

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

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 **TENNESSEE CONFERENCE ON SOCIAL WELFARE**
2008 8TH AVENUE SOUTH
NASHVILLE, TN 37204

D Employer identification number 62-0763367

E Telephone number 615-353-9980

F Group Exemption Number

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

G Accounting method: ☐ Cash ☒ Accrual. Other (specify)

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: WWW.TCSW.ORG

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 135,979.

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

1	Contributions, gifts, grants, and similar amounts received	1	52,979.
2	Program service revenue including government fees and contracts	2	53,220.
3	Membership dues and assessments	3	29,315.
4	Investment income	4	15.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch).	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ <u> </u> of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe <u>SEE STATEMENT 1</u>)	8	450.
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	135,979.
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	96,532.
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	12,741.
15	Printing, publications, postage, and shipping	15	1,183.
16	Other expenses (describe <u>SEE STATEMENT 2</u>)	16	45,987.
17	Total expenses (add lines 10 through 16)	17	156,443.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-20,464.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	44,765.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	24,301.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	40,425.	19,884.
23 Land and buildings		
24 Other assets (describe <u>SEE STATEMENT 3</u>)	6,421.	4,417.
25 Total assets	46,846.	24,301.
26 Total liabilities (describe <u>SEE STATEMENT 4</u>)	2,081.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	44,765.	24,301.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

8P

SCANNED JUL 13 2010

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

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

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

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

28 SEE STATEMENT 6

(Grants \$ _____) If this amount includes foreign grants, check here

28 a	146,790.
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29

(Grants \$) If this amount includes foreign grants, check here

29 a

30

(Grants \$) If this amount includes foreign grants, check here

30 a

31 Other program services (attach schedule)

(Grants \$ _____) If this amount includes foreign grants, check here

31 a

32 **Total program service expenses** (add lines 28a through 31a)

32	146,790.
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Part IV	List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs)
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[illegible]

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 501(c)(7) organizations Enter.		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ NONE		

42a The books are in care of ▶ CARLA SNODGRASS Telephone no ▶ (615) 353-9980
 Located at ▶ 2008 8TH AVENUE SOUTH NASHVILLE TN ZIP + 4 ▶ 37204

	Yes	No
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 ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ ☐ N/A
▶ **43** N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

SEE STATEMENT 7

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46	X	
47	X	
48		X
49a		X
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

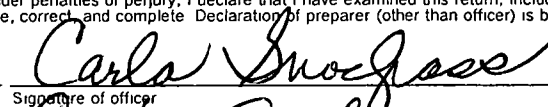
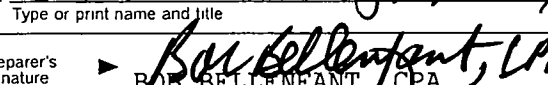
b If 'Yes,' was the related organization(s) a section 527 organization?

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

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

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

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer  Date 5/12/10	Type or print name and title Carla Snodgrass, Treasurer	
Paid Preparer's Use Only	Preparer's signature  Date 5/12/10	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) P00285790
	Firm's name (or yours if self-employed), address, and ZIP + 4 BELLENFANT & MILES, PLLC 136 WILSON PIKE CIRCLE BRENTWOOD, TN 37027	EIN 27-0187314	Phone no (615) 370-8700

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2008)

Department of the Treasury
Internal Revenue Service

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

TENNESSEE CONFERENCE ON SOCIAL WELFARE

Employer identification number

62-0763367

The organization is not a private foundation because it is: (Please check only **one** organization)

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the organizations the organization supports.

[illegible]

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 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.						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) . . .					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%

16a 33-1/3 support test — 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐**b 33-1/3 support test — 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐**17a 10%-facts-and-circumstances test — 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐**b 10%-facts-and-circumstances test — 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include "unusual grants.")	79,280.	72,315.	115,719.	78,957.	82,294.	428,565.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	112,436.	95,616.	69,105.	102,383.	53,220.	432,760.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1-5	191,716.	167,931.	184,824.	181,340.	135,514.	861,325.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						861,325.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	191,716.	167,931.	184,824.	181,340.	135,514.	861,325.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	51.	5,282.	75.	76.	15.	5,499.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	51.	5,282.	75.	76.	15.	5,499.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV			659.	9,000.	450.	10,109.
13 Total support. (add lines 9, 10c, 11, and 12.)						876,933.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	98.2 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.0 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.6 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.0 %

- 19a 33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☒
- b 33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

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

[illegible]

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► **To be completed by organizations described below.**

► **Attach to Form 990 or Form 990-EZ.**

OMB No 1545-0047

2008

**Open to Public
Inspection**

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

TENNESSEE CONFERENCE ON SOCIAL WELFARE

Employer identification number

62-0763367

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures

► \$ 790.

