

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No. 1545-0047

2005Open to Public
Inspection**A** For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006****B** Check if
applicable:

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

Please
use IRS
label or
print or
type. See
Specific
Instruc-
tions.**C** Name of organization**CATHOLIC CHARITIES OF TENNESSEE, INC.**

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

2400 21ST AVENUE SOUTH

Room/suite

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

NASHVILLE, TN 37212-5387**D** Employer identification number**62-0679520****E** Telephone number**(615) 352-3087****F** Accounting method: ☐ Cash ☒ Accrual☐ Other
(specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).**H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☒ Yes ☐ No**H(b)** If "Yes," enter number of affiliates ▶ **2****H(c)** Are all affiliates included? ☐ Yes ☒ No

(If "No," attach a list.)

H(d) Is this a separate return filed by an or-
ganization covered by a group ruling? ☒ Yes ☐ No**STMT 1****I** Group Exemption Number ▶ **0928****G** Website: ▶ **WWW.CCTENN.ORG****J** Organization type (check only one) ☒ 501(c) (**3**) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The
organization need not file a return with the IRS; but if the organization chooses to file a return, be
sure to file a complete return. Some states require a complete return.**M** Check ☐ if the organization is **not** required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **5,796,970.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	1,733,561.		
	b	Indirect public support	1b	954,549.		
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 2,054,696. noncash \$ 633,414.)	1d	2,688,110.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	2,813,362.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	11,067.		
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶)	7				
	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other	
	b	Less: cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
Expenses	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
	11	Other revenue (from Part VII, line 103)	11	284,431.		
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	5,796,970.		
	13	Program services (from line 44, column (B))	13	5,344,314.		
	14	Management and general (from line 44, column (C))	14	262,721.		
	15	Fundraising (from line 44, column (D))	15	36,137.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	5,643,172.		
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	153,798.		
	Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,363,318.	
20		Other changes in net assets or fund balances (attach explanation)	20	0.		
21		Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,517,116.		

523001
02-03-06

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

Form 990 (2005)

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) ... (cash \$ <u>95,924.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22 95,924.	95,924.	STATEMENT 4	
23 Specific assistance to individuals (attach schedule)	23 1,038,834.	1,038,834.	STATEMENT 5	
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. **	25 202,215.	0.	202,215.	0.
26 Other salaries and wages	26 2,389,333.	2,090,687.	298,646.	
27 Pension plan contributions	27 115,817.	112,416.	3,401.	
28 Other employee benefits	28 297,460.	239,971.	57,489.	
29 Payroll taxes	29 183,415.	148,693.	34,722.	
30 Professional fundraising fees	30			
31 Accounting fees	31 20,497.		20,497.	
32 Legal fees	32 22,829.	10,986.	11,843.	
33 Supplies	33 119,757.	97,458.	18,978.	3,321.
34 Telephone	34 64,225.	55,135.	9,090.	
35 Postage and shipping	35 17,828.	8,972.	5,764.	3,092.
36 Occupancy	36 378,962.	353,425.	25,537.	
37 Equipment rental and maintenance	37 22,626.	20,426.	2,200.	
38 Printing and publications	38 18,316.	10,921.	5,165.	2,230.
39 Travel	39 134,045.	120,104.	13,941.	
40 Conferences, conventions, and meetings ...	40 35,470.	31,312.	4,158.	
41 Interest	41 1,841.	1,841.		
42 Depreciation, depletion, etc. (attach schedule)	42 43,858.	14,401.	29,457.	
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 2	43g 439,920.	892,808.	<480,382.>	27,494.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 5,643,172.	5,344,314.	262,721.	36,137.

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

Form 990 (2005)

** SEE STATEMENT 3

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 \$ 95,924.) If this amount includes foreign grants, check here ► <input type="checkbox"/>		5,344,314.
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) ►		5,344,314.

