

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form
Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2009**Open to Public
Inspection****A For the 2009 calendar year, or tax year beginning , and ending****B Check if applicable:**

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

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C Name of organization****CHRISTIAN WOMENS JOB CORPS
OF MIDDLE TENNESSEE**

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

P. O. BOX 22388

Room/suite

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

NASHVILLE**TN 37202****D Employer identification number****76-0718734****E Telephone number****615-244-3669****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.CWJCNASHVILLE.ORG****J Tax-exempt status** (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 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ **483,226****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	471,335
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	11,891
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ 154,885 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	483,226	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	233,636
	13	Professional fees and other payments to independent contractors	13	23,910
	14	Occupancy, rent, utilities, and maintenance	14	149,178
	15	Printing, publications, postage, and shipping	15	1,005
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	92,696
	17	Total expenses. Add lines 10 through 16	17	500,425
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-17,199
	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	521,236
	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	504,037

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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	508,196	527,886
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 2)	55,487	19,414
25 Total assets	563,683	547,300
26 Total liabilities (describe ▶ SEE STATEMENT 3)	42,447	43,263
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	521,236	504,037

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

Form **990-EZ** (2009)

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

What is the organization's primary exempt purpose?

WOMEN'S EMPLOYMENT & LIFE SKILLS TRAINING AND ADVOCACY

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

Expenses

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

28	SEE STATEMENT 4		
	(Grants \$) If this amount includes foreign grants, check here	28a	334,336
29			
	(Grants \$) If this amount includes foreign grants, check here	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	334,336

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LARRY TATUM P. O. BOX 22388 NASHVILLE TN 37202	CHAIRMAN 1.00	0	0	0
RICHARD WINSTEAD P. O. BOX 22388 NASHVILLE TN 37202	FINANCE 1.00	0	0	0
CHRISTIE VAUGHN P. O. BOX 22388 NASHVILLE TN 37202	COMM RELAT 1.00	0	0	0
JAMIE DUNHAM P. O. BOX 22388 NASHVILLE TN 37202	COMM RELAT 1.00	0	0	0
SAMANTHA BOULER P. O. BOX 22388 NASHVILLE TN 37202	HUMAN RELAT 1.00	0	0	0
MICHELLE BAHNER P. O. BOX 22388 NASHVILLE TN 37202	POLICY/PROC 1.00	0	0	0
BECKY SUMRALL P. O. BOX 22388 NASHVILLE TN 37202	EXEC DIR 40.00	46,000	4,800	0
DAWN FERGUSON P. O. BOX 22388 NASHVILLE TN 37202	COMM RELATIO 1.00	0	0	0
JOEY MOSS P. O. BOX 22388 NASHVILLE TN 37202	TREASURER 1.00	0	0	0
JAY ADCOCK P. O. BOX 22388 NASHVILLE TN 37202	POLICY/PROC 1.00	0	0	0
MARCIA MCDONALD P. O. BOX 22388 NASHVILLE TN 37202	HUMAN RELAT 1.00	0	0	0
LORI CLARK P. O. BOX 22388 NASHVILLE TN 37202	WMU REP 1.00	0	0	0
SUZAN HINDMAN P. O. BOX 22388 NASHVILLE TN 37202	POLICY/PROC 1.00	0	0	0
BILL CARDEN P. O. BOX 22388 NASHVILLE TN 37202	FINANCE 1.00	0	0	0
ANDREA EMIGH P. O. BOX 22388 NASHVILLE TN 37202	INTERN 1.00	0	0	0
CHARLYENE COUEY P. O. BOX 22388 NASHVILLE TN 37202	SECRETARY 1.00	0	0	0

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr. 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 40a ; section 4912 40a ; section 4955 40a		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
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. TN		
42a The organization's books are in care of BECKY SUMRALL Telephone no. 615-244-3669		
P. O. BOX 22388		
Located at NASHVILLE, TN ZIP + 4 37202		
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: 42b		
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: 42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here 43		
and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45		X

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

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?		

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

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

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

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

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

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	
	Type or print name and title.			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
	BLANKENSHIP CPA GROUP, PLLC 109 WESTPARK DRIVE, SUITE 430 BRENTWOOD, TN 37027-5032			P00038530 45-0491842 615-373-3771

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	172,985	264,757	354,697	496,227	471,335	1,760,001
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	172,985	264,757	354,697	496,227	471,335	1,760,001
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						29,242
6 Public support. Subtract line 5 from line 4						1,730,759

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	172,985	264,757	354,697	496,227	471,335	1,760,001
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,607	2,848	4,452	6,052	11,891	26,850
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	165		1,142			1,307
11 Total support. Add lines 7 through 10						1,788,158
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	96.79%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	94.09%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS \$ 1,307

Special Events Schedule

Form **990****2009**

For calendar year 2009, or tax year beginning

, and ending

Name

**CHRISTIAN WOMENS JOB CORPS
OF MIDDLE TENNESSEE**

Employer Identification Number

76-0718734

	(A)	(B)	(C)	Others	Total
Gross receipts	154,885	0	0	0	154,885
Less contributions	154,885	0	0	0	154,885
Gross revenue	0	0	0	0	0
Less direct expenses	0	0	0	0	0
Net income (loss)	0	0	0	0	0

Description: (A)

FUNDRAISER DINNER

(B)

