

# 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

**2004**

Open to Public Inspection

**A** For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>CATHOLIC CHARITIES OF TENNESSEE, INC.</b>		<b>D</b> Employer identification number <b>62-0679520</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2400 21ST AVENUE SOUTH</b>		<b>E</b> Telephone number <b>(615) 352-3087</b>
		City or town, state or country, and ZIP + 4 <b>NASHVILLE, TN 37212-5387</b>		<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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).		

**G** Website: **WWW.CCTENN.ORG**

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

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

Hand 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 **2**

**H(c)** Are all affiliates included? (If "No," attach a list) ☐ Yes ☒ No

**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☒ Yes ☐ No

**I** Group Exemption Number **0928**

**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 **5,487,234.**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	<b>1a</b>	<b>1,577,821.</b>	
	<b>b</b> Indirect public support	<b>1b</b>	<b>850,822.</b>	
	<b>c</b> Government contributions (grants)	<b>1c</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>1,825,725.</b> noncash \$ <b>602,918.</b> )	<b>1d</b>	<b>2,428,643.</b>	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>2,750,902.</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	<b>6,887.</b>	
	<b>5</b> Dividends and interest from securities	<b>5</b>		
	<b>6</b> Gross rents	<b>6a</b>		
<b>b</b> Less: rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe _____)	<b>7</b>			
	<b>8</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	<b>a</b> Gross sales of assets other than inventory	<b>8a</b>	<b>0.</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>8b</b>	<b>0.</b>	
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>	<b>0.</b>	
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>	<b>STMT 1</b>	
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		
	<b>10</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		
<b>b</b> Less: cost of goods sold	<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>	<b>300,802.</b>		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>5,487,234.</b>		
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<b>5,151,958.</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>288,314.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	<b>48,959.</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b> Total expenses (add lines 13 and 14, column (A))	<b>17</b>	<b>5,489,231.</b>	
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>&lt;1,997.&gt;</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>1,365,315.</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>0.</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>1,363,318.</b>	

## CATHOLIC CHARITIES OF TENNESSEE, INC.

62-0679520

Page 2

**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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ 65,180 • noncash \$ )	22	65,180.	65,180.		
23 Specific assistance to individuals (attach schedule)	23	1,189,895.	1,189,895.		
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	161,495.	0.	161,495.	0.
26 Other salaries and wages	26	2,078,458.	1,822,723.	255,735.	
27 Pension plan contributions	27	136,604.	109,798.	26,806.	
28 Other employee benefits	28	492,528.	423,057.	69,471.	
29 Payroll taxes	29	170,770.	138,605.	32,165.	
30 Professional fundraising fees	30				
31 Accounting fees	31	19,598.		19,598.	
32 Legal fees	32	41,114.	27,919.	12,760.	435.
33 Supplies	33	95,199.	75,461.	16,149.	3,589.
34 Telephone	34	66,665.	54,731.	11,934.	
35 Postage and shipping	35	23,209.	15,735.	5,038.	2,436.
36 Occupancy	36	350,715.	327,381.	23,334.	
37 Equipment rental and maintenance	37	2,164.	1,374.	790.	
38 Printing and publications	38	25,895.	17,241.	7,224.	1,430.
39 Travel	39	117,000.	101,897.	15,103.	
40 Conferences, conventions, and meetings	40	27,571.	22,215.	5,356.	
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	55,682.	13,132.	42,550.	
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e	369,489.	745,614.	<417,194.>	41,069.
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	5,489,231.	5,151,958.	288,314.	48,959.

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 \$ \_\_\_\_\_; (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**What is the organization's primary exempt purpose? ☐

CHARITABLE OUTREACH OF THE DIOCESE OF NASHVILLE

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 SEE ATTACHED STATEMENT		
	(Grants and allocations \$ 65,180.)	5,151,958.
b		
	(Grants and allocations \$ )	
c		
	(Grants and allocations \$ )	
d		
	(Grants and allocations \$ )	
e Other program services (attach schedule)	(Grants and allocations \$ )	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		5,151,958.