Form 990 (2005)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	153,740.	45	97,727.
	46 Savings and temporary cash investments		46	46,885.
	47 a Accounts receivable	125,471.		
	b Less: allowance for doubtful accounts	6,731.		
		163,511.	47c	118,740.
	48 a Pledges receivable	1,014,819.		
	b Less: allowance for doubtful accounts			
		1,021,500.	48c	1,014,819.
	49 Grants receivable	451,453.	49	338,311.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts			
			51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	11,383.	53	12,375.
54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
55 a Investments - land, buildings, and equipment: basis				
b Less: accumulated depreciation				
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	427,238.			
b Less: accumulated depreciation	307,355.			
	106,872.	57c	119,883.	
58 Other assets (describe ►		58		
59 Total assets (must equal line 74). Add lines 45 through 58	1,908,459.	59	1,748,740.	
Liabilities	60 Accounts payable and accrued expenses	449,224.	60	135,174.
	61 Grants payable		61	
	62 Deferred revenue	95,917.	62	66,852.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	STMT 6	64b	29,598.
	65 Other liabilities (describe ►		65	
66 Total liabilities. Add lines 60 through 65)	545,141.	66	231,624.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	234,155.	67	438,325.
	68 Temporarily restricted	1,129,163.	68	1,078,791.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	1,363,318.	73	1,517,116.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,908,459.	74	1,748,740.

Yes	No
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20

75b

75c

If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.

d Does the organization have a written conflict of interest policy?

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address NONE	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

	Yes	No
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76

77

78a

78b

79

姓名	性别	年龄	职业
张三	男	35	教师
李四	女	28	医生
王五	男	42	工程师
赵六	女	31	护士
孙七	男	25	学生
周八	女	38	公务员
吴九	男	45	经理
郑十	女	33	会计
陈十一	男	29	程序员
冯十二	女	36	销售
朱十三	男	41	律师
陆十四	女	34	记者
马十五	男	27	设计师
朱十六	女	32	翻译
陆十七	男	43	研究员
马十八	女	37	培训师
朱十九	男	26	实习生
陆二十	女	39	行政
马二十一	男	44	项目经理
朱二十二	女	35	产品经理
陆二十三	男	30	市场专员
马二十四	女	40	人力资源
朱二十五	男	28	数据分析师
陆二十六	女	33	运营专员
马二十七	男	46	财务总监
朱二十八	女	36	法务专员
陆二十九	男	31	审计专员
马三十	女	41	风控专员
朱三十一	男	29	合规专员
陆三十二	女	38	内控专员
马三十三	男	47	风控经理
朱三十四	女	37	合规经理
陆三十五	男	32	内控经理
马三十六	女	42	风控总监
朱三十七	男	30	合规总监
陆三十八	女	39	内控总监
马三十九	男	48	风控副总
朱四十	女	38	合规副总
陆四十一	男	33	内控副总
马四十二	女	43	风控总监
朱四十三	男	31	合规总监
陆四十四	女	40	内控总监
马四十五	男	49	风控副总
朱四十六	女	39	合规副总
陆四十七	男	34	内控副总
马四十八	女	44	风控总监
朱四十九	男	32	合规总监
陆五十	女	41	内控总监

[illegible]

and check whether it is ☒ exempt or ☐ nonexempt

81a

81

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 545,751.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b	
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? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
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	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
90 a	List the states with which a copy of this return is filed ▶ TN		
b	Number of employees employed in the pay period that includes March 12, 2005 90b 93		
91 a	The books are in care of ▶ RICHARD NEAL Telephone no. ▶ (615) 383-6393 Located at ▶ 2400 21ST AVENUE SOUTH, NASHVILLE, TN 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)?	91b	X
c	If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A		

Form 990 (2005)

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					828,161.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					1,985,201.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	11,067.	
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 REIM OF SHARED EXPENSES					283,269.
b INSURANCE PROCEEDS					1,162.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		11,067.	3,097,793.
105 Total (add line 104, columns (B), (D), and (E))					3,108,860.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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 ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

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

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer <i>William P. Sinclair</i>	Date 1-2-07
Paid Preparer's Use Only	Signature of preparer <i>William P. Sinclair - C.E.T. Designated Agent</i>	Date 12/9/06
	Firm's name (or yours if self-employed), address, and ZIP + 4 LATTIMORE BLACK MORGAN & CAIN, P.C. 5250 VIRGINIA WAY, P.O. BOX 1869 BRENTWOOD, TN 37024-1869	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN EIN Phone no. (615) 377-4600

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization	Employer identification number
	CATHOLIC CHARITIES OF TENNESSEE, INC.	62-0679520
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	2400 21ST AVENUE SOUTH	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NASHVILLE, TN 37212-5387	

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

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

- The books are in the care of ► **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 will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2007** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year _____ or
- ☒ tax year beginning **JUL 1, 2005**, and ending **JUN 30, 2006**.

