

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2007

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service (77)

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

A For the 2007 calendar year, or tax year beginning , 2007, and ending , 20

B Check if applicable

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

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

C Name of organization

PASTORAL COUNSELING CENTERS OF TN, INC.

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

100 VINE COURT

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

NASHVILLE, TN 37205

D Employer identification number

58-1731899

E Telephone number

(615) 383-2115

F Accounting method ☒ Cash ☐ Accrual

Other (specify) ▶

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

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

I Group Exemption Number ▶

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 ▶ 720,733.00

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

1 Contributions, gifts, grants, and similar amounts received:

a Contributions to donor advised funds

1a 372,325.00

b Direct public support (not included on line 1a)

1b

c Indirect public support (not included on line 1a)

1c

d Government contributions (grants) (not included on line 1a)

1d

e Total (add lines 1a through 1d) (cash \$ noncash \$)

1e 372,325.00

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 347,939.00

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4

5 Dividends and interest from securities

5 469.00

6a Gross rents

6a

b Less: rental expenses

6b

c Net rental income or (loss). Subtract line 6b from line 6a

6c 0.00

7 Other investment income (describe ▶)

7

8a Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

8a

b Less: cost or other basis and sales expenses

8b

c Gain or (loss) (attach schedule)

0.00

8c

0.00

d Net gain or (loss). Combine line 8c, columns (A) and (B)

8d 0.00

9 Special events and activities (attach schedule) If any amount is from gaming, check here ☐

a Gross revenue (not including \$ of contributions reported on line 1b)

9a

b Less: direct expenses other than fundraising expenses

9b

c Net income or (loss) from special events. Subtract line 9b from line 9a

9c 0.00

10a Gross sales of inventory, less returns and allowances

10a

b Less: cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a

10c 0.00

11 Other revenue (from Part VII, line 103)

11

12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11

12 720,733.00

Expenses

13 Program services (from line 44, column (B))

13 525,489.00

14 Management and general (from line 44, column (C))

14 90,550.00

15 Fundraising (from line 44, column (D))

15 81,832.00

16 Payments to affiliates (attach schedule)

16

17 Total expenses. Add lines 16 and 44, column (A)

17 697,871.00

Net Assets

18 Excess or (deficit) for the year. Subtract line 17 from line 12

18 22,862.00

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 29,837.00

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, 19, and 20

21 52,699.00

SCANNED SEP 19 2008

Revenue

RECEIVED

SEP 27 2008

SEP 27 2008

SEP 27 2008

SEP 27 2008

SEP 27 2008

SEP 27 2008

SEP 27 2008

SEP 27 2008

SEP 27 2008

0178

Part II**Statement of
Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	198,281.00	65,503.00	75,278.00
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26	Salaries and wages of employees not included on lines 25a, b, and c	26	204,802.00	193,987.00	10,815.00
27	Pension plan contributions not included on lines 25a, b, and c	27	19,364.00	19,364.00	
28	Employee benefits not included on lines 25a - 27	28	43,428.00	27,958.00	8,110.00
29	Payroll taxes	29	13,320.00	8,576.00	2,487.00
30	Professional fundraising fees	30			
31	Accounting fees	31	4,333.00		4,333.00
32	Legal fees	32			
33	Supplies	33	5,294.00	5,294.00	
34	Telephone	34	16,030.00	16,030.00	
35	Postage and shipping	35	1,831.00	1,179.00	342.00
36	Occupancy	36			
37	Equipment rental and maintenance	37	22,778.00	22,778.00	
38	Printing and publications	38	3,635.00	3,635.00	
39	Travel	39	6,330.00	6,330.00	
40	Conferences, conventions, and meetings ...	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	1,972.00	1,972.00	
43	Other expenses not covered above (itemize):	43a	156,473.00	152,883.00	3,590.00
a	.....	43b			
b	.....	43c			
c	.....	43d			
d	.....	43e			
e	.....	43f			
f	.....	43g			
g	.....			
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	697,871.00	525,489.00	90,550.00

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** *(See the instructions.)*