## CATHOLIC CHARITIES OF TENNESSEE, INC.

62-0679520

Page 2

**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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 65,180. noncash \$ )	22 65,180.	65,180.		
23	Specific assistance to individuals (attach schedule)	23 1,189,895.	1,189,895.		
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 161,495.	0.	161,495.	0.
26	Other salaries and wages	26 2,078,458.	1,822,723.	255,735.	
27	Pension plan contributions	27 136,604.	109,798.	26,806.	
28	Other employee benefits	28 492,528.	423,057.	69,471.	
29	Payroll taxes	29 170,770.	138,605.	32,165.	
30	Professional fundraising fees	30			
31	Accounting fees	31 19,598.		19,598.	
32	Legal fees	32 41,114.	27,919.	12,760.	435.
33	Supplies	33 95,199.	75,461.	16,149.	3,589.
34	Telephone	34 66,665.	54,731.	11,934.	
35	Postage and shipping	35 23,209.	15,735.	5,038.	2,436.
36	Occupancy	36 350,715.	327,381.	23,334.	
37	Equipment rental and maintenance	37 2,164.	1,374.	790.	
38	Printing and publications	38 25,895.	17,241.	7,224.	1,430.
39	Travel	39 117,000.	101,897.	15,103.	
40	Conferences, conventions, and meetings	40 27,571.	22,215.	5,356.	
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42 55,682.	13,132.	42,550.	
43	Other expenses not covered above (itemize):				
a		43a			
b		43b			
c		43c			
d		43d			
e		43e 369,489.	745,614.	<417,194.>	41,069.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44 5,489,231.	5,151,958.	288,314.	48,959.

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 \$ ; (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**

What is the organization's primary exempt purpose? ▶

CHARITABLE OUTREACH OF THE DIOCESE OF NASHVILLE

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 SEE ATTACHED STATEMENT**

(Grants and allocations \$ 65,180.)	5,151,958.
-------------------------------------	------------

**b**

(Grants and allocations \$ )	
------------------------------	--

**c**

(Grants and allocations \$ )	
------------------------------	--

**d**

(Grants and allocations \$ )	
------------------------------	--

**e Other program services (attach schedule)**

(Grants and allocations \$ )

**f Total of Program Service Expenses (should equal line 44, column (B), Program services)**

5,151,958.

**Part IV Balance Sheets**

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
<b>Assets</b>	45 Cash - non-interest-bearing .....	244,888.	45	153,740.
	46 Savings and temporary cash investments .....		46	
	47 a Accounts receivable ..... 47a 180,452.			
	b Less: allowance for doubtful accounts ..... 47b 16,941.	196,494.	47c	163,511.
	48 a Pledges receivable ..... 48a 1,021,500.			
	b Less: allowance for doubtful accounts ..... 48b	807,301.	48c	1,021,500.
	49 Grants receivable .....	683,173.	49	451,453.
	50 Receivables from officers, directors, trustees, and key employees .....		50	
	51 a Other notes and loans receivable ..... 51a			
	b Less: allowance for doubtful accounts ..... 51b		51c	
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....	23,733.	53	11,383.
	54 Investments - securities ..... <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment basis ..... 55a			
	b Less: accumulated depreciation ..... 55b		55c	
56 Investments - other .....		56		
57 a Land, buildings, and equipment basis ..... 57a 370,369.				
b Less: accumulated depreciation ..... 57b 263,497.	140,727.	57c	106,872.	
58 Other assets (describe ..... )		58		
59 Total assets (add lines 45 through 58) (must equal line 74) .....	2,096,316.	59	1,908,459.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	642,999.	60	449,224.
	61 Grants payable .....		61	
	62 Deferred revenue .....	88,002.	62	95,917.
	63 Loans from officers, directors, trustees, and key employees .....		63	
	64 a Tax-exempt bond liabilities .....		64a	
	b Mortgages and other notes payable .....		64b	
	65 Other liabilities (describe ..... )		65	
66 Total liabilities (add lines 60 through 65) .....	731,001.	66	545,141.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....	294,520.	67	234,155.
	68 Temporarily restricted .....	1,070,795.	68	1,129,163.
	69 Permanently restricted .....		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds .....		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; column (B) must equal line 21) .....	1,365,315.	73	1,363,318.
74 Total liabilities and net assets / fund balances (add lines 66 and 73) .....	2,096,316.	74	1,908,459.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	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? N/A	78b	
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 <b>DIOCESE OF NASHVILLE</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 369,340.	82b	369,340.
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? N/A	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	N/A
	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 N/A	85c	N/A
d	Section 162(e) lobbying and political expenditures 85d N/A	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	N/A
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? N/A	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed <b>TENNESSEE</b>	90a	86
b	Number of employees employed in the pay period that includes March 12, 2004	90b	86
91	The books are in care of <b>RICHARD NEAL</b> Telephone no. <b>(615) 383-6393</b>		