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

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$

- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

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

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

Form **8868** (Rev. 12-2004)

Lattimore, Black, Morgan & Cain, P.C.
P.O. Box 1869
Brentwood, TN 37024-1869

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

2005

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

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
HOLLY JOHNSON 2400 21ST AVE S NASHVILLE TN 37212	DEPT DIRECTOR 37.50	56,393.	6,822.	
EILEEN BEEHAN 2400 21ST AVE S NASHVILLE TN 37212	DEPT DIRECTOR 37.50	57,546.	8,721.	
DONNA THOMAS 2400 21ST AVE S. NASHVILLE, TN 37212	DEPT DIRECTOR 37.50	56,852.	8,700.	
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
NONE		
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.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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

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

Provide the following information about the supported organizations. (See page 6 of the instructions.)

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

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 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.** N/A
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(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 2001 through 2004 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: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
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: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
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 2001 through 2004, 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 7 of the instructions.)

N/A

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

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
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	

Schedule A (Form 990 or 990-EZ) 2005

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check ☐ a ☐ if the organization belongs to an affiliated group. Check ☐ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - The lobbying nontaxable amount is -			
Not over \$500,000 20% of the amount on line 40			
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000			
Over \$17,000,000 \$1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

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

Yes	No	Amount
		0.

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

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

FORM 990	LINE H(C) - LIST OF AFFILIATED ORGANIZATIONS INCLUDED IN GROUP RETURN	STATEMENT 1
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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 2
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING EXPENSE	7,881.	6,976.	720.	185.
PUBLIC RELATIONS AND DUES	30,825.	6,109.	23,355.	1,361.
TAXES	375.		375.	
PROFESSIONAL SERVICES	399,557.	299,391.	75,028.	25,138.
BANK SERVICES	1,282.	32.	440.	810.
ALLOCATED FISCAL SERVICES	0.	580,300.	<580,300.>	
TOTAL TO FM 990, LN 43	439,920.	892,808.	<480,382.>	27,494.

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 3

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
WILLIAM SINCLAIR	97,487.	11,819.	4,105.	113,411.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	97,487.	11,819.	4,105.	113,411.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RICHARD NEAL	72,655.	14,652.	1,496.	88,803.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	72,655.	14,652.	1,496.	88,803.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES

TOTAL MANAGEMENT AND GENERAL 202,214.

TOTAL FUNDRAISING

TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B 202,214.

FORM 990

CASH GRANTS AND ALLOCATIONS

STATEMENT 4

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
CHARITABLE	ST. MARY VILLA	30 WHITE BRIDGE ROAD, NASHVILLE, TN 37205	NONE	68,434.
CHARITABLE	MISCELLANEOUS		NONE	6,990.

CATHOLIC CHARITIES OF TENNESSEE, INC.

62-0679520

CHARITABLE	UNITED WAY OF METRO NASHVILLE	250 VENTURE CIRCLE, NASHVILLE, TN 37228	NONE	14,000.
CHARITABLE	DIOCESE OF NASHVILLE	2400 21ST AVENUE SOUTH, NASHVILLE, TN 37212	NONE	6,500.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				95,924.

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	5
DESCRIPTION		AMOUNT	
FOOD, SHELTER AND CLOTHING FOR INDIGENTS, ETC.		1,037,690.	
MEDICAL, DENTAL AND HOSPITAL EXPENSES PROVIDED		1,144.	
TOTAL TO FORM 990, PART II, LINE 23		1,038,834.	

FORM 990	OTHER NOTES AND LOANS PAYABLE	STATEMENT	6
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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
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RELATIONSHIP OF LENDER

RELATED PARTY

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	29,598.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	29,598.
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FORM 990

PART V-A - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 7

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	97,487.	11,819.	4,105.
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 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.
MIKE NOLAN 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	TRUSTEE 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	72,655.	14,652.	1,496.

