

Return of Organization Exempt From Income Tax

2006

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

Department of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning , 2006, and ending , 20

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

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) ▶

G Website: ▶ www.pastoralcounselingctrs.org

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 ▶

J Organization type (check only one) ▶ ☒ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 778,889.00

M Check ▶ ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a	393,550.00	
	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	393,550.00	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	382,850.00	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5	2,360.00	
	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			
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	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 ▶ <input type="checkbox"/>				
Revenue	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			
Revenue	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	129.00	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	778,889.00		
Expenses	13	Program services (from line 44, column (B))	13	831,643.00	
	14	Management and general (from line 44, column (C))	14	86,613.00	
	15	Fundraising (from line 44, column (D))	15	92,012.00	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17	1,010,268.00	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	(231,379.00)	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	261,216.00	
	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	29,837.00	

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

Form 990 (2006)

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(e)(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 (attach schedule)	25a	115,019.00	56,250.00	25,019.00
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	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) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b, and c	26	520,934.00	421,956.00	49,489.00
27	Pension plan contributions not included on lines 25a, b, and c	27	20,140.00	20,140.00	
28	Employee benefits not included on lines 25a - 27	28	65,928.00	53,402.00	6,263.00
29	Payroll taxes	29	23,687.00	19,186.00	2,250.00
30	Professional fundraising fees	30			
31	Accounting fees	31	3,333.00		3,333.00
32	Legal fees	32			
33	Supplies	33	7,204.00	7,204.00	
34	Telephone	34	13,214.00	13,214.00	
35	Postage and shipping	35	2,725.00	2,207.00	259.00
36	Occupancy	36			
37	Equipment rental and maintenance	37	17,167.00	17,167.00	
38	Printing and publications	38	2,291.00	2,291.00	
39	Travel	39	7,688.00	7,688.00	
40	Conferences, conventions, and meetings ...	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	4,589.00	4,589.00	
43	Other expenses not covered above (Itemize): Statement 1	43a	206,349.00	206,349.00	
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	1,010,268.00	831,643.00	86,613.00
				92,012.00	

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 \$ _____

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 ► ☐

831,643.00

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)..... ►

831,643.00

Form 990 (2006)

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	
	45 Cash—non-interest-bearing	50,445.00	45	9,979.00	
	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		
Assets	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	201,328.00	54a	81,208.00	
	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	157,080.00	14,934.00	55c	10,345.00
	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	266,707.00	59	101,532.00		
Liabilities	60 Accounts payable and accrued expenses	5,491.00	60	71,695.00	
	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	5,491.00	66	71,695.00		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	59,887.00	67	(51,371.00)	
	68 Temporarily restricted	154,047.00	68	33,529.00	
	69 Permanently restricted	47,282.00	69	47,679.00	
	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)	261,216.00	73	29,837.00	
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	266,707.00	74	101,532.00	

Instructions.)			
a	Total revenue, gains, and other support per audited financial statements	a	745,387.00
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): Statement 3	b4	(33,502.00)
	Add lines b1 through b4	b	(33,502.00)
c	Subtract line b from line a	c	778,889.00
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	778,889.00

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
a	Total expenses and losses per audited financial statements	a	1,010,268.00
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	
	Add lines b1 through b4	b	0.00
c	Subtract line b from line a	c	1,010,268.00
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	1,010,268.00

[illegible]

Yes	No
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75b		X
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75c	X
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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75d	X
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[illegible]

Yes	No
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76		X
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77		X
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78a		X
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78b		
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79		X
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80a	X	
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Figure 1 is a line graph showing the percentage of total energy expenditure (TEE) for different activities over a 24-hour period. The Y-axis is 'Percentage of TEE' (0-100) and the X-axis is 'Time of Day' (0-24). The activities and their approximate percentages are:

Time of Day	Sleeping	Resting	Walking	Standing	Sitting	Eating
0	30	10	5	5	5	5
4	35	10	5	5	5	5
8	30	10	10	10	5	5
12	25	10	15	15	5	5
16	20	10	15	15	5	5
20	30	10	10	10	5	5
24	30	10	5	5	5	5

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

81a

81b		y
-----	--	---

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?	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?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
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	0.00
d	Section 162(e) lobbying and political expenditures	85d	0.00
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	0.00
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0.00
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	0.00
b	Gross receipts, included on line 12, for public use of club facilities	86b	0.00
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	0.00
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	0.00
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	Tennessee	
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	12.00
91a	The books are in care of	Clella Davis	
	Located at	100 Vine Court, Nashville, TN	
	Telephone no.	(615) 383-2115	
	ZIP + 4	37205	
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)? If "Yes," enter the name of the foreign country	81b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

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** | 0.00

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					382,850.00
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					2,360.00
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 Concessions					129.00
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		0.00		0.00	385,339.00
105	Total (add line 104, columns (B), (D), and (E))					385,339.00

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

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.

