					$	1,028
SOFTWARE									
Courseware Library-Win	10/17/05		764	-	36	$	21	$	255
GED Software	08/02/07		1,771	-	36	$	49		246
Total			2,535					$	501
		$	51,632					$	2,515

Depreciation and amortization calculated using straight-line method.

CHRISTIAN WOMEN'S JOB CORPS OF MIDDLE TENNESSEE
EIN 76-0718734
FORM 990 - ATTACHMENT
TAX YEAR 2007

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

	(A) Total	(B) Program Services	(C) Management and General	(D) Fund-raising
Program Expenses:				
GED Materials and Supplies	$ 2,628	$ 2,628	$ -	$ -
Women's Needs	1,287	1,287	-	-
Children's Room	198	198	-	-
Meal Assistance	2,695	2,695	-	-
Class Supplies	473	473	-	-
Transportation Assistance	184	184	-	-
Tuition Assistance	640	640	-	-
School Clothing & Supplies	1,338	1,338	-	-
Religious Materials	537	537	-	-
Jobs for Life	1,455	1,455	-	-
ESL Classes-Williamson County	1,422	1,422	-	-
Contributions	300	300	-	-
Mentor Expenses	205	205	-	-
Participants' Christmas	46	46	-	-
Participants' Graduation	937	937	-	-
Temporary Staffing Services	4,752	2,281	2,281	190
Professional Audit Fees	3,500	1,680	1,680	140
Cleaning Expense	15	11	4	-
Insurance - Property	173	130	43	-
Board Meetings	1,123	-	1,123	-
Internet Expense	674	324	324	26
Publicity Expense	550	275	-	275
Memberships	150	-	150	-
Licenses & Filings	470	235	235	-
Volunteer Expense	796	398	398	-
Background Checks	679	340	339	-
Staff Development	73	37	36	-
Insurance-E&O Liability	1,484	-	1,484	-
Tenth Anniversary Expenses	604	302	302	-
Office Expenses	160	80	80	-
Office Repairs & Maintenance	3,020	2,265	755	-
Bank Fees	346	-	346	-
Miscellaneous Expense	300	150	150	-
	$ 33,214	$ 22,853	$ 9,730	$ 631

CHRISTIAN WOMEN'S JOB CORPS OF MIDDLE TENNESSEE
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Part IV- BALANCE SHEETS - Line 47, Accounts Receivable

	Accounts Receivable		Allowance for Doubtful Accounts	
	Beginning	**End**	**Beginning**	**End**
Contributions	$1,200	$0	$0	$0
Accrued Interest	988	2,317	0	0
Total	$2,188	$2,317	$0	$0

Part IV- BALANCE SHEETS - Line 54b, Investments-Other Securities

Check one box to indicate how investments are listed:

- [ ] Cost
- [X] End of Year Market Value (FMV)

	Book Value-FMV	Beginning-FMV	End-FMV
Endowment Funds - TN Baptist Foundation	$11,770	$12,060	$12,674
Equity Security - Morgan Keegan	3,989	5,288	3,989
Fixed Income Securities - Charles Schwab	100,000	0	99,869
Total Other Investments	$115,759	$17,348	$116,532

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Part IV- BALANCE SHEETS - Line 57, Land, Buildings and Equipment

	Buildings and Equipment		Accumulated Depreciation	
	Beginning	End	Beginning	End
Leasehold Improvements	$35,000	$37,185	$35,000	$35,319
Computers	3,296	7,278	2,989	3,656
Office Equipment	3,485	4,634	2,585	3,613
Software	764	2,535	297	798
Total Buildings and Equipment	$42,545	$51,632	$40,871	$43,386
Buildings and Equipment (Less Accumulated Depreciation)			$1,674	$8,246
Total Land, Buildings and Equipment			$1,674	$8,246

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Part V-A - LIST OF CURRENT 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	Cathy Self 219 Winburn Lane Franklin, TN 37069	Chairman of Board 8 hours per week	$0	$0	$0
2	Eric Ward 9634 Millsford Court Brentwood, TN 37027	Vice Chair 8 hours per week	$0	$0	$0
3	Jackie Cunningham PO Box 209 Antioch, TN 37013	Secretary 4 hours per week	$0	$0	$0
4	Peggy Hollis 148 Sequoyah Lane Brentwood, TN 37221	Treasurer 6 hours per week	$0	$0	$0
5	Missy Baker 9200 Reston Court Brentwood, TN 37027	Director 4 hours per week	$0	$0	$0
6	Charlyne Couey 246 Thuss Avenue Nashville, TN 37211	Ex-Officio Member 4 hours per week	$0	$0	$0
7	Karen DeBerry 720 Jaywood Drive Old Hickory, TN 37138	Director 4 hours per week	$0	$0	$0
8	Jamie Dunham 115 11th Avenue, South Nashville, TN 37203	Director 4 hours per week	$0	$0	$0
9	Dawn Ferguson 114 Moonlight Drive Gallatin, TN 37066	Director 4 hours per week	$0	$0	$0
10	Pat Green 712 Waller Road Brentwood, TN 37027	Director 4 hours per week	$0	$0	$0
11	John Gardner 608 Cloverbrook Lane Franklin, TN 37027	Director 4 hours per week	$0	$0	$0
12	Cindy Hardin 4279 Murfreesboro Road Franklin, TN 37067	Director 4 hours per week	$0	$0	$0
13	Dan McAlexander 6015 Foxboro Square East Brentwood, TN 37027	Director 4 hours per week	$0	$0	$0
14	Nick Tidwell 4021 Claude Drive Smyrna, TN 37167	Director 4 hours per week	$0	$0	$0
15	Vacant	Director	$0	$0	$0
16	Becky Sumrall 5360 Village Way Nashville, TN 37211	Key Employee - Executive Director 40 hours per week	$46,142	$4,800	$0

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Part VI - OTHER INFORMATION -
Line 77 - Changes Made in Organizing or Governing Documents

Conformed copy of Bylaws dated 3/8/2007 as attached.

CHRISTIAN WOMEN'S JOB CORPS OF MIDDLE TENNESSEE
EIN 76-0718734
FORM 990 - SCHEDULE A - ATTACHMENT
TAX YEAR 2007

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.