TOTALS INCLUDED ON FORM 990, PART V-A

170,142.	26,471.	5,601.
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Catholic Charities of Tennessee, Inc.
 EIN # 62-0679520
 July 1, 2005 - June 30, 2006
 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	61,583	5,374	-	-	42,425	109,382
Refugee Resettle	112,921	9,016	1,144	158,610	181,238	462,929
Pregnancy Counseling & Adoptions	1,282	894	-	4,506	61,095	67,777
Other Social Programs	26,755	12,625	-	4,387	330,307	374,074
Services to Elderly	120	-	-	-	-	120
Welfare to Work	3,838	-	-	-	-	3,838
Child Abuse Prevention	161	-	-	-	18,350	18,511
Community Healthcare Access	2,204	-	-	-	-	2,204
	208,864	27,909	1,144	167,503	633,414	1,038,834

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.	\$ 1,403,070
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.	\$ 215,996
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.	\$ 160,350
1.d.	Other Social Service Programs - other programs that provide emergency assistance and support to the elderly and low income neighborhoods.	\$ 554,932
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.	\$ 1,281,909
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.	\$ 860,984
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.	\$ 306,858
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.	\$ 264,800
3.b.	Contract Management are services provided to partner agencies for management and program services.	\$ -
3.c.	Auxillary Services	\$ 295,415
		<u>\$ 5,344,314</u>

990 Page 2 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.	\$ 1,212,919
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.	\$ 237,632
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.	\$ 221,799
1.d.	Other Social Service Programs - other programs that provide emergency assistance and support to the elderly and low income neighborhoods.	\$ 159,174
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.	\$ 1,428,306
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.	\$ 936,035
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.	\$ 318,469
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.	\$ 311,837
3.b.	Contract Management are services provided to partner agencies for management and program services.	\$ -
3.c.	Auxillary Services	\$ 325,787
		<u>\$ 5,151,958</u>

990 Page 2 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.	\$ 1,130,945
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.	\$ 254,127
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.	\$ 206,983
1.d.	Other Social Service Programs - other programs that provide emergency assistance and support to the elderly and low income neighborhoods.	\$ 486,823
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.	\$ 1,156,285
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.	\$ 573,217
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.	\$ 433,637
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.	\$ 986,118
3.b.	Contract Management are services provided to partner agencies for management and program services.	\$ 143,360
3.c.	Auxillary Services	\$ 281,027

Total 990 Page 2 Part III

\$ 5,652,522

Catholic Charities of Tennessee, Inc.
 EIN # 62-0679520
 July 1, 2002 - June 30, 2003
 Form 990

990 Page 2 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.	\$ 1,004,296
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.	\$ 260,105
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.	\$ 215,172
1.d.	Other Social Service Programs - other programs that provide emergency assistance and support to the elderly and low income neighborhoods.	\$ 68,148
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.	\$ 755,757
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.	\$ 487,475
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.	\$ 729,145
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.	\$ 1,394,943
3.b.	Contract Management are services provided to partner agencies for management and program services.	\$ 110,451
3.c.	Auxillary Services	\$ 36,496

Total 990 Page 2 Part III

\$ 5,061,988

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.

\$ 828,161

Catholic Charities of Tennessee, Inc.
EIN # 62-0679520
July 1, 2005 - June 30, 2006
Form 990

Refer to Gov.1

990 Page 6, Part VII and Part VIII

Fees and Contract from Government Agencies included as follows:

United States Catholic Conference Contracts for Refugee Resettlement, Refugee Subsidy, and Refugee Job Placement, new arrivals, mostly families that require multiple support services and assistance. Volunteers are especially helpful in greeting arriving refugees, arranging transportation, moving furniture, setting up housekeeping, and ongoing support during the transition period. Arrangements are made by staff for medical exams, school registration for children, and application for Social Security cards in order to pursue employment.

	\$	658,970
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State of Tennessee Funds:

Victims of Crime Assistance	\$	84,777
Child Abuse Prevention Program	\$	101,907
Abstinence Programs	\$	118,502
Families First	\$	243,851
Foster Care	\$	-
Juvenile Justice and Delinquency Prevention	\$	48,849
Hispanic Health	\$	75,000
LEAP	\$	40,497
Refugee Social Services	\$	294,864
Total Tennessee Funds	\$	<u>1,008,247</u>

Metropolitan Government of Nashville Grants:

Hispanic Family Services	\$	4,000
Community Healthcare Access	\$	313,984
Total Nashville Funds	\$	<u>317,984</u>

Total Grants

\$	<u><u>1,985,201</u></u>
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Catholic Charities of Tennessee, Inc.
EIN 62-0679520
Form 990, For Year Ended June 30, 2006