3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

1 Enter the amount of any excise tax incurred by the organization under section 4955

► \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955

► \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes ☒ No

4a Was a correction made?

☐ Yes ☐ No

b If 'Yes,' describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities

► \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

► \$

3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b.

► \$

4 Did the filing organization file Form 1120-POL for this year?

☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's own internal funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule C (Form 990 or 990-EZ) 2008

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check ☐ if the filing organization belongs to an affiliated group
- B** Check ☐ if the filing organization checked box A and 'limited control' provisions apply

Limits on Lobbying Expenditures – (The term 'expenditures' means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		790.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)		790.	0.
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)		790.	0.
f Lobbying nontaxable amount Enter the amount from the following table in both columns		158.	
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is Not over \$500,000 20% of the amount on line 1e 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.			
g Grassroots nontaxable amount (enter 25% of line 1f)		40.	0.
h Subtract line 1g from line 1a Enter -0- if line g is more than line a		750.	0.
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c		632.	0.
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount		1,217.	351.	158.	1,726.
b Lobbying ceiling amount (150% of line 2a, column (e))					2,589.
c Total lobbying expenditures				790.	790.
d Grassroots non-taxable amount				40.	40.
e Grassroots ceiling amount (150% of line 2d, column (e))					60.
f Grassroots lobbying expenditures				790.	790.

BAA

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, 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 1c through 1i)?			
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 Other activities? If 'Yes,' describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, question 3 is answered 'Yes.' See Schedule C Instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Part IV	Supplemental Information (continued)
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[illegible]

2008

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

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TENNESSEE CONFERENCE ON SOCIAL WELFARE

62-0763367

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PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
OTHER INCOME	450.	9,000.	659.		
TOTAL	\$ 450.	\$ 9,000.	\$ 659.	\$ 0.	\$ 0.

2008

FEDERAL STATEMENTS

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TENNESSEE CONFERENCE ON SOCIAL WELFARE

62-0763367

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STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

OTHER REVENUE

	\$	450.
TOTAL	\$	<u>450.</u>

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION
CONFERENCES, CONVENTIONS, AND MEETINGS
CONTRACT SERVICES
DUES AND SUBSCRIPTIONS
INSURANCE
MISCELLANEOUS
OFFICE EXPENSES
PROFESSIONAL FEES
REPAIRS AND MAINTENANCE
STAFF DEVELOPMENT
TELEPHONE
TRAVEL

	\$	464.
		19,820.
		1,170.
		522.
		985.
		352.
		2,223.
		9,915.
		4,116.
		2,955.
		1,787.
		1,678.
TOTAL	\$	<u>45,987.</u>

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
ACCOUNTS RECEIVABLE	\$ 3,285.	\$ 4,417.
MACHINERY AND EQUIPMENT	1,918.	0.
PREPAID EXPENSES AND DEFERRED CHARGES	1,218.	0.
TOTAL	\$ <u>6,421.</u>	\$ <u>4,417.</u>

STATEMENT 4
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 84.	\$ 0.
LEASE OBLIGATION PAYABLE	161.	0.
PAYROLL TAXES PAYABLE	1,836.	0.
TOTAL	\$ <u>2,081.</u>	\$ <u>0.</u>

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TENNESSEE CONFERENCE ON SOCIAL WELFARE

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**STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO PROMOTE THE WELFARE OF INDIVIDUALS AND ORGANIZATIONS INVOLVED IN HUMAN RESOURCES IN TENNESSEE.

**STATEMENT 6
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

THE ORGANIZATION PROVIDES TRAINING CONFERENCES HELD REGIONALLY ACROSS TENNESSEE AND SENDS QUARTERLY NEWSLETTER. THEY ALSO STUDY, RESEARCH, AND ANALYSIS PUBLIC POLICIES, COMMITTEE MAILINGS, MEETINGS AND ACTIVITIES IN RESEARCH AND POLICY STUDY IN VARIOUS AREAS OF SOCIAL WELFARE.