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

What is the organization's primary exempt purpose? ► COUNSELING SERVICES

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 COUNSELING SERVICES

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

525,489.00

b

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ► 525,489.00

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	9,979.00	45	29,125.00
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts ...	47b	47c	0.00
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts ...	48b	48c	0.00
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts ...	51b	51c	0.00
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments—publicly-traded securities <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	81,208.00	54a	56,655.00
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments—land, buildings, and equipment basis	55a 167,425.00			
b Less: accumulated depreciation (attach schedule)	55b 159,052.00	10,345.00	55c 8,373.00	
56 Investments—other (attach schedule)		56		
57a Land, buildings, and equipment: basis ...	57a			
b Less: accumulated depreciation (attach schedule)	57b		57c 0.00	
58 Other assets, including program-related investments (describe ►)		58		
59 Total assets (must equal line 74) Add lines 45 through 58	101,532.00	59	94,153.00	
Liabilities	60 Accounts payable and accrued expenses	71,695.00	60	41,454.00
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ►)		65	
	66 Total liabilities. Add lines 60 through 65	71,695.00	66	41,454.00
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	(51,371.00)	67	(3,956.00)
	68 Temporarily restricted	33,529.00	68	9,093.00
	69 Permanently restricted	47,679.00	69	47,562.00
	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 and column (B) must equal line 21)	29,837.00	73	52,699.00
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	101,532.00	74	94,153.00

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

a	Total revenue, gains, and other support per audited financial statements	a	731,572.00
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	10,839.00
	Add lines b1 through b4	b	10,839.00
c	Subtract line b from line a	c	720,733.00
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.00
e	Total revenue (Part I, line 12) Add lines c and d	e	720,733.00

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

a	Total expenses and losses per audited financial statements	a	702,220.00
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	4,349.00
	Add lines b1 through b4	b	4,349.00
c	Subtract line b from line a	c	697,871.00
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.00
e	Total expenses (Part I, line 17) Add lines c and d	e	697,871.00

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
		0.00		
CHRIS WALSH	CO-DIRECTOR	60,000.00		
103 MCLENDON COURT				
ANTIOCH, TN 37013				
CHRIS O'REAR	CO-DIRECTOR	55,000.00		
525 HOLT VALLEY DRIVE				
NASHVILLE, TN 37221				

Yes	No
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75b		X
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75c		X

75d	X
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Part V-B **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

	Yes	No
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76		X

77		X

78a	X
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78b		
-----	--	--

79		X

80a	X	

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81b	x
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Part VI Other Information (continued)		Yes	No
82a 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			
83a 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 <i>quid pro quo</i> contributions?	83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
84b			
85a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members	85c		
d Section 162(e) lobbying and political expenditures	85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?			
85h			
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 ...	86a		
b Gross receipts, included on line 12, for public use of club facilities	86b		
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX			
88a			X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶			
88b			X
89a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ , section 4912 ▶ ; section 4955 ▶			
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction			
89b			X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization. ▶			
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?			
89e			X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?			
89f			X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
89g			X
90a List the states with which a copy of this return is filed ▶ <u>TENNESSEE</u>			
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 10.00			
91a The books are in care of ▶ <u>CLELLA DAVIS</u> Telephone no. ▶ <u>(615) 383-2115</u> Located at ▶ <u>100 VINE COURT, NASHVILLE, TN</u> ZIP + 4 ▶ <u>37205</u>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
91b		Yes	No
If "Yes," enter the name of the foreign country ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued) Yes ☐ No ☒

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** ☐ Yes ☒ No

If "Yes," enter the name of the foreign country ▶

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** |

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue					
a	COUNSELING SERVICES					347,939.00
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments					
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					469.00
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						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		0.00		0.00	348,408.00
105	Total (add line 104, columns (B), (D), and (E))					348,408.00

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

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

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	FEES EARNED ARE FOR COUNSELING SERVICES RELATED TO THE EXEMPT PURPOSE FOR WHICH THE CONSULTATION CENTERS WERE ESTABLISHED.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

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

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

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

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

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

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0.00

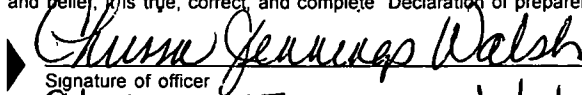
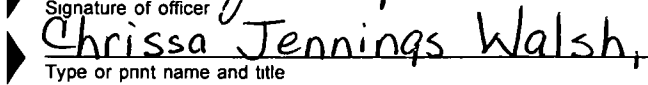
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0.00

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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 8-27-08		
Paid Preparer's Use Only	 Type or print name and title		Date 8/28/08	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) P00283706
	Firm's name (or yours if self-employed), address, and ZIP + 4 ERWIN HARDISON & CO., P.C. P.O. BOX 140260, NASHVILLE, TN 37214		EIN 62-1181498		Phone no (615) 883-8881

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

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

OMB No 1545-0047

2007

Name of the organization

PASTORAL COUNSELING SERVICES OF TN, INC.

