

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2006**

Open to Public Inspection

Department 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)

▶ 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 **JUL 1, 2006** and ending **JUN 30, 2007**

<b>B</b> Check all that apply: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CATHOLIC CHARITIES OF TENNESSEE, INC.</b>	<b>D</b> Employer identification number <b>62-0679520</b>	
	Number and street (or P.O. box if mail is not delivered to street address) <b>2400 21ST AVENUE SOUTH</b>	Room/suite 	<b>E</b> Telephone number <b>(615) 352-3087</b>
	City or town, state or country, and ZIP + 4 <b>NASHVILLE, TN 37212-5387</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶	
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		

**G** Website: **WWW.CCTENN.ORG****J** Organization type (check only one) ☒ 501(c) ( 3 ) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization 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.

Hand 1 are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates? ☒ Yes ☐ No**H(b)** If "Yes," enter number of affiliates ▶ **2****H(c)** Are all affiliates included? (If "No," attach a list) ☐ Yes ☒ No**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☒ Yes ☐ No **STMT 3****I** Group Exemption Number ▶ **0928****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **6,494,125.****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	<b>1a</b>			
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>		<b>1,826,009.</b>	
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>		<b>1,008,216.</b>	
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>		<b>2,182,030.</b>	
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>4,370,528.</b> noncash \$ <b>645,727.</b> )				<b>1e</b> <b>5,016,255.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)				<b>2</b> <b>1,160,692.</b>
	<b>3</b> Membership dues and assessments				<b>3</b>
	<b>4</b> Interest on savings and temporary cash investments				<b>4</b> <b>16,987.</b>
	<b>5</b> Dividends and interest from securities				<b>5</b>
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a				<b>6c</b>	
<b>7</b> Other investment income (describe ▶ )				<b>7</b>	
<b>Expenses</b>	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>			
	<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>			
	<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8c</b>			
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				<b>STMT 1</b>
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1b)	<b>9a</b>			
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a				<b>9c</b>
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a				<b>10c</b>
	<b>11</b> Other revenue (from Part VII, line 103)				<b>11</b> <b>300,191.</b>
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				<b>12</b> <b>6,494,125.</b>	
<b>Net Assets</b>	<b>13</b> Program services (from line 44, column (B))				<b>13</b> <b>5,896,979.</b>
	<b>14</b> Management and general (from line 44, column (C))				<b>14</b> <b>209,293.</b>
	<b>15</b> Fundraising (from line 44, column (D))				<b>15</b> <b>72,731.</b>
	<b>16</b> Payments to affiliates (attach schedule)				<b>16</b>
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)				<b>17</b> <b>6,179,003.</b>
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12				<b>18</b> <b>315,122.</b>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))				<b>19</b> <b>1,517,116.</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 2</b>				<b>20</b> <b>636.</b>	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20				<b>21</b> <b>1,832,874.</b>	

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

Form 990 (2006)

COPY

**Part II** Statement of  
Functional ExpensesAll organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3)  
and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>105,320</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	105,320.	105,320.		
23 Specific assistance to individuals (attach schedule) <u>STATEMENT 7</u>	1,004,795.	1,004,795.		
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A <u>STMT 5</u>	207,764.	0.	207,764.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
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)				
26 Salaries and wages of employees not included on lines 25a, b, and c	2,718,414.	2,398,426.	319,988.	
27 Pension plan contributions not included on lines 25a, b, and c	134,966.	129,849.	5,117.	
28 Employee benefits not included on lines 25a - 27	399,385.	354,837.	44,548.	
29 Payroll taxes	207,921.	171,211.	36,710.	
30 Professional fundraising fees				
31 Accounting fees	21,200.		21,200.	
32 Legal fees	25,680.	14,307.	11,198.	175.
33 Supplies	124,972.	93,197.	26,130.	5,645.
34 Telephone	70,188.	58,403.	11,785.	
35 Postage and shipping	22,222.	14,049.	4,563.	3,610.
36 Occupancy	376,389.	354,341.	22,048.	
37 Equipment rental and maintenance	22,883.	21,140.	1,743.	
38 Printing and publications	30,683.	21,670.	6,628.	2,385.
39 Travel	197,279.	178,679.	18,600.	
40 Conferences, conventions, and meetings	29,709.	28,922.	787.	
41 Interest	1,403.	1,403.		
42 Depreciation, depletion, etc. (attach schedule)	40,189.	14,637.	25,552.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <u>SEE STATEMENT 4</u>	437,641.	931,793.	<555,068.>	60,916.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	6,179,003.	5,896,979.	209,293.	72,731.

