

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

- 7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2019 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2019▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

Name of the organization

Employer identification number

PASTORAL COUNSELING CENTERS OF TENN**58-1731899**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(**3**) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

PASTORAL COUNSELING CENTERS OF TENN

Employer identification number

58-1731899**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED WAY OF RUTHERFORD AND CANNON PO BOX 330056 MURFREESBORO TN 37133	\$ 6,901	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE MEMORIAL FOUNDATION 100 BLUEGRASS COMMONS BLVD, STE 320 HENDERSONVILLE TN 37075	\$ 17,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CLARKSVILLE- MONTGOMERY COUNTY COMMUNITY HEALTH FOUNDATION, INC. 120 SOUTH 2ND STREET, STE 201 CLARKSVILLE TN 37040	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ALADDIN INDUSTRIES PO BOX 100255 NASHVILLE TN 37210	\$ 22,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	FIRST PRESBYTERIAN CHURCH 4815 FRANKLIN PIKE NASHVILLE TN 37220	\$ 6,825	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	JACK C MASSEY FOUNDATION 5123 VIRGINIA WAY, STE B-22 BRENTWOOD TN 37027	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

PASTORAL COUNSELING CENTERS OF TENN

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58-1731899**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE HEALING TRUST 2928 SIDCO DRIVE NASHVILLE TN 37204	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	WEST END HOME FOUNDATION 109 KENNER AVE, STE 202 NASHVILLE TN 37205	\$ 13,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	SARAH KETTERER FAMILY FOUNDATION 11111 SANTA MONICA BLVD, 15TH FLOOR LOS ANGELES CA 90025	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	VINE STREET CHRISTIAN CHURCH 4104 HARDING PIKE NASHVILLE TN 37205	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	ROBERT CRICHTON JR 5105 BOXCROFT PLACE NASHVILLE TN 37205	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	EMILY AND BEN MCKNIGHT 106 WILDWOOD CIRCLE COLUMBIA TN 38401	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

PASTORAL COUNSELING CENTERS OF TENN

Employer identification number

58-1731899**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	WEST END UNITED METHODIST CHURCH 2200 WEST END AVENUE NASHVILLE TN 37203	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	COMMUNITY FOUNDATION OF MIDDLE TENNESSEE 3833 CLEGHORN AVE., STE 400 NASHVILLE TN 37215	\$ 12,924	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	JOE C DAVIS FOUNDATION 104 WOODMONT BLVD. #310 NASHVILLE TN 37205	\$ 45,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	THE HCA FOUNDATION ONE PARK PLAZA NASHVILLE TN 37203	\$ 6,262	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	MIDDLE TENNESSEE ELECTRIC SHARING CHANGE 555 NEW SALEM RD MURFREESBORO TN 37129	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

Employer identification number

PASTORAL COUNSELING CENTERS OF TENN**58-1731899****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange program
 e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ %
 b Permanent endowment ▶ %
 c Term endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
 (ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		43,749	43,749	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	719,867
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	719,867
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	26,780
c	Add lines 4a and 4b	4c	26,780
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	746,647

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	657,384
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	657,384
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	657,384

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

481 ADJUSTMENT FOR CASH TO ACCRUAL	\$ 26,780
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Part XIII Supplemental Information (continued)

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

PASTORAL COUNSELING CENTERS OF TENN

Employer identification number

58-1731899**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

ORGANIZED IN 1984, PASTORAL COUNSELING AND CONSULTATION CENTERS OF
 TENNESSEE, INC. D/B/A INSIGHT COUNSELING CENTERS (ICC), IS A NOT-FOR-PROFIT
 CORPORATION COMMITTED TO PROVIDING SPIRITUALLY INTEGRATED THERAPY TO
 INDIVIDUALS, COUPLES, AND FAMILIES. ADDITIONALLY, THE AGENCY PROVIDES
 TRAINING FOR COUNSELORS AND MENTAL HEALTH AWARENESS/EDUCATION FOR
 COMMUNITIES IN MIDDLE TENNESSEE.

FORM 990 - ORGANIZATION'S MISSION

THE AGENCY EXISTS TO RESTORE LIVES TO WHOLENESS-MENTALLY, EMOTIONALLY, AND
 SPIRITUALLY. THE AGENCY PROVIDES QUALITY COUNSELING SERVICES FOR
 INDIVIDUALS, COUPLES, AND FAMILIES, TRAINING FOR PROFESSIONALS, AND MENTAL
 HEALTH AWARENESS EDUCATION FOR COMMUNITIES IN MIDDLE TENNESSEE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

FORM 990 IS REVIEWED ANNUALLY BY THE EXECUTIVE DIRECTOR, FINANCIAL
 COORDINATOR, BOARD TREASURER AND BOARD PRESIDENT. IT IS MADE AVAILABLE ON
 GIVING MATTERS/GUIDESTAR AND AVAILABLE FOR PUBLIC VIEWING AS SOON AS THE
 INTERNAL DUE PROCESS HAS BEEN COMPLETED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

EVERY BOARD MEMBER COMPLETES A CONFLICTS OF INTEREST DISCLOSURE FORM IN
 JANUARY OF EACH YEAR REGARDLESS OF LENGTH OF SERVICE ON THE BOARD.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

Name of the organization

Employer identification number

PASTORAL COUNSELING CENTERS OF TENN

58-1731899

BUDGET AMOUNTS ARE PROPOSED TO THE BOARD OF DIRECTORS BY THE FINANCE COMMITTEE AND INCLUDE EXECUTIVE DIRECTOR COMPENSATION. THESE PRELIMINARY BUDGET AMOUNTS ARE VOTED ON WHEN THE FINAL BUDGET IS APPROVED BY THE BOARD IN DECEMBER EACH YEAR.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