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
	%			
	%			
	%			
	%			

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).

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

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.

**Please
Sign
Here**

Signature of officer _____ Date _____
Type or print name and title _____

Paid Preparer's Use Only	Preparer's signature <u>Stephens E. E. CPA</u>	Date <u>8/27/07</u>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) <u>P00283706</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Erwin Harrison & Co., P.C. P.O. Box 140260, Nashville, TN 37214</u>	EIN <u>62-1181498</u>	Phone no <u>(615) 863-9881</u>	

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)

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

Name of the organization

Pastoral Counseling Centers of TN, Inc.

Employer identification number

58-1731899

Part III Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 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
Chrissa Walsh 103 McClendon Court Antioch, TN 37013	Dev Director 40 Hours	60,000.	0.	0.
Tom Knowles-Bagwell 865 Bellevue Road Nashville, TN 37221	Executive Director 40 Hours	30,000.	0.	0.
Total number of other employees paid over \$50,000 ... ►				

Part IV 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
0		
0	0	
Total number of others receiving over \$50,000 for professional services ... ►		

Part V 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 ... ►		

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

BJA

Schedule A (Form 990 or 990-EZ) 2006


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 1 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 ▶ _____

Reason for Non-Private Foundation Status (See pages 4 through 7 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 7 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.

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	501,076.	436,929.	523,834.	522,904.	1,984,743.
16 Membership fees received					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	278,092.	304,910.	376,653.	333,001.	1,292,656.
18 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	6,360.	3,224.	2,521.	5,491.	17,596.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	151.	272.	157.	(375.)	205.
23 Total of lines 15 through 22	785,679.	745,335.	903,165.	861,021.	3,295,200.
24 Line 23 minus line 17	507,587.	440,425.	526,512.	528,020.	2,002,544.
25 Enter 1% of line 23	7,857.	7,453.	9,032.	8,610.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 0.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 0.
d Add: Amounts from column (e) for lines: 18 0. 19 0. 22 0. 26b 0.					26d 0.
e Public support (line 26c minus line 26d total)					26e 0.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
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: (2005) 24,418. (2004) 23,592. (2003) 23,405. (2002) 31,980.					
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: (2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines: 15 1,984,743. 16 0. 17 1,292,656. 20 0. 21 0.					27c 3,277,399.
d Add: Line 27a total 103,395. and line 27b total 0.					27d 103,395.
e Public support (line 27c total minus line 27d total)					27e 3,174,004.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f 3,295,200.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 96.3220 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.5340 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 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	

Lobbying Expenditures by Electing Public Charities (See page 10 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.
39	Other exempt purpose expenditures.....	39	
40	Total exempt purpose expenditures (add lines 38 and 39).....	40	0.
41	Lobbying nontaxable amount. Enter the amount from the following table— <div style="display: flex; justify-content: space-between;"> <div> <p>If the amount on line 40 is—</p> <p>Not over \$500,000.....</p> <p>Over \$500,000 but not over \$1,000,000.....</p> <p>Over \$1,000,000 but not over \$1,500,000.....</p> <p>Over \$1,500,000 but not over \$17,000,000.....</p> <p>Over \$17,000,000.....</p> </div> <div> <p>The lobbying nontaxable amount is—</p> <p>20% of the amount on line 40.....</p> <p>\$100,000 plus 15% of the excess over \$500,000.....</p> <p>\$175,000 plus 10% of the excess over \$1,000,000.....</p> <p>\$225,000 plus 5% of the excess over \$1,500,000.....</p> <p>\$1,000,000.....</p> </div> </div>		
42	Grassroots nontaxable amount (enter 25% of line 41).....	42	0.
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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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.

Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 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.).....

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

Yes	No	Amount
		0.