**STATEMENT 7
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO



TENNESSEE CONFERENCE ON SOCIAL WELFARE

2008 8th Avenue South, Nashville, TN 37204-2202

Tel. (615) 313-9980 FAX (615) 313-9981 email: info@tcsnw.org

BOARD ROSTER 2008-2009

++ = Executive Committee

++President

Scott Ridgway, Executive Director, TN Suicide Prevention Network, 2416 21st Avenue South, Suite 201, Nashville, TN 37212 (615) 297-1077; FAX (615) 615-269-5413; (615) 228-5558 – home; 615-945-5558–Cell; e-mail: sridgway@tspn.org

++Vice-President

Dianne Polly, Attorney, Director Government Relation Officer, Metropolitan Inter-Faith Association, P.O. Box 3130 Memphis, TN 38173-0130; **(901) 529-4569**; FAX (901) 527-3202; (901) 753-0997 – home; (901) 335-6106 –Cell; e-mail: dpolly@mifa.org

++Secretary

Carla Sewell, Community Service Manager, Hamilton County Social Services, 317 Oak Street, Chattanooga, TN 37403-1902; **(423) 209-6833**; FAX (423) 209-6834; (423) 870-7887 - home; e-mail: carlas@mail.hamiltontn.gov

++Treasurer

Carla Snodgrass, BSW, MPA. Executive Director, Prevent Child Abuse Tennessee. **(615) 383-0994**. e-mail: csnodgrass@pcat.org

++Past President

Beverly Ann McKeldin, Child Care Manager, Chattanooga City Human Services, 501 W 12th Street, Chattanooga, TN 37402-3800; **(423) 757-5302**; FAX (423) 757-5125; (423) 894-9915 - home; e-mail: mckeldin_b@mail.chattanooga.gov

Regional Presidents 2008-2009

++North East

Shannon Kern, Kingsport Volunteer Coordinator, CASA for Kids Inc, 317 Shelby Street, Suite 206, Kingsport, TN 37660; **(423) 247-1171** e-mail: shannoncasa@embarqmail.com.

++Middle East

Gayle Lodato, MSW, Director of Baccalaureate Field Services, UT CSW, 320 Hensen Hall, Knoxville, TN 37996; **(865) 974-6677**; e-mail: glodato@utk.edu

++South East

Dorothy Stephens, Director of Services, Fortwood Center, Inc, 1028 E. Third Street, Chattanooga, TN 37403; **(423) 266-6751**; FAX (423) 763-4656; e-mail: dstephens@fortwoodcenter.org

++Middle

Monica Causey, TN Voices For Children, 1315 8th Ave. S., Nashville, TN 37203; **(615) 269-7751**; FAX (615) 269-8914; (615) 269-7751 ext. 212; (615) 478-5114; e-mail: mcausey@tnvoices.org

++Middle West

Anne Henning-Rowan, Retired Educator & Community Volunteer, 35 Williamson Road, Denmark, TN 38391; **(731) 421-8880**; CELL (731) 695-4396; e-mail: annerowan@hughes.net

++West

Mary Wilder, MIFA, 910 Vance Avenue, Memphis, TN 38126; **(901) 529-4536**, e-mail: mjwilder@mifa.org

Please note all of the people and positions listed on this page comprise the TCSW Executive Committee.

Elected Board Members - Terms Expiring 2009:**North East**

Donna Bishop, Team Leader, Sullivan County DCS, 441 Clay Street, Kingsport, TN 37660; (423) 224-2013; FAX (423) 979-6377; (423) 477-8058 - home; e-mail: Donna.Bishop@state.tn.us

Middle East

Rebecca Lucas, Ph.D., Assistant Professor of Elementary Education, Maryville College, 502 E. Lamar Alexander Pkwy, Maryville, TN 37804-5919; (865) 981-8107; FAX (865) 981-8010; (865) 982-8191 – home; e-mail: Rebecca.lucas@maryvillecollege.edu

Middle West

DeLaine Bottoms, Associate Director, Exchange Club/Carl Perkins Center, 213 Cheyenne Drive, Jackson, TN 38305-3494; (731) 668-4000; FAX (731) 668-4093; (731) 695-3514 – home; (731) 695-3514 – Cell; e-mail: dbottoms@carlperkinscenter.org