(C)

Others

Form **4562**
 Department of the Treasury
 Internal Revenue Service

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No. 1545-0172

2009Attachment
Sequence No. **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

**CHRISTIAN WOMENS JOB CORPS
 OF MIDDLE TENNESSEE**

Identifying number

76-0718734

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	15,081

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

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	15,081
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)**THERE ARE NO AMOUNTS FOR PAGE 2**

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

Description	Amount
EXPENSES	\$
JANITORIAL	4,088
NETWORK AND COMPUTER ADM	9,000
OFFICE SUPPLIES AND EQUIP	9,709
TELEPHONE	5,314
INSURANCE	3,618
GED EXPENSES	4,098
PROGRAM COSTS	21,222
ADMINISTRATION EXPENSES	11,476
DONATED ITEMS	10,800
SPECIAL EVENT DIRECT COST	13,371
TOTAL	\$ 92,696

Statement 2 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
PLEDGES RECEIVABLE	\$ 14,775	\$ 1,350
PREPAID EXPENSES AND DEFERRED CHARGES	8,005	437
FIXED ASSETS	88,333	88,334
LESS ACCUMULATED DEPRECIATION	55,626	70,707
	55,487	19,414

Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 7,297	\$ 5,226
DEFERRED REVENUE	35,150	38,037
	42,447	43,263

Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description
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

CHRIWOM CHRISTIAN WOMENS JOB CORPS

76-0718734

Federal Asset Report

FYE: 12/31/2009

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	DMC Building - 5th Floor Renovation	11/08/03	35,000			35,000	3 MO S/L	35,000	0
2	DMC Building - 5th Floor A/C Compr	6/07/07	2,185			2,185	4 MO S/L	865	547
3	Emachines 2800+	11/19/03	620			620	3 MO S/L	620	0
4	Projector	2/08/04	995			995	3 MO S/L	995	0
5	Server - Small Business	3/02/04	381			381	3 MO S/L	381	0
6	eMachines T2798	6/08/04	450			450	3 MO S/L	450	0
7	eMachines T2798 - #2	6/08/04	450			450	3 MO S/L	450	0
8	eMachine 2894	12/31/04	400			400	3 MO S/L	400	0
9	Computer Executive Director	1/05/07	715			715	3 MO S/L	476	239
10	Laptop- Mason	10/15/07	590			590	3 MO S/L	246	196
11	Computer - Wmson Co	10/21/07	860			860	3 MO S/L	344	286
12	Dell Computer	11/20/07	599			599	3 MO S/L	217	199
13	Computer - Nashville	12/31/07	1,218			1,218	3 MO S/L	406	406
14	Fax Equipment	6/30/04	490			490	3 MO S/L	490	0
15	Copier	10/26/04	2,995			2,995	3 MO S/L	2,995	0
16	Panasonic phone 4 lines	9/05/07	524			524	3 MO S/L	233	174
17	2 storage cabinets-Madison	8/25/07	625			625	3 MO S/L	277	209
18	Course Library - Win	10/17/05	764			764	3 MO S/L	764	0
19	GED Software	8/02/07	1,771			1,771	3 MO S/L	836	591
20	PCM Courseware	7/20/08	1,075			1,075	3 MO S/L	149	359
21	Class on Wheels	9/29/08	1,422			1,422	3 MO S/L	119	474
22	Class on Wheels - #2	11/26/08	1,422			1,422	3 MO S/L	40	474
23	Donor Perfect	9/20/08	1,200			1,200	3 MO S/L	100	400
24	Microsoft Software	3/07/08	31,582			31,582	3 MO S/L	8,773	10,527
Total Other Depreciation			<u>88,333</u>			<u>88,333</u>		<u>55,626</u>	<u>15,081</u>
Total ACRS and Other Depreciation			<u>88,333</u>			<u>88,333</u>		<u>55,626</u>	<u>15,081</u>
Grand Totals			88,333			88,333		55,626	15,081
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>88,333</u>			<u>88,333</u>		<u>55,626</u>	<u>15,081</u>

CHRIWOM CHRISTIAN WOMENS JOB CORPS

76-0718734

Federal Statements

FYE: 12/31/2009

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
OTHER DISQUALIFIED	\$ 12,860	\$
ROGER & DAWN FERGUSON	5,725	
ERIC WARD	31,500	
DOLLAR GENERAL	33,000	
WILLIAMS LEON DRENNAN TRUST	25,000	
JOY FOUNDATION	11,500	
CAL TURNER FOUNDATION	65,005	29,242
CORRECTIONS CORPORATION OF AMERICA	20,000	
MAC K T BROWN CONSTRUCTION INC	25,000	
MEMORIAL FOUNDATION	35,000	
JOE & HELEN RODGERS	5,000	
ACTON INSTITUTE	10,500	
M/M RICHARD BAKER	15,300	
HCA INC	10,000	
JACK MASSEY FOUNDATION	12,000	
CHRIS & LINDA MCGILL	5,000	
RICHARD & DAWN SADLER TRUST	5,000	
TN BAPTIST CONVENTION	10,545	
JIMMIE & PATRICIA WHITE	5,000	
HEALTH CARE FOUNDATION	5,000	
LIFE WAY CHRISTIAN RESOURCES	7,228	
TOTAL	\$ 355,163	\$ 29,242