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)	185,321	134,293.21	21,552	155,845	29,475
Furniture (detail attached)	13,097	5,885.64	1,049	6,934	6,162
Leasehold improv (detail attach	178,775	76,427	18,103	94,530	84,245
Vehicles (detail attached)	50,046	46,891	3,155	50,045	0
Totals	<u>427,238</u>	<u>263,497</u>	<u>43,858</u>	<u>307,355</u>	<u>119,883</u>

Catholic Charities of Tennessee, Inc.
Fixed Asset Additions
FYE 6/30/06

<u>Date Acquired</u>	<u>Vendor</u>	<u>Purchase Price</u>	<u>Description</u>	<u>Salvage %</u>	<u>Life</u>	<u>GL Acct. #</u>
7/27/2005	Dell	3,042.00	(3) Optiplex GX280 Flat Panel Computers	0%	3.00	3000-60010-35-40
7/27/2005	Dell	1,948.00	(2) Optiplex GX280 Flat Panel Computers	0%	3.00	3000-60010-35-09
8/17/2005	Office Depot	1,099.94	Secretary's Desk Components	0%	10.00	3000-60010-31-00
8/31/2005	various	7,038.51	SMV Paint & Painting Labor	0%	10.00	3000-66300-31-00
8/31/2005	Shaw/Acoust. Concepts	32,757.12	SMV Carpet & Installation	0%	10.00	3000-66300-31-00
11/30/2005	Dell	1,025.00	Optiplex GX 520 Computer	0%	3.00	3000-60010-32-04
11/30/2005	Dell	3,297.00	(3) Optiplex GX520 Computers	0%	3.00	3000-60010-35-35 3000-60010-35-38
2/28/2006	Dell	1,116.00	Optiplex GX620 HD Computer	0%	3.00	3000-60010-31-00
2/28/2006	Edison Vacuum	1,600.00	Carpet Cleaner	0%	3.00	3000-60010-31-72
4/30/2006	Dell	1,403.35	Latitude D510 Computer	0%	3.00	3000-60010-36-18
6/30/2006	Dell	1,027.00	5110cn Color Printer	0%	3.00	3000-60010-31-00
6/30/2006	Dell	1,515.00	Latitude D620 Laptop Computer	0%	3.00	3000-60010-31-00
	TOTAL	<u><u>56,868.92</u></u>				