West

Gwendolyn Wright, Memphis/Shelby County Regional Coordinator, TN Commission on Children & Youth, 107 N. Main Street, 9th Floor, Memphis, TN 38103-; (901) 543-7657; FAX (901) 353-5464; (901) - home; e-mail: gwendolyn.wright@state.tn.us

Elected Board Members - Terms Expiring 2010:**North East**

Jamie Perkins, Case Manager, TN Department of Children's Services, 441 Clay Street, Kingsport, TN, 37660; (423) 224-2011; FAX (423) 245-5679; Home (423) 677-0207 e-mail: Jamie.perkins@state.tn.us

South East

Becky Encizo, Regional Director, Bradford Health Services, 6160 Shallowford Rd., Suite 103 Chattanooga, TN 37421; (423) 892-2639; FAX: (423) 892-6182; Cell: (423) 892-6182 e-mail: bencizo@bradfordhealth.com

Middle

Tom Murdock, Program Manager for CAFS Training Services, Centerstone, 1101 6th Avenue North, Nashville, TN 37208-2650; (615) 460-4114; FAX (615) 463-6603; (615) 254-8737 – home; e-mail: tom.murdock@centerstone.org

West

Kim Jordan-Fluker, Director Homeless Services, Associated Catholic Charities, 1325 Jefferson Ave., Memphis, TN 38104, Phone (901) 722-4758, FAX (901) 722-4766; e-mail: Kim.JordanFluker@acc.cdom.org

Elected Board Members - Terms Expiring 2011:**Middle East**

VACANT

South East

Angela Appleberry, Division of Appeals and Hearings, TN Department of Human Services, 540 McCallie Avenue, Suite 150, Chattanooga, TN 37402-4108; (423) 634-6234; FAX (423) 634-6783; (423) 364-8344 – home; e-mail: Angela.Appleberry@state.tn.us or amappleberry@yahoo.com

Middle

Cassidi McNalley-Squires, Youth Villages. 585 G. South Riverside Dr. Clarksville, TN 37040, (931) 503-0777 x 1022 FAX (931) 503-0703; e-mail: Cassidi.Squires@YouthVillages.org

Middle West

Michelle Cash, TN Department of Children's Services, Team Leader, 1979 St. John Avenue Suite F, Dyersburg, TN 38024-2156; (731) 286-8304; FAX (731) 286-8369; e-mail: Michelle.Cash@state.tn.us

Elected Nominating/Awards Committee Chair**++Nominating/
Awards Chair**

Shula Yelliot, Program Manager, Read 20-A Hamilton County Initiative, 317 Oak Street, M.L. King Bldg., 109, Chattanooga, TN 37402; (423) 209-6190; FAX (423) 209-6191; e-mail: ShulaY@HamiltonTN.gov; www.read20.org

Elected Nominating/Awards Committee:**North East**

John Eanes, Assistant Court Director, Sullivan County Juvenile Court Division II, 2000 Shelby Street, Kingsport, TN 37660-4256; (423) 224-1742; FAX (423) 224-1732; (423) 288-2639 - home; e-mail: Juveanes@yahoo.com

Middle East

Carletta Smelcer, Helen Ross McNabb Center, 201 West Springdale Avenue Knoxville, TN. 37917 Phone (865) 637-9711 ext. 1219; e-mail: carletta.smelcer@mcnabb.org

South East

Karen Blevins- Executive Director- Chattanooga Regional Homeless Coalition, P.O. Box 3690, Chattanooga, TN 37404, 423-752 4807- office, 423-629-7920-fax kblevins@homelesscoalition.org

Middle

Grace Massey, Senior Family Counselor and Clinical Liaison, Youth Villages. 585 G. South Riverside Dr. Clarksville, TN 37040, (931) 503-0777 x 1027; e-mail: Ella.Massey@YouthVillages.org

Middle West

Kimberly S. Morris, MSW Supervisory Specialist, Middle Tennessee State University (Tennessee Center for Child Welfare), P.O. Box 3361, Jackson, TN 38303; (615) 691-1920; Cell (731) 217-9880 e-mail: kimberly.s.morris@state.tn.us