Employer identification number

58-1731899

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
STEVEN GILLESPIE 4401 IDAHO AVENUE NASHVILLE, TN 37209	BRENTWOOD COORDINATOR 40HOURS	51,500.00	0.00	0.00
CRAIG WASCOVICH 3337 SUNNY SLOPE DRIVE CLARKSVILLE, TN 37043	CLARKSVILLE COORDINATOR 40 HOURS	50,000.00	0.00	0.00
Total number of other employees paid over \$50,000 ►				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services ►		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of other contractors receiving over \$50,000 for other services ►		

Part III **Statements About Activities** (See page 2 of the instructions.)

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

- 3a** Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c

d Enter the total number of donor advised funds owned at the end of the tax year

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ...

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school. Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ►
- 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0.00

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	393,550.00	501,076.00	436,929.00	523,834.00	1,855,389.00
16 Membership fees received					0.00
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	382,850.00	278,092.00	304,910.00	376,653.00	1,342,505.00
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,360.00	6,360.00	3,224.00	2,521.00	14,465.00
19 Net income from unrelated business activities not included in line 18					0.00
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.00
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0.00
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	129.00	151.00	272.00	157.00	709.00
23 Total of lines 15 through 22	778,889.00	785,679.00	745,335.00	903,165.00	3,213,068.00
24 Line 23 minus line 17	396,039.00	507,587.00	440,425.00	526,512.00	1,870,563.00
25 Enter 1% of line 23	7,788.89	7,856.79	7,453.35	9,031.65	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 37,411.26
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 1,870,563.00
d Add: Amounts from column (e) for lines 18 14,465.00 19 0.00 22 709.00 26b 0.00					26d 15,174.00
e Public support (line 26c minus line 26d total)					26e 1,855,389.00
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.1888 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) 41,388.00 (2005) 24,418.00 (2004) 23,592.00 (2003) 23,405.00					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines 15 1,855,389.00 16 0.00 17 1,342,505.00 20 0.00 21 0.00					27c 3,197,894.00
d Add: Line 27a total 112,803.00 and line 27b total 0.00					27d 112,803.00
e Public support (line 27c total minus line 27d total)					27e 3,085,091.00
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f 3,213,068.00
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 96.0170 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.4502 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a 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	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions)
(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** ☐ if the organization belongs to an affiliated group Check **b** ☐ if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	0.00
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0.00
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	41	0.00
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0.00
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0.00
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0.00

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.00
46 Lobbying ceiling amount (150% of line 45(e))					0.00
47 Total lobbying expenditures					0.00
48 Grassroots nontaxable amount					0.00
49 Grassroots ceiling amount (150% of line 48(e))					0.00
50 Grassroots lobbying expenditures					0.00

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- 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
		0.00

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? _____

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

(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]

52a 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

[illegible]

PASTORAL COUNSELING CENTERS OF TN, INC.

58-1731899

FORM 990

Contributions over 2% of Total

Contribution

Amount

35,000

50,000

FORM 990

STATEMENT 1: PART II, LINE 43: OTHER EXPENSES

DESCRIPTION

A. Dues & Subscriptions	\$	3,337
B. Contract Labor		38,194
C. Office Expenses		7,866
D. CPE Program		0
E. Advertising		8,274
F. Program Expense		10,628
G. Business Resource Expense		1,308
H. Clinical Services		34,573
I. Bad Debt Expense		21,350
J. Satellite Billing Expense		5,000
K. Development Expense		3,590
L. Training Expense		22,204
M. Miscellaneous Expense		149
TOTAL	\$	<u>156,473</u>

PASTORAL COUNSELING CENTERS OF TN, INC.

58-1731899

FORM 990

STATEMENT 2: PART IV, LINE 54: OTHER ASSETS

	BEGINNING BOOK VALUE	ENDING BOOK VALUE
ENDOWMENT FUND - MERRILL LYNCH	\$ 47,679	\$ 47,562
TEMPORARILY RESTRICTED FUNDS	<u>33,529</u>	<u>9,093</u>
TOTAL	\$ <u>81,208</u>	\$ <u>56,655</u>

STATEMENT 3: PART IV, LINE 60: OTHER LIABILITIES

	BEGINNING BOOK VALUE	ENDING BOOK VALUE
DUE TO ENDOWMENT FUND	41,000	31,000
DUE TO TEMPORARILY RESTRICTED EQUITY FUNDS	27,354	6,317
PAYROLL TAXES	\$ <u>3,341</u>	\$ <u>4,137</u>
TOTAL	\$ <u>71,695</u>	\$ <u>41,454</u>

PASTORAL COUNSELING CENTERS OF TN, INC.