Located at **2400 21ST AVENUE SOUTH, NASHVILLE, TN**ZIP + 4 **37212-3512**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 page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <b>SERVICE FEES</b>					840,096.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					1,910,806.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	6,887.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <b>FOOD REIMBURSEMENT</b>					973.
b <b>REIM OF SHARED EXPENSES</b>					283,379.
c <b>INSURANCE PROCEEDS</b>					16,450.
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		6,887.	3,051,704.
105 Total (add line 104, columns (B), (D), and (E))					3,058,591.

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
1	SEE ATTACHED STATEMENT

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Type or print name and title.	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no.

LATTIMORE BLACK MORGAN & CAIN, P.C.  
5250 VIRGINIA WAY, P.O. BOX 1869  
BRENTWOOD, TN 37024-1869

(615) 377-4600

**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 Section 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

**2004**

Name of the organization

CATHOLIC CHARITIES OF TENNESSEE, INC.

Employer identification number

62 0679520

**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
HOLLY JOHNSON 2400 21ST AVE S , NASHVILLE TN 37212	DEPT DIRECTOR 37.5	53,761.	2,500.	
EILEEN BEEHAN 2400 21ST AVE S , NASHVILLE TN 37212	DEPT DIRECTOR 37.5	54,596.	10,734.	
DONNA THOMAS 2400 21ST AVE S , NASHVILLE TN 37212	DEPT DIRECTOR 37.5	55,115.	5,869.	
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MARTHA O'BRIAN CENTER 711 SOUTH 7TH STREET, NASHVILLE, TN 37206	JOB PLACEMENT SERVICES	90,616.
Total number of others receiving over \$50,000 for professional services ▶	0	



**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. <b>\$</b> _____ <b>\$</b> _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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.	1		X
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)? <b>SEE PART V, FORM 990</b>	2d	X	
e	Transfer of any part of its income or assets? .....	2e		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) .....	3a		X
b	Do you have a section 403(b) annuity plan for your employees? .....	3b		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? .....	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services? .....	4b		X

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☒ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** \_\_\_\_\_
- 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.)
- 11a ☐ 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.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

**Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. **N/A**  
**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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
<b>16</b> Membership fees received					
<b>17</b> 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					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	0.	0.	0.	0.	0.
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					<b>26a</b> N/A
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					<b>26d</b> N/A
e Public support (line 26c minus line 26d total)					<b>26e</b> N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> N/A %
<b>27</b> 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: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> N/A
d Add: Line 27a total _____ and line 27b total _____					<b>27d</b> N/A
e Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.					