BUDGET AMOUNTS ARE PROPOSED TO THE BOARD OF DIRECTORS BY THE FINANCE COMMITTEE AND INCLUDE EXECUTIVE DIRECTOR COMPENSATION. THESE PRELIMINARY BUDGET AMOUNTS ARE VOTED ON WHEN THE FINAL BUDGET IS APPROVED BY THE BOARD IN DECEMBER EACH YEAR.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

ICC'S GENERAL POLICY IS TO MAKE APPROPRIATE GOVERNING DOCUMENTS ADMINISTRATIVE POLICIES AND MANAGEMENT POLICIES, INCLUDING CONFLICTS OF INTERESTS POLICY, FINANCIAL POLICIES, PERSONNEL POLICIES AND OTHER MANAGEMENT AND/OR ADMINISTRATIVE POLICIES AVAILABLE TO ITS BOARD OF DIRECTORS FOR REVIEW AND APPROVAL UPON ADMINISTRATIVE REVIEW AND APPROVAL BY ITS EXECUTIVE DIRECTOR. THE BOARD OF DIRECTORS MAKES THE FINAL APPROVAL OF ITS GOVERNING, ADMINISTRATIVE AND MANAGEMENT POLICIES, ALONG WITH ITS APPROVAL OF MAKING SELECTED FINANCIAL INFORMATION, IN WHOLE OR PART, AVAILABLE TO THE PUBLIC, A/K/A "PUBLIC INSPECTION".

THE GENERAL POLICY REGARDING PUBLIC INSPECTION IS TO MAKE SUCH INFORMATION, AS DEEMED APPROPRIATE, AVAILABLE TO THE PUBLIC AT ICC'S MAIN ADMINISTRATIVE OFFICE UNDER THE MANAGEMENT OF ITS EXECUTIVE DIRECTOR, DURING ITS NORMAL OPERATING HOURS. PERSONS SEEKING ACCESS TO THE PUBLIC INSPECTION INFORMATION MUST MAKE A WRITTEN REQUEST TO THE EXECUTIVE DIRECTOR STATING

Name of the organization	Employer identification number
PASTORAL COUNSELING CENTERS OF TENN	58-1731899

WHAT DOCUMENTATION IS BEING REQUESTED, WHY SUCH DOCUMENTATION IS BEING REQUESTED, AND THE SPECIFIC DATE OR PREFERRED RANGE OF SPECIFIC OR ALTERNATIVE DATES BEING REQUESTED. THE EXECUTIVE DIRECTOR HAS THE AUTHORITY TO APPROVE, ALTER, OR DENY SUCH REQUEST AT HIS/HER SOLE DISCRETION AND WILL NOTIFY THE REQUESTING PARTY IN WRITING OF SUCH DECISION.

FORM 990, PART XII, LINE 1 - CHANGE IN ACCOUNTING METHOD EXPLANATION
PASTORAL COUNSELING CENTERS OF TENNESSEE, INC. DBA INSIGHT COUNSELING CENTERS (ICC) PROPOSES TO CHANGE FORM 990 FROM CASH METHOD OF ACCOUNTING TO ACCRUAL METHOD OF ACCOUNTING TO KEEP FORM 990 AND AUDITED FINANCIALS ON THE SAME METHOD OF ACCOUNTING.

58-1731899

Federal Statements

FYE: 12/31/2019

Cash to Accrual**Statement 1 - Form 3115, Page 3, Part II, Line 14b - Present Method for Item(s) Being Changed**Description

CASH METHOD

Cash to Accrual**Statement 2 - Form 3115, Page 3, Part II, Line 14c - Proposed Method for Item(s) Being Changed**Description

ACCRUAL METHOD

Cash to Accrual**Statement 3 - Form 3115, Page 4, Part IV, Line 26 - Section 481(a) Adjustment Computation/Methodology**Description

CHANGING METHOD OF ACCOUNTING FROM CASH TO ACCRUAL METHOD.

2018 ACCRUAL BALANCES ARE AS FOLLOWS:

18,705+ ACCOUNTS RECEIVABLE

26,500+ GRANTS RECEIVABLE

3,870- ACCOUNTS PAYABLE

14,555- ACCRUED EXPENSES

26,780+ 481 ADJUSTMENT TO BE RECOGNIZED AS INCOME IN 2019

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Cash to Accrual**Statement 4 - Form 3115, Page 4, Part I, Line 2a - Income Accrued But Not Received**

<u>Description</u>	<u>Amount</u>
ACCOUNTS RECEIVABLE	\$ 18,705
GRANTS RECEIVABLE	26,500
TOTAL	<u>\$ 45,205</u>

Cash to Accrual**Statement 5 - Form 3115, Page 4, Part I, Line 2c - Expenses Accrued But Not Paid**

<u>Description</u>	<u>Amount</u>
ACCOUNTS PAYABLE	\$ -3,870
OTHER ACCRUED EXPENSES	-14,555
TOTAL	<u>\$ -18,425</u>

Federal Statements**Cash to Accrual****Statement 6 - Form 3115, Page 4, Part I, Line 4 - Method Used to Prepare Balance Sheet**

Description

CASH

Cash to Accrual**Statement 7 - Form 3115, Page 4, Part I, Line 4 - Explanation of Differences**

Description

THE CASH METHOD OF ACCOUNTING WAS USED WHEN PREPARING THE BALANCE SHEET FOR THE YEAR ENDING DECEMBER 31, 2018. DIFFERENCES BETWEEN CASH AND ACCRUAL BALANCE SHEET WERE ACCOUNTS/GRANTS RECEIVABLES AND ACCOUNTS PAYABLE/ACCRUED EXPENSES. NET 481 ADJUSTMENT OF \$26,780.