58-1731899

FORM 990

STATEMENT 3: PART IV - A & B

PART IV - A, LINE 4

	<u>2007</u>	<u>2006</u>
PLEDGES RECEIVABLE INCREASE (DECREASE)	\$ 2,578	\$ (4,899)
ACCOUNTS RECEIVABLE INCREASE (DECREASE)	<u>8,261</u>	<u>(28,603)</u>
TOTAL	\$ <u><u>10,839</u></u>	\$ <u><u>(33,502)</u></u>

PART IV - B, LINE 4

	<u>2007</u>	<u>2006</u>
NET ACCOUNTS PAYABLE	\$ <u>0</u>	\$ <u>0</u>
	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>

FORM 990

STATEMENT 4: PART V - A

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John Younger, Treasurer 2105 Hobbs Court Nashville, Tennessee 37215	Home No. Cell	297-0440 390-9720
Maggie Tarpley Secretary 1506 Clairmont Place Nashville, TN 37215	Work Home E-Mail	322-1548 269-7714 Margaret.Tarpley@vanderbilt.edu
Greg Bailey 3608 Central Avenue Nashville, TN 37205	Home Work E-Mail	383-7515 248-8202 gbailey@kvbpr.com
John Brandon 127 Sturbridge Drive Franklin, Tennessee 37064	Home	790-2379
The Reverend Jim Clardy St. Mark's United Methodist Church 1267 N. Rutherford Blvd Murfreesboro, TN 37130	E-Mail	jimclardy@stmarkstn.org
Pat Cole 3022 23rd Avenue South Nashville, Tennessee 37215	Home Work No. Cell No. E-Mail: E-Mail:	297-9918 321-4939 x116 330-1385 ep.cole@comcast.net pcole@cfmt.org
Linda Crane 503 Brighton Place Nashville, TN 37205	Home Cell E-Mail	269-5953 300-3549 crane503@bellsouth.net
Dr. Ben Curtis 142 Blackburn Drive Nashville, TN 37205	Work E-Mail	460-6316 curtisb@mail.belmont.edu

PASTORAL COUNSELING CENTERS OF TN, INC.

58-1731899

FORM 990

STATEMENT 4: PART V - A

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The Reverend Thomas Kleinert
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Work No. 269-5614
E-Mail: Thomas@vinestreet.org

PASTORAL COUNSELING CENTERS OF TN, INC.

58-1731899

FORM 990

STATEMENT 4: PART V - A

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PASTORAL COUNSELING CENTERS OF TN, INC.

58-1731899

FORM 990

STATEMENT 4: PART V - A

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FORM 990

STATEMENT 5: SCHEDULE A, PART III: EXPLANATION FOR LINE 2C

Vine Street Christian Church is the creator of Pastoral Counseling Center of Tennessee. Vine Street Christian Church supports the center by providing facilities for the business activities of the center and also contributes funds that assist in sustaining the center's functions. In addition, several members of the church are members of the board of directors which manage the various affairs of the center.

STATEMENT 6: SCHEDULE A, PART III: EXPLANATION FOR LINE 3A

Pastoral Counseling Centers of Tennessee, Inc. provides services to individuals and families who are members of Vine Street Christian Church or are referred to the center through various sources. Individuals are charged for the services on a sliding scale based on the recipient's income and ability to pay.