Catholic Charities of Tennessee

Depreciation Expense Report

As of June 30, 2006

Book = Internal

FYE Month = June

Sys No	In Svc Ext Date	Acquired Value	P Depr T Meth	Est Life	Salv / 168(k) Sec 179	Depreciable Basis	Prior Thru	Prior Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
000006	000 06/30/95	650.00	P SLMM	03 00	0.00	650.00		650.00	650.00	0.00	650.00	
000007	000 06/30/95	649.00	P SLMM	03 00	0.00	649.00		649.00	649.00	0.00	649.00	
000012	000 06/30/96	5,286.00	P SLMM	03 00	0.00	5,286.00		5,286.00	5,286.00	0.00	5,286.00	
000018	000 06/30/99	499.99	P SLMM	03 00	0.00	499.99		499.99	499.99	0.00	499.99	
000019	000 06/30/99	585.62	P SLMM	03 00	0.00	585.62		585.62	585.62	0.00	585.62	
000020	000 06/30/99	1,099.00	P SLMM	03 00	0.00	1,099.00		1,099.00	1,099.00	0.00	1,099.00	
000021	000 06/30/97	36,275.00	P SLMM	10 00	0.00	36,275.00		29,020.00	32,647.50	3,627.50	32,647.50	
000047	000 06/30/99	1,648.50	P SLMM	03 00	0.00	1,648.50		1,648.50	1,648.50	0.00	1,648.50	
000073	000 06/30/96	1,095.85	P SLMM	03 00	0.00	1,095.85		1,095.85	1,095.85	0.00	1,095.85	
000081	000 06/30/99	549.50	P SLMM	03 00	0.00	549.50		549.50	549.50	0.00	549.50	
000088	000 06/30/96	456.00	P SLMM	10 00	0.00	456.00		410.40	456.00	45.60	456.00	
000089	000 06/30/96	796.00	P SLMM	10 00	0.00	796.00		716.40	796.00	79.60	796.00	
000090	000 06/30/99	849.75	P SLMM	10 00	0.00	849.75		509.88	584.86	84.98	584.86	
000091	000 06/30/99	1,750.00	P SLMM	10 00	0.00	1,750.00		1,050.00	1,225.00	175.00	1,225.00	
000092	000 06/30/93	1,534.75	P SLMM	10 00	0.00	1,534.75		1,534.75	1,534.75	0.00	1,534.75	
000093	000 06/30/95	892.78	P SLMM	10 00	0.00	892.78		892.78	892.78	0.00	892.78	
000099	000 06/30/99	62,140.90	P SLMM	10 00	0.00	62,140.90		37,284.54	43,498.63	6,214.09	43,498.63	
000100	000 06/30/99	674.00	P SLMM	10 00	0.00	674.00		404.40	471.80	67.40	471.80	
000101	000 06/30/99	4,348.00	P SLMM	10 00	0.00	4,348.00		2,608.80	3,043.60	434.80	3,043.60	
000102	000 08/31/99	23,000.00	P SLMM	10 00	0.00	23,000.00		13,416.67	15,716.67	2,300.00	15,716.67	
000103	000 11/30/99	2,369.00	P SLMM	10 00	0.00	2,369.00		1,322.69	1,559.59	236.90	1,559.59	
000104	000 12/31/99	2,400.00	P SLMM	10 00	0.00	2,400.00		1,320.00	1,560.00	240.00	1,560.00	
000105	000 12/31/99	4,060.00	P SLMM	10 00	0.00	4,060.00		2,233.00	2,639.00	406.00	2,639.00	
000106	000 12/31/99	25,682.76	P SLMM	10 00	0.00	25,682.76		14,125.54	16,693.82	2,568.28	16,693.82	
000107	000 06/30/00	1,410.60	P SLMM	10 00	0.00	1,410.60		705.30	846.36	141.06	846.36	
000108	000 06/30/00	3,582.00	P SLMM	10 00	0.00	3,582.00		1,791.00	2,149.20	358.20	2,149.20	
000111	000 08/23/00	615.00	P SLMM	03 00	0.00	615.00		615.00	615.00	0.00	615.00	
000112	000 11/16/00	29,730.00	P SLMM	05 00	0.00	29,730.00		27,252.50	29,730.00	2,477.50	29,730.00	
000113	000 08/25/00	20,315.50	P SLMM	05 00	0.00	20,315.50		19,638.32	20,315.50	677.18	20,315.50	
000114	000 06/30/01	3,045.95	P SLMM	03 00	0.00	3,045.95		3,045.95	3,045.95	0.00	3,045.95	
000115	000 02/22/01	729.96	P SLMM	03 00	0.00	729.96		729.96	729.96	0.00	729.96	
000116	000 10/03/00	2,029.84	P SLMM	03 00	0.00	2,029.84		2,029.84	2,029.84	0.00	2,029.84	
000121	000 11/09/01	6,092.01	P SLMM	03 00	0.00	6,092.01		6,092.01	6,092.01	0.00	6,092.01	
000122	000 11/09/01	799.00	P SLMM	03 00	0.00	799.00		799.00	799.00	0.00	799.00	
000123	000 12/12/01	3,450.00	P SLMM	03 00	0.00	3,450.00		3,450.00	3,450.00	0.00	3,450.00	
000124	000 12/19/01	25,225.00	P SLMM	03 00	0.00	25,225.00		25,225.00	25,225.00	0.00	25,225.00	
000125	000 09/26/01	1,600.00	P SLMM	03 00	0.00	1,600.00		1,600.00	1,600.00	0.00	1,600.00	
000126	000 09/26/01	1,600.00	P SLMM	03 00	0.00	1,600.00		1,600.00	1,600.00	0.00	1,600.00	
000127	000 01/16/02	2,800.00	P SLMM	03 00	0.00	2,800.00		2,800.00	2,800.00	0.00	2,800.00	
000128	000 01/28/02	2,925.00	P SLMM	03 00	0.00	2,925.00		2,925.00	2,925.00	0.00	2,925.00	
000129	000 03/18/02	707.50	P SLMM	03 00	0.00	707.50		707.50	707.50	0.00	707.50	
000130	000 03/18/02	1,450.00	P SLMM	03 00	0.00	1,450.00		1,450.00	1,450.00	0.00	1,450.00	
000132	000 03/18/02	1,430.00	P SLMM	03 00	0.00	1,430.00		1,430.00	1,430.00	0.00	1,430.00	
000133	000 03/18/02	2,650.00	P SLMM	03 00	0.00	2,650.00		2,650.00	2,650.00	0.00	2,650.00	
000134	000 06/28/02	1,250.00	P SLMM	03 00	0.00	1,250.00		1,250.00	1,250.00	0.00	1,250.00	
000135	000 06/28/02	1,475.00	P SLMM	03 00	0.00	1,475.00		1,475.00	1,475.00	0.00	1,475.00	
000136	000 06/28/02	1,475.00	P SLMM	03 00	0.00	1,475.00		1,475.00	1,475.00	0.00	1,475.00	
000137	000 06/28/02	1,475.00	P SLMM	03 00	0.00	1,475.00		1,475.00	1,475.00	0.00	1,475.00	
000138	000 06/26/02	1,250.00	P SLMM	10 00	0.00	1,250.00		375.00	500.00	125.00	500.00	
000139	000 08/27/02	1,000.00	P SLMM	03 00	0.00	1,000.00	12/31/02	833.33	888.89	55.56	888.89	
000140	000 08/27/02	1,000.00	P SLMM	03 00	0.00	1,000.00		944.44	1,000.00	55.56	1,000.00	
000141	000 08/27/02	1,000.00	P SLMM	03 00	0.00	1,000.00		944.44	1,000.00	55.56	1,000.00	
000142	000 07/01/02	5,480.00	P SLMM	03 00	0.00	5,480.00		5,480.00	5,480.00	0.00	5,480.00	