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 ☒ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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

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

What is the organization's primary exempt purpose? ►		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
CHARITABLE OUTREACH OF THE DIOCESE OF NASHVILLE		
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	SEE ATTACHED STATEMENT	
	(Grants and allocations \$ 105,320. ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	5,896,979.
b		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e	Other program services (attach schedule)	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	5,896,979.

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**Part IV Balance Sheets** (See the instructions.)

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

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	97,727.	172,618.
	46 Savings and temporary cash investments	46,885.	65,100.
	47 a Accounts receivable	245,434.	
	b Less: allowance for doubtful accounts	7,106.	
	47 c	118,740.	238,328.
	48 a Pledges receivable	1,054,225.	
	b Less: allowance for doubtful accounts		
	48 c	1,014,819.	1,054,225.
	49 Grants receivable	338,311.	346,697.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable		51c
	b Less: allowance for doubtful accounts		52
	52 Inventories for sale or use	12,375.	24,800.
	53 Prepaid expenses and deferred charges		54a
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55 a Investments - land, buildings, and equipment: basis		55c
b Less: accumulated depreciation		56	
56 Investments - other			
57 a Land, buildings, and equipment: basis	417,587.		
b Less: accumulated depreciation	317,814.		
57 c	119,883.	99,773.	
58 Other assets, including program-related investments (describe ► )		58	
59 Total assets (must equal line 74). Add lines 45 through 58	1,748,740.	2,001,541.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	135,174.	95,595.
	61 Grants payable		61
	62 Deferred revenue	66,852.	73,072.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable	STMT 8	29,598.
	64 b		65
	65 Other liabilities (describe ► )		
66 Total liabilities. Add lines 60 through 65	231,624.	168,667.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	438,325.	549,062.
	68 Temporarily restricted	1,078,791.	1,283,812.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	1,517,116.	1,832,874.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,748,740.	2,001,541.

## Part IV-A

<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>
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**Part V-A** **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

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Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	532,502.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	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
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
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
90 a	List the states with which a copy of this return is filed		TN
b	Number of employees employed in the pay period that includes March 12, 2006	90b	103
91 a	The books are in care of		RICHARD NEAL
	Located at		2400 21ST AVENUE SOUTH, NASHVILLE, TN
	Telephone no.		(615) 383-6393
	ZIP + 4		37212-3512
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	91b	N/A
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SERVICE FEES - SEE					
b ATTACHED STATEMENT					1,160,692.
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			14	16,987.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a REIMBURSEMENT OF SHARED					
b EXPENSES					292,875.
c INSURANCE PROCEEDS					7,316.
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		16,987.	1,460,883.
105 Total (add line 104, columns (B), (D), and (E))					1,477,870.

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

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

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

1 SEE ATTACHED STATEMENT

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

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

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X No

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



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

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

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

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				

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: William P. Sidclair Date: 12/5/08

Type or print name and title: William P. Sidclair - Executive Director

Paid Preparer's Use Only

Preparer's signature: Joe Z. Hudson CPA Date: 12/5/08 Check if self-employed ☐

Firm's name (or yours if self-employed, address, and ZIP + 4): LATTIMORE BLACK MORGAN & CAIN, P.C. EIN:

5250 VIRGINIA WAY, P.O. BOX 1869 Phone no.: (615) 377-4600

BRENTWOOD, TN 37024-1869

Form 990 (2006)

- 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).