FORM 990

STATEMENT 7: SCHEDULE A, PART IV-A LINE 27a

DONOR	2007	2006	2005	2004	2003	2002
Alexander Rev Jim	0	1 050	628	840	840	0
Birchright Ann	0	410	330	250	0	0
Brandon John	345	100	300	0	0	0
Christian Aleeta	0	0	0	0	0	800
Carney Sam	0	0	0	0	0	1 000
Coffman Jim	0	0	0	0	800	0
Cole Ed	1 850	1 530	500	0	0	0
Cole Pat	0	0	500	0	0	0
Corbett Lee	0	0	0	0	600	600
Crain Jennifer	0	0	25	0	0	0
Crichton Robert	0	500	0	0	0	2 500
Dattilo Karen	500	500	0	0	0	0
Davis Celia	0	0	35	50	50	0
Deschenes Margot	0	0	100	200	200	200
Dixon Bryce	0	250	0	250	0	0
Dixon Rachael	0	0	0	250	0	0
Dodge Carol	320	200	200	0	0	0
Douglas Cullen	0	0	0	0	1 000	0
Dunlop Michael	0	0	0	0	0	200
Freeman Linda	720	750	200	0	0	0
Fryer Jeff	0	30	40	0	0	0
Gannon Russ	1 336	1 495	0	0	0	0
Glenn Rich	0	0	0	0	0	500
Gorch David	0	0	0	0	100	100
George David Dr	370	170	0	0	0	0
Gillespie Steve	0	400	164	300	1 000	0
Gracey Rev George	3 000	4 100	0	0	0	0
Gregory Lynn	0	100	0	0	0	0
Hardy Joe	1 000	450	0	0	0	0
Henderson Bess	19 895	120	10 000	10 000	10 000	10 000
Holliman Paige	0	0	0	50	0	0
Howell Margie	400	400	400	400	400	400
Jacmings Chrissa A	0	0	0	0	150	0
Johnson Al	0	500	500	1 000	100	100
Jones Sue	500	1 100	0	0	0	650
Kleinbust Thomas	1 100	320	100	0	0	0
Knowles Blackwell Tom	0	600	300	0	0	0
Lambert Lewis	0	0	200	500	0	0
Levine AJ	100	0	0	250	0	0
McBride Caroline	0	10	20	20	20	0
McDow Jane	0	1 000	0	0	0	0
McIntire Rusty	720	50	0	0	0	0
McKnight Witt	0	0	0	0	0	2 000
Miller Lee	0	70	0	40	25	0
Miller Jennie	2 122	2 045	2 100	100	0	0
Mills Loretta O	0	0	0	0	0	0
Moss Tim	350	0	0	0	0	0
Murray Ken	0	0	50	0	0	0
O Gorman Mary Lou	100	100	0	0	0	0
O'Neill Susan	0	0	0	0	500	1 000
O Rear Chris	0	400	294	383	100	0
Parker Robert/Adrienne	0	1 550	0	0	1 000	0
Parsons William V	0	600	0	0	0	0
Petrace Karen	0	80	0	100	100	0
Prince Dan	0	100	250	700	500	600
Riggall Margarita	0	0	0	100	100	250
Ripeki Mike	0	0	0	0	0	100
Robinson Rev Jim	0	140	0	0	0	0
Rogers Charlotte	0	0	0	0	0	250
Rosenbloom Ellis	240	270	350	0	0	0
Russell Robert	1 190	650	700	0	0	0
Russell Robert Jr	0	1 270	0	0	0	0
Scott Paul	800	1 070	0	850	0	0
Shampain Mike	0	1 200	600	1 000	0	0
Smith Scott	0	0	0	400	0	250
Smithwick Jack	0	0	0	500	0	0
Stansell James H	0	6 000	0	0	0	5 000
Stewart Richard	0	0	0	100	100	120
Svensson Sue	0	1 740	0	0	1 000	1 000
Tallent William J/Evelyn	0	0	0	0	0	60
Tarpley John/Maggie	1 311	1 210	1 000	1 000	1 000	1 000
Tuleen David/Jean	1 940	2 550	2 400	2 400	2 400	1 800
Van Dervoort Ann	0	600	340	370	500	500
Walker Yolanda	0	0	0	0	120	0
Walsh Chrissa	0	360	200	200	0	0
Wacovich Craig	0	810	600	200	0	0
Williams Ken	0	2 000	1 000	1 000	1 000	1 000
Younger John	0	170	250	0	0	0
TOTALS	40 820	41 388	24 418	23 892	23 405	31 960

Form **8868**
(Rev. April 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☐ ►
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐ ►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization PASTORAL CONSELING CENTERS OF TENNESSEE	Employer identification number 58-1731899
	Number, street, and room or suite no. If a P.O. box, see instructions. 100 VINE COURT	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE TN 37205	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► PASTORAL COUNSELING CENTERS OF TENNESSEE

Telephone No. ► (615) 383-2115

FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐ ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 2007 or
- ☐ tax year beginning _____, 20____, and ending _____, 20____.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2008)

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• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	PASTORAL CONSELING CENTERS OF TENNESSEE		58-1731899
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	100 VINE COURT		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	NASHVILLE TN 37205		

Check type of return to be filed (File a separate application for each return):

- | | | | |
|--------------------------------------|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ _____
Telephone No. ▶ _____ FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until _____, 20____.
- 5 For calendar year _____, or other tax year beginning _____, 20____, and ending _____, 20____.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension _____

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ *Janet C. Carter* Title ▶ CPA Date ▶ 5/14/08

Form 8868 (Rev 4-2008)