Catholic Charities of Tennessee

Depreciation Expense Report

As of June 30, 2006

Book = Internal

FYE Month = June

Sys No	Ext	In Svc Date	Acquired Value	P T	Depr Meth	Est Life	Salv / 168(k) Sec 179	Depreciable Basis	Prior Thru	Prior Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
000143	000	07/09/02	1,595.00	P	SLMM	03 00	0.00	1,655.00		1,695.00	1,695.00	0.00	1,695.00	
000144	000	07/10/02	739.00	P	SLMM	03 00	0.00	739.00		739.00	739.00	0.00	739.00	
000145	000	12/02/02	2,432.00	P	SLMM	03 00	0.00	2,432.00		2,094.23	2,432.00	337.77	2,432.00	
000146	000	01/01/03	1,650.00	P	SLMM	10 00	0.00	1,650.00		412.50	577.50	165.00	577.50	
000147	000	05/31/03	3,854.60	P	SLMM	10 00	0.00	3,854.60	05/31/03	803.04	1,188.50	385.46	1,188.50	
000148	000	05/09/03	1,600.00	P	SLMM	03 00	0.00	1,600.00		1,155.55	1,600.00	444.45	1,600.00	
000149	000	09/09/03	4,831.43	P	SLMM	03 00	0.00	4,831.43		2,952.54	4,563.02	1,610.48	4,563.02	
000150	000	09/30/03	2,438.00	P	SLMM	03 00	0.00	2,438.00		1,422.17	2,234.84	812.67	2,234.84	
000151	000	10/27/03	3,500.00	P	SLMM	03 00	0.00	3,500.00	12/31/03	1,808.33	2,916.67	1,166.67	2,975.00	
000152	000	10/27/03	2,908.00	P	SLMM	03 00	0.00	2,908.00	12/31/03	1,502.47	2,423.33	969.33	2,471.80	
000153	000	01/05/04	1,364.38	P	SLMM	05 00	0.00	1,364.38		409.32	682.20	272.88	682.20	
000154	000	01/07/04	1,934.59	P	SLMM	10 00	0.00	1,934.59		290.19	483.65	193.46	483.65	
000156	000	04/30/04	4,742.00	P	SLMM	03 00	0.00	4,742.00		1,844.12	3,424.79	1,580.67	3,424.79	
000157	000	04/30/04	3,404.98	P	SLMM	03 00	0.00	3,404.98		1,324.16	2,459.15	1,134.99	2,459.15	
000158	000	06/30/04	1,350.00	P	SLMM	03 00	0.00	1,350.00		450.00	900.00	450.00	900.00	
000159	000	06/30/04	2,169.00	P	SLMM	03 00	0.00	2,169.00		723.00	1,446.00	723.00	1,446.00	
000160	000	06/30/04	1,062.78	P	SLMM	10 00	0.00	1,062.78		106.28	212.56	106.28	212.56	
000161	000	07/31/04	1,084.49	P	SLMM	03 00	0.00	1,084.49		331.37	692.87	361.50	692.87	
000162	000	08/31/04	3,273.51	P	SLMM	03 00	0.00	3,273.51		909.31	2,000.48	1,091.17	2,000.48	
000163	000	08/31/04	2,999.99	P	SLMM	03 00	0.00	2,999.99		833.33	1,833.33	1,000.00	1,833.33	
000164	000	10/31/04	7,407.91	P	SLMM	03 00	0.00	7,407.91		1,646.20	4,115.50	2,469.30	4,115.50	
000165	000	11/30/04	1,764.94	P	SLMM	03 00	0.00	1,764.94		343.18	931.49	588.31	931.49	
000166	000	07/27/05	3,042.00	P	SLMM	03 00	0.00	3,042.00		0.00	929.50	929.50	929.50	
000167	000	07/27/05	1,948.00	P	SLMM	03 00	0.00	1,948.00		0.00	595.22	595.22	595.22	
000168	000	08/17/05	1,099.94	P	SLMM	10 00	0.00	1,099.94		0.00	91.66	91.66	91.66	
000169	000	06/30/05	1,470.00	P	SLMM	10 00	0.00	1,470.00		0.00	147.00	147.00	147.00	
000170	000	06/30/05	2,294.91	P	SLMM	03 00	0.00	2,294.91		0.00	764.97	764.97	764.97	
000171	000	06/30/05	1,512.90	P	SLMM	03 00	0.00	1,512.90		0.00	504.30	504.30	504.30	
000172	000	11/30/05	1,025.00	P	SLMM	03 00	0.00	1,025.00		0.00	199.31	199.31	199.31	
000173	000	11/30/05	3,297.00	P	SLMM	03 00	0.00	3,297.00		0.00	641.08	641.08	641.08	
000174	000	02/28/06	1,115.00	P	SLMM	03 00	0.00	1,115.00		0.00	124.00	124.00	124.00	
000175	000	02/28/06	1,600.00	P	SLMM	03 00	0.00	1,600.00		0.00	177.78	177.78	177.78	
000176	000	08/31/05	7,038.51	P	SLMM	10 00	0.00	7,038.51		0.00	586.54	586.54	586.54	
000177	000	08/31/05	32,757.12	Z	SLMM	10 00	0.00	32,757.12		0.00	2,729.76	2,729.76	2,729.76	
000178	000	04/30/06	1,403.35	P	SLMM	03 00	0.00	1,403.35		0.00	77.96	77.96	77.96	
000179	000	06/30/06	1,027.00	P	SLMM	03 00	0.00	1,027.00		0.00	0.00	0.00	0.00	
000180	000	06/30/06	1,515.00	P	SLMM	03 00	0.00	1,515.00		0.00	0.00	0.00	0.00	