**Private School Questionnaire** (See page 7 of the instructions.)

N/A

(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.)		
<hr/>		
<hr/>		
<hr/>		
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.)		
<hr/>		
<hr/>		
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.)		
<hr/>		
<hr/>		
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? .....	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
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	

Schedule A (Form 990 or 990-EZ) 2004

**Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

N/A

(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
	N/A	
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	
39 Other exempt purpose expenditures .....	39	
40 Total exempt purpose expenditures (add lines 38 and 39) .....	40	
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 .....	
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	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.		

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(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 11 of the instructions.)

N/A

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:

- a Volunteers .....
- b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....
- c Media advertisements .....
- d Mailings to members, legislators, or the public .....
- e Publications, or published or broadcast statements .....
- f Grants to other organizations for lobbying purposes .....
- g Direct contact with legislators, their staffs, government officials, or a legislative body .....
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....
- i Total lobbying expenditures (Add lines c through h.) .....

Yes	No	Amount
		0.

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

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?

- a Transfers from the reporting organization to a noncharitable exempt organization of:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

- (i) Cash .....
- (ii) Other assets .....
- b Other transactions:
- (i) Sales or exchanges of assets with a noncharitable exempt organization .....
- (ii) Purchases of assets from a noncharitable exempt organization .....
- (iii) Rental of facilities, equipment, or other assets .....
- (iv) Reimbursement arrangements .....
- (v) Loans or loan guarantees .....
- (vi) Performance of services or membership or fundraising solicitations .....
- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....
- 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:

[illegible]

- 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: N/A

[illegible]

---



---

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	1
----------	---------------------------------------	-----------	---

---

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
EQUIPMENT - SCRAPPED	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	119,637.	0.	119,637.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
AUTOMOBILES - NO LONGER IN SERVICE	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	40,133.	0.	40,133.	0.
TO FM 990, PART I, LN 8		159,770.	0.	159,770.	0.

---



---

FORM 990	LINE H(C) - LIST OF AFFILIATED ORGANIZATIONS INCLUDED IN GROUP RETURN	STATEMENT	2
----------	--	-----------	---

---

NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
CATHOLIC CHARITIES OF TENNESSEE, INC.	2400 21ST AVENUE SOUTH - NASHVILLE, TN 37212-5387	62-0679520
FAMILY FIRST, INC.		62-1759395

---



---

FORM 990	OTHER EXPENSES	STATEMENT	3
----------	----------------	-----------	---

---

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING EXPENSE	15,424.	7,983.	7,441.	
PUBLIC RELATIONS AND DUES	26,891.	5,671.	19,321.	1,899.
TAXES	325.		325.	
PROFESSIONAL SERVICES	326,694.	217,766.	69,869.	39,059.

## CATHOLIC CHARITIES OF TENNESSEE, INC.

62-0679520

BANK SERVICES	155.	<48.>	92.	111.
ALLOCATED FISCAL SERVICES	0.	514,242.	<514,242.>	
TOTAL TO FM 990, LN 43	369,489.	745,614.	<417,194.>	41,069.

FORM 990	CASH GRANTS AND ALLOCATIONS	STATEMENT	4
----------	-----------------------------	-----------	---

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
CHARITABLE	ST. MARY VILLA	32 WHITEBRIDGE ROAD, NASHVILLE, TN 37205	NONE	62,120.
CHARITABLE	MISCELLANEOUS		NONE	3,060.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				65,180.

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	5
----------	------------------------------------	-----------	---

DESCRIPTION	AMOUNT
FOOD, SHELTER AND CLOTHING FOR INDIGENTS, ETC.	1,189,626.
MEDICAL, DENTAL AND HOSPITAL EXPENSES PROVIDED	269.
TOTAL TO FORM 990, PART II, LINE 23	1,189,895.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	6
----------	------------------------------------	-----------	---

DESCRIPTION	AMOUNT
MISCELLANEOUS ROUNDING ADJUSTMENT	1.
TOTAL TO FORM 990, PART IV-A	1.