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 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:

(1) 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]

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**.
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 PASTORAL COUNSELING 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	For IRS use only
	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-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 NOVEMBER 15, 2007.
 5 For calendar year 2006, 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 **WE ARE AWAITING ADDITIONAL INFORMATION TO COMPLETE THE FORM CORRECTLY**

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 \$	0.00
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 \$	

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 > *Stanley Hardison* Title > CPA Date > 8/15/07**Notice to Applicant. (To Be Completed by the IRS)**

- ☐ We have approved this application. Please attach this form to the organization's return.
☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
☐ Other _____

By: _____ Date: _____
 Director _____
Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name ERWIN HARDISON & CO., P.C., CPA'S
	Number and street (Include suite, room, or apt. no.) or a P.O. box number P.O. BOX 140260
	City or town, province or state, and country (Including postal or ZIP code) NASHVILLE, TN 37214-0260

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 ☒ **X**
 - 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).

Section 501(c) corporations 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 section 501(c) corporations 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 COUNSELING 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 section 501(c) corporation required to file Form 990-T) extension of time until _____, 20____, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20____ 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. 4-2007)

BJA

PASTORAL COUNSELING CENTERS OF TN, INC.

58-1731899

FORM 990

STATEMENT 1: PART II, LINE 43: OTHER EXPENSES

DESCRIPTION

A. Dues & Subscriptions	\$ 3,701
B. Utilities	0
C. Office Expenses	9,987
D. CPE Program	79,180
E. Advertising	9,805
F. Program Expense	4,334
G. Business Resource Expense	10,141
H. Clinical Services	47,944
I. Bad Debt Expense	10,023
J. CPT Program	0
K. Development Expense	8,446
L. Training Expense	22,638
M. Miscellaneous Expense	150
TOTAL	<u>\$ 206,349</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	\$ 47,281	\$ 47,679
TEMPORARILY RESTRICTED FUNDS	<u>154,047</u>	<u>33,529</u>
TOTAL	\$ <u>201,328</u>	\$ <u>81,208</u>

STATEMENT 3: PART IV, LINE 60: OTHER LIABILITIES

	BEGINNING BOOK VALUE	ENDING BOOK VALUE
DUE TO ENDOWMENT FUND		41,000
DUE TO TEMPORARILY RESTRICTED EQUITY FUNDS		27,354
PAYROLL TAXES	\$ <u>5,491</u>	\$ <u>3,341</u>
TOTAL	\$ <u>5,491</u>	\$ <u>71,695</u>

PASTORAL COUNSELING CENTERS OF TN, INC.

58-1731899

FORM 990

STATEMENT 3: PART IV - A & B

PART IV - A, LINE 4

	<u>2006</u>	<u>2005</u>
PLEDGES RECEIVABLE INCREASE (DECREASE)	\$ (4,899)	\$ 2,373
ACCOUNTS RECEIVABLE INCREASE (DECREASE)	<u>(28,603)</u>	<u>27,548</u>
TOTAL	<u>\$ (33,502)</u>	<u>\$ 29,921</u>

PART IV - B, LINE 4

	<u>2006</u>	<u>2005</u>
NET ACCOUNTS PAYABLE	\$ <u>0</u>	\$ <u>0</u>
	<u>\$ 0</u>	<u>\$ 0</u>

FORM 990

STATEMENT 4: PART V - A

Ed Cole, President
3022 23rd Avenue South
Nashville, TN 37215

Work 741-2848
Home Fax 385-7172
Home No. 297-9918
Work Fax 741-2508
E-Mail ed.cole@state.tn.us
E-Mail epcole@comcast.net

John Younger, Treasurer
2105 Hobbs Court
Nashville, Tennessee 37215

Home No. 297-0440
Cell 390-9720

Maggie Tarpley
Secretary
1506 Clairmont Place
Nashville, TN 37215

Work 322-1548
Home 269-7714
E-Mail Margaret.Tarpley@vanderbilt.edu

John Brandon
127 Sturbridge Drive
Franklin, Tennessee 37064

Home 790-2379

Pat Cole
3022 23rd Avenue South
Nashville, Tennessee 37215

Home 297-9918
Work No. 321-4939 x116
Cell No. 330-1385
E-Mail: ep.cole@comcast.net
E-Mail: pcole@cfmt.org