<b>Part II</b> Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.	
Type or print	Name of Exempt Organization <b>CATHOLIC CHARITIES OF TENNESSEE, INC.</b>
	Employer identification number <b>62-0679520</b>
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2400 21ST AVENUE SOUTH</b>
	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NASHVILLE, TN 37212-5387</b>

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

- ☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
- ☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

**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 **RICHARD NEAL**  
Telephone No. **(615) 383-6393** 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) **0928**. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☒ **X** 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 **MAY 15, 2008**
- 5 For calendar year , or other tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**
- 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  
**ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE TAX RETURN.**

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	\$
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	\$ <b>N/A</b>

### 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 **Richard Neal** Title **CRA** Date **2/13/08**

### 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

Director  By:  Date

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 <b>LATTIMORE BLACK MORGAN &amp; CAIN, P.C.</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>5250 VIRGINIA WAY, P.O. BOX 1869</b>
623832 05-01-07	City or town, province or state, and country (including postal or ZIP code) <b>BRENTWOOD, TN 37024-1869</b>

**COPY**

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

Supplementary Information-(See separate instructions.)

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

OMB No. 1545-0047

**2006**

Name of the organization **CATHOLIC CHARITIES OF TENNESSEE, INC.** Employer identification number **62 0679520**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 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
HOLLY JOHNSON 111 BENNETT LANE, MILLERSVILLE, TN 37	DEPT DIRECTOR 37.50	63,385.	9,284.	
EILEEN BEEHAN 614 FATHERLAND STREET, NASHVILLE, TN	DEPT DIRECTOR 37.50	67,378.	9,715.	
DONNA THOMAS 3201 VERA VALLEY ROAD, FRANKLIN, TN 3	DEPT DIRECTOR 37.50	58,761.	9,108.	
DAVID PEMBERTON 101 QUARTER MILE COURT, SMYRNA, TN 37	DEPT DIRECTOR 37.50	56,279.	4,303.	
Total number of other employees paid over \$50,000	0			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MARTHA O'BRYAN CENTER 711 S. 7TH STREET, NASHVILLE, TN 37206	COUNSELING AND EDUCATION	85,046.
METRO NASHVILLE PUBLIC SCHOOL 2601 BRANSFORD AVE B410, NASHVILLE, TN 37204	REFUGEE ENGLISH PROGRAM	63,830.
Total number of others receiving over \$50,000 for professional services	0	

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities: \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e	Transfer of any part of its income or assets?	2e	X
3	a 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
4	a 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	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year		N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
f	Enter the total number of separate funds or accounts owned at the end of the 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		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

**Part IV** 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 <span style="float: right;">▶</span>					

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

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

N/A

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.)					
16 Membership fees received					
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					
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					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 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 N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
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) _____ (2004) _____ (2003) _____ (2002) _____					
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 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) _____					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
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.					

**Part V** Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
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.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	







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

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
VOLVO S70	11/16/00	12/31/06	PURCHASED

  

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	29,730.	0.	29,730.	0.
TO FM 990, PART I, LN 8		29,730.	0.	29,730.	0.

FORM 990                      OTHER CHANGES IN NET ASSETS OR FUND BALANCES                      STATEMENT      2

DESCRIPTION	AMOUNT
MISCELLANEOUS EXPENSE NOT INCLUDED ON FINANCIAL STATEMENTS	636.
TOTAL TO FORM 990, PART I, LINE 20	636.

FORM 990                      LINE H(C) - LIST OF AFFILIATED  
ORGANIZATIONS INCLUDED IN GROUP RETURN                      STATEMENT      3

NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
CATHOLIC CHARITIES OF TENNESSEE, INC.	2400 21ST AVENUE SOUTH - NASHVILLE, TN 37212-5387	62-0679520
FAMILY FIRST, INC.	10 S. 6TH STREET - NASHVILLE, TN 37206	62-1759395

FORM 990

OTHER EXPENSES

STATEMENT

4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING EXPENSE	7,507.	7,304.	203.	
PUBLIC RELATIONS AND DUES	22,103.	5,023.	14,612.	2,468.
BAD DEBT EXPENSE	15,290.	15,290.		
ALLOCATED FISCAL SERVICES	635,623.	635,623.		
PROFESSIONAL SERVICES	390,134.	268,553.	64,312.	57,269.
TAXES	300.		300.	
ALLOCATED FISCAL SERVICES	<635,623.>		<635,623.>	
MISCELLANEOUS	633.		633.	
BANK SERVICES	1,674.		495.	1,179.
TOTAL TO FM 990, LN 43	437,641.	931,793.	<555,068.>	60,916.

## FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25A

STATEMENT 5

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
WILLIAM P. SINCLAIR	99,097.	12,273.	2,119.	113,489.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	99,097.	12,273.	2,119.	113,489.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RICHARD NEAL	74,549.	15,608.	4,118.	94,275.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	74,549.	15,608.	4,118.	94,275.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES

TOTAL MANAGEMENT AND GENERAL	207,764.
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TOTAL FUNDRAISING

TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A 207,764.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	6
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
CHARITABLE ST. MARY VILLA 30 WHITE BRIDGE ROAD NASHVILLE, TN 37205	84,880.
CHARITABLE MISCELLANEOUS	10,440.
CHARITABLE DIOCESE OF NASHVILLE 2400 21ST AVENUE SOUTH NASHVILLE, TN 37212	10,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	105,320.

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	7
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DESCRIPTION	AMOUNT
FOOD, SHELTER AND CLOTHING FOR INDIGENTS, ETC.	1,001,556.
MEDICAL, DENTAL AND HOSPITAL EXPENSES PROVIDED	3,239.
TOTAL TO FORM 990, PART II, LINE 23	1,004,795.

FORM 990	OTHER NOTES AND LOANS PAYABLE	STATEMENT	8
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LENDER'S NAME	TERMS OF REPAYMENT
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DIOCESE OF NASHVILLE	\$633/MO
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DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
-----------------	------------------	-------------------------	------------------

08/10/05	11/10/10	50,000.	7.50%
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SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
-------------------------------	-----------------

NONE	OFFICE RENOVATIONS
------	--------------------

RELATIONSHIP OF LENDER
------------------------

RELATED PARTY
---------------

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	0.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B
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FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	9
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DESCRIPTION	AMOUNT
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MISCELLANEOUS EXPENSE NOT INCLUDED ON FINANCIAL STATEMENTS	636.
ROUNDING ADJUSTMENT	1.

TOTAL TO FORM 990, PART IV-B	637.
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FORM 990      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,      STATEMENT 10  
TRUSTEES AND KEY EMPLOYEES

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GEORGE SCHULTZ 2400 21ST AVE. SOUTH NASHVILLE, TN 37212-5387	TREASURER 1.00	0.	0.	0.
DELL CROSSLIN 2400 21ST AVE. SOUTH NASHVILLE, TN 37212-5387	TRUSTEE 1.00	0.	0.	0.
WILLIAM P. SINCLAIR 2400 21ST AVE. SOUTH BRENTWOOD, TN 37212-5387	EXECUTIVE DIRECTOR 37.50	99,097.	12,273.	2,119.
DEBORAH FAULKNER 2400 21ST AVE. SOUTH BRENTWOOD, TN 37212-5387	TRUSTEE 1.00	0.	0.	0.
PATRICIA MILLER KYGER 2400 21ST AVE. SOUTH BRENTWOOD, TN 37212-5387	TRUSTEE 1.00	0.	0.	0.
DAISY MURRY-BROUGHTON 2400 21ST AVE. SOUTH BRENTWOOD, TN 37212-5387	TRUSTEE 1.00	0.	0.	0.
PAUL C. NEY, JR. 2400 21ST AVE. SOUTH BRENTWOOD, TN 37212-5387	PRESIDENT 1.00	0.	0.	0.
JASON GRANT 2400 21ST AVE. SOUTH BRENTWOOD, TN 37212-5387	TRUSTEE 1.00	0.	0.	0.
LARRY PRISCO 2400 21ST AVE. SOUTH BRENTWOOD, TN 37212-5387	TRUSTEE 1.00	0.	0.	0.
A. GREGORY RAMOS 2400 21ST AVE. SOUTH BRENTWOOD, TN 37212-5387	VICE PRESIDENT 1.00	0.	0.	0.
SISTER MARTHA ANN TITUS 2400 21ST AVE. SOUTH NASHVILLE, TN 37212-5387	SECRETARY 1.00	0.	0.	0.