Grand Total	427,238.09	0.00	427,238.09	263,497.19	307,248.63	43,858.24	307,355.43
Less disposals and transfers	0.00	0.00	0.00	0.00			0.00
Count = 0							
Net Grand Total	427,238.09	0.00	427,238.09	263,497.19	307,248.63	43,858.24	307,355.43
Count = 90							

Catholic Charities of Tennessee

Depreciation Expense Report

As of June 30, 2006

Book = Internal

FYE Month = June

Sys No	Ext	In Svc Date	Acquired Value	P Depr T Meth	Est Life	Salv / 168(k) Sec 179	Depreciable Basis	Prior Thru	Prior Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
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Report Assumptions

Report Name: Depreciation Expense

Source Report: <Standard Report>

Calculation Assumptions:

Short Year: none

Include Sec 168(k) Allowance & Sec 179: No

Adjustment Convention: None

Key Codes:

- a. A depreciation adjustment amount is included in the reporting period.
- b. The asset's business-use percentage is less than 100%.
- d. The asset has been disposed.
- f. The asset has switched from a MACRS table calculation to the MACRS formula calculation.
- l. The asset's depreciation has been limited by luxury auto rules.
- m. The asset's depreciation was calculated using the mid-quarter convention.
- r. The asset's acquired value was reduced to arrive at the depreciable basis.
- s. The asset has switched from declining-balance to a straight-line.
- t. The asset was transferred.
- v. The asset has switched to remaining value over remaining life due to ACE.

Group/Sorting Criteria:

Group = All FAS Assets

Include Assets that meet the following conditions:

All FAS Assets

Sorted by: System No, Extension