Karen Dattilo
4402 Sunny Brook Drive
Nashville, Tennessee 37205

Home No. 665-0488
E-Mail: ksdattilo@yahoo.com

Carol Doidge
4407 Glendale Square
Nashville, Tennessee 37204

Home 292-5724
E-Mail carold@wcs.edu

FORM 990

STATEMENT 4: PART V - A

Linda Freemon 2422 Valley Brook Drive Nashville, Tennessee	Home No. E-Mail:	344-2291 ffreemon@aol.com
Russ Gannon 929 Woodmont Boulevard Nashville, Tennessee 37204	Home No. Work No. Cell No. E-Mail:	344-2291 344-1418 848-3722 Russ.gannon@hcahealthcare.com
David George 905 Noel Green Court Nashville, Tennessee 37204	Home No. E-mail:	298-2313 George60@comcast.net
George Gracey 198 Maplemere Drive Clarksville, Tennessee 37040	Home No. E-Mail:	931-552-4099 fpccclark@bellsouth.net
Lynn Gregory 315 Wilson Blvd Nashville, Tennessee 37205	Work No. Home No. E-Mail:	353-2307 383-5403 lynn.gregory@wsnrv.com
Joe Hardy 2200 Harding Place #1 Nashville, Tennessee 37215	Home No. E-Mail:	665-1475 jhardyhr@yahoo.com
Bess W. Henderson 110 Christopher Place Nashville, Tennessee 37205	Home No. Fax No. E-Mail	297-5107 298-1869 BWH110@bellsouth.net
Margie Howell 2200 Harding Place #2 Nashville, Tennessee 37215	Home No. E-Mail	665-5960 MizMargie624@aol.com
Sue Jones 6877 Collinswood Drive Nashville, Tennessee 37221	Home No. Work No. Cell No. E-Mail:	673-8030 284-4424 973-2506 SJones1010@comcast.net
The Reverend Thomas Kleinert Vine Street Christian Church 4101 Harding Road Nashville, Tennessee 37205	Work No. E-Mail:	269-5614 Thomas@vinestreet.org

FORM 990

STATEMENT 4: PART V - A

A.J. Levine Vanderbilt Divinity School Vanderbilt University Nashville, Tennessee 37240	Work No. E-Mail:	322-2776 Amy-Jill.Levine@vanderbilt.edu
Rusty McIntire Vanderbilt University 311 Kirkland Hall Nashville, Tennessee 37240	Home No. Work No. E-Mail:	370-0889 343-3140 russell.m.mcintire@vanderbilt.edu
Jennia Mills 711 Summerly Drive Nashville, Tennessee 37209	Home No. E-Mail:	352-4975 Liston.O.Mills@Vanderbilt.edu
Tim Moss 1645 Wellington Green Franklin, Tennessee 37064	E-Mail:	Fishrod639@aol.com
Mary Lou O'Gorman Saint Thomas Hospital 4220 Harding Road Nashville, Tennessee 37205	Work No. Pager No.	222-6602 363-0633
The Rev Jim Robinson McKendree Village Retirement Community 4343 Lebanon Road Hermitage, Tennessee 37076	Work No. Fax No. E-Mail:	871-8838 871-8699 jim.robinson@mckendree.com
Ellie Rosenbloom 155 Carnavon Parkway Nashville, Tennessee 37205	Work No. Home No. Cell No. Fax No. E-Mail:	343-1148 356-7277 397-7673 343-6687 ellethe@msn.com
Robert Russell 3301 Southall Road Franklin, Tennessee 37064	Home No. Work No. Cell No. Fax No. E-Mail:	794-6924 261-7500 804-5678 261-7503 rvrssll@bellsouth.net
Paul Scott 719 Summerly Drive Nashville, Tennessee 37209	Home No. Work No. Cell No. E-Mail: E-Mail:	353-6193 353-2274 812-0086 pscott@wsnv.com paulscott@comcast.net

PASTORAL COUNSELING CENTERS OF TN, INC.

58-1731899

FORM 990

STATEMENT 4: PART V - A

Dr. David L. Tuleen
1493 Clarimont Place
Nashville, Tennessee 37

Home No.	292-4282
Fax No.	343-8298
E-Mail:	<u>david.tuleen@vanderbilt.edu</u>

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 950

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

[illegible]