## CATHOLIC CHARITIES OF TENNESSEE, INC.

62-0679520

CHRISTINA ALLEN 2400 21ST AVE. SOUTH NASHVILLE, TN 37212-5387	TRUSTEE 1.00	0.	0.	0.
ROSE CANTRELL 2400 21ST AVE. SOUTH NASHVILLE, TN 37212-5387	TRUSTEE 1.00	0.	0.	0.
KATHY GRIFFIN 2400 21ST AVE. SOUTH NASHVILLE, TN 37212-5387	TRUSTEE 1.00	0.	0.	0.
LILI HART 2400 21ST AVE. SOUTH NASHVILLE, TN 37212-5387	TRUSTEE 1.00	0.	0.	0.
STEVE HAYES 2400 21ST AVE. SOUTH NASHVILLE, TN 37212-5387	TRUSTEE 1.00	0.	0.	0.
MINNIE HORTON 2400 21ST AVE. SOUTH NASHVILLE, TN 37212-5387	TRUSTEE 1.00	0.	0.	0.
FR. MARK HUNT 2400 21ST AVE. SOUTH NASHVILLE, TN 37212-5387	TRUSTEE 1.00	0.	0.	0.
MARY ELLEN RODGERS 2400 21ST AVE. SOUTH NASHVILLE, TN 37212-5387	TRUSTEE 1.00	0.	0.	0.
ED STACK 2400 21ST AVE. SOUTH NASHVILLE, TN 37212-5387	TRUSTEE 1.00	0.	0.	0.
SISTER MARY KAY TYRELL 2400 21ST AVE. SOUTH NASHVILLE, TN 37212-5387	TRUSTEE 1.00	0.	0.	0.
RICHARD NEAL 2400 21ST AVE. SOUTH NASHVILLE, TN 37212-5387	CFO 37.50	74,549.	15,608.	4,118.
NED SPITZER 2400 21ST AVE. SOUTH NASHVILLE, TN 37212-5387	TRUSTEE 1.00	0.	0.	0.
DAVID JOHNSON 2400 21ST AVE. SOUTH NASHVILLE, TN 37212-5387	TRUSTEE 1.00	0.	0.	0.



CATHOLIC CHARITIES OF TENNESSEE, INC.

62-0679520

FRANK KRUEGER  
2400 21ST AVE. SOUTH  
NASHVILLE, TN 37212-5387

TRUSTEE  
1.00

0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V-A

173,646. 27,881. 6,237.

Catholic Charities of Tennessee, Inc.  
 EIN # 62-0679520  
 July 1, 2006 - June 30, 2007  
 Form 990

Page 2, Part II, Line 23 Detail

Direct Subsidies for:

	Family Assistance	Food Assistance	Medical Assistance	Shelter Assistance	Non-Cash Material (Donated Goods)	Total
Catholic Social Services	60,286	32,237	-	-	317,738	410,261
Refugee Resettle	78,729	6,482	3,239	114,860	80,323	283,634
Pregnancy Counseling & Adoptions	5,971	2,240	-	5,644	58,555	72,410
Other Social Programs	65,061	11,813	-	600	203,246	280,719
Services to Elderly	-	-	-	-	(2,040)	(2,040)
Welfare to Work	1,104	-	-	-	-	1,104
Child Abuse Prevention	383	-	-	-	(42,219)	(41,836)
Community Healthcare Access	544	-	-	-	-	544
	<u>212,076</u>	<u>52,772</u>	<u>3,239</u>	<u>121,104</u>	<u>615,603</u>	<u>1,004,795.14</u>

Catholic Charities of Tennessee, Inc.  
 EIN # 62-0679520  
 July 1, 2006 - June 30, 2007  
 Form 990