West

Carlos U. Royston, Higher Education Coordinator, MIFA, 910 Vance Avenue, Memphis, TN 38126; OFFICE - (901) 529-4557; FAX- (901) 529-4500; CELL - (901) 289-2342; e-mail: croyston@mifa.org

Standing Committee Chairs - Appointed for 2008-2009
All Committee Chairs are a part of the TCSW Board of Directors

Finance

Carla Snodgrass, Treasurer (See page 1)

Includes *Regional Treasurers*:

W- Virginia Davenport, virginia.davenport@acc.cdom.org, Associated Catholic Charities, 1325 Jefferson Avenue, Memphis, TN 38104

MW- Don Patterson, don.patterson@tnca.com, Tennessee Community Services Agency, 6 Stonebridge Blvd., Suite G, Jackson, TN 38305; (731) 984-9030; fax (731) 664-4623;

M- Monica Causey (acting), mcausey@tnvoices.org

SE- Elaine Johnson, elainejohnson@fortwoodcenter.org

ME- Houston Smelcer, houston.smelcer@mcnabb.org

NE- Stephanie Richardson, Stephanie.h.richardson@state.tn.us
 707 N. Eastman Rd. Kingsport, TN 37664; 423-857-1220

Scott Ridgway, TCSW President, sridgway@tspn.org

Public Policy

Co-Chair Keith Jones, Director, Weakley County Juvenile Court, 116 West Main St, Dresden, TN 38225, ph 731-364-5716, FAX 731-364-3901, *e-mail: jkeith_jones@hotmail.com*

Co-Chair, Carol Westlake, Executive Director, TN Disability Coalition, 955 Woodland Street, Nashville, TN 37206. 615-383-9442, Fax- 615-373-1176, *carol_w@tndisabilty.org*

Co-Chair Ex-Officio, Linda O'Neal, Executive Director, TN Commission on Children and Youth, 710 James Robertson Parkway, Nashville, TN 37243; 615-741-2633, Fax- 615-385-1037; *linda.oneal@state.tn.us*

2008-2009 Board Roster

Page 4

By-Laws

Dianne Polly, Vice-President, (See page 1)

Personnel

Scott Ridgway, President, (See page 1)

++ Fundraising Chair

Phil Acord, President/CEO, Children's Home/Chambliss Shelter, 315 Gillespie Road, Chattanooga, TN 37411-3199; (423) 698-2456 ext 201; FAX (423) 242-1670; (423) 344-2398 - home; (423) 991-2782 -Cell; *e-mail: ppasb4@aol.com*

SSCBT Liaison

Sherrie Jo Anderson, SSCBT Coordinator, Center of Excellence for Learning Sciences, Tennessee State University, 3500 John A. Merritt Boulevard, Box 9500 Nashville, TN, 37209, Ph 615-277-1660, FAX 615-277-1686, *e-mail: sanderson22@Tnstate.edu*

Community Shares Liaison

Gladys Chatman, Community Volunteer, 4538 Shys Hill Road, Nashville, TN 37215-3916 (615) 298-3702; No FAX or E-Mail.

++Membership Chair

Lucy Utt, MSSW, Community Services Supervisor, TN Commission on Aging & Disability, 8th floor, Andrew Jackson Building, 500 Deaderick Street, Nashville, TN 37243-0860; (615) 741-2056 ext. 112; FAX 615-741-3309 ; *e-mail: lucy.utt@state.tn.us*

++Strategic Planning

Pam Brown, Director of KIDS COUNT, TN Commission on Children & Youth, 710 James Robertson Pkwy, 9th Floor, Nashville, TN 37243-0800; (615) 532-1571; FAX (615) 741-5956; (615) 893-3526 - home; *e-mail: pam.k.brown@state.tn.us*

++Conference Chair

Dustin Keller, Project Coordinator, TN Lives Count Project, 2008 8th Avenue South, Nashville, TN 37204. Work (615) 297-1077; Fax (615) 313-9981; Cell (615) 587-5939; *email: dkeller@tspn.org*

++Executive Director

Shelby Tabeling, MSW, Executive Director, home address - 3903 Wayland Drive, Nashville, TN 37215-4019; Cell (615) 347-3301; home (615) 665-2004; *e-mail: shelby.tabeling@tcsnw.org , shelby.tabeling@comcast.net, or info@tcsnw.org*

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