990 Page 3 Part III

1.a.	Catholic Social Services provides counseling for families and individuals experiencing stress or in crisis. It also provides counseling in Catholic grade schools and Father Ryan High School. Rainbows For All Children programs have been established, helping children and their parents adjust to family divorce, separation, or death. Catholic Social Services also provides short term assistance to needy individuals.	\$	1,567,081
1.b.	Services to Elderly - these programs have the common goal of improving the independent self esteem and quality of life of the elderly, thus reducing their reliance on other forms of public and private support, while prolonging their independence.	\$	230,034
1.c.	Child Abuse Prevention - these programs are designed to assist families that are at high risk of having their children go into state custody and to focus on prevention of child abuse.	\$	187,712
1.d.	Other Social Service Programs - other programs that provide emergency assistance and support to the elderly and low income neighborhoods.	\$	632,647
2.a.	Refugee Resettlement Programs, in conjunction with the United States Catholic Conference and the U.S. Department of State, provides a variety of programs and extensive support services to refugees and their families from many different nations. Volunteers are used in helping refugees get established and arrangements are made by staff for dealing with the governmental and institutional organizations of their new home. Immigration services are also provided to refugees and immigrants with green card and citizenship application assistance.	\$	1,341,546
2.b.	Refugee Job Enhancement - employment services are provided, and the staff works with employers and the refugees in providing job upgrades and improving language skills.	\$	-
2.c.	Adoptions and Pregnancy Counseling Programs encourage and support alternatives to abortions and facilitates placement of children in loving and nurturing families.	\$	1,018,578
2.d.	Community Healthcare Access Program is designed to assist uninsured Davidson County residents in receiving primary health care. Care coordinators travel to hospitals and clinics around the county to enroll qualified patients into the program. Transportation services to and from medical appointments are also provided.	\$	334,248
3.a.	Welfare to Work is an activity in which Catholic Charities participates with the Nashville Career Advancement Center and the Salvation Army to provide training and other services for those on welfare to enable them to work.	\$	286,737
3.b.	Contract Management are services provided to partner agencies for management and program services.	\$	-
3.c.	Auxillary Services	\$	298,396
		<u>\$</u>	<u>5,896,979</u>

990 Page 8, Part VII and Part VIII

1 Adoption Fees & Pregnancy Counseling

Pregnancy and Adoption programs encourage and support alternatives to abortions, and facilitate placement of children in loving and nurturing families. Fees are charged for adoption services, including placement services for agency, independent, special needs, and international adoptions. Home studies in preparation for new parents are provided and fees are based on a sliding scale.

2 Family and Youth Counseling

Individual and family counseling is provided to persons experiencing stress or in crisis. Services are also available to Catholic grade schools and Father Ryan High School for youth counseling. Family counseling is provided to persons on a sliding scale basis.

3 Child Abuse Prevention Case Work

These programs are designed to reunite children with their families, following temporary foster care and to work with families at a high risk for having their children go into state custody.

4 Refugee Counseling and Assistance

Services are provided to refugees including documentation for immigration.

5 Elderly Counseling & Day Care

Catholic Charities operates an elderly day care facility receiving service fees on a sliding basis from families of elderly individuals.

6 Other Social Programs

Other Social Service Programs are other programs that provide emergency assistance and support to the elderly and low income neighborhoods.

7 Facilities and Contract Management

Catholic Charities provides management services to the Diocese of Nashville for St. Mary's Villa, a low income facility for the elderly, Holy Name Parish facilities for refugee resettlement and St. Mary's Child Development Center in addition to other facilities.

\$ 1,160,692

Catholic Charities of Tennessee, Inc.  
EIN 62-0679520  
Form 990, For Year Ended June 30, 2007

Page 2, Part II, Line 42, Depreciation  
And Page 4, Part IV, Line 57a and 57b:

	<u>Cost</u>	<u>Accum. Deprec.</u> <u>Beginning</u>	<u>Current Yr.</u> <u>Depreciation</u>	<u>Accum. Deprec.</u> <u>Ending</u>	<u>Net Book</u> <u>Value</u>
Equipment (detail attached)	197,670	155,845.00	20,245	176,090	21,580
Furniture (detail attached)	13,097	6,934.00	942	7,876	5,221
Leasehold improv (detail attach	186,504	94,530	19,002	113,532	72,972
Vehicles (detail attached)	20,316	20,316	-	20,316	-
Totals	417,587	277,625	40,189	317,814	99,773