

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

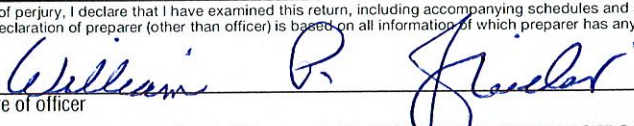
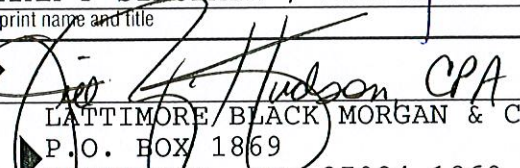
2008Open to Public
Inspection**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CATHOLIC CHARITIES OF TENNESSEE, INC.	D Employer identification number 62-0679520
		Doing Business As	E Telephone number (615) 352-3087
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 30 WHITE BRIDGE ROAD	G Gross receipts \$ 12,154,969.
		City or town, state or country, and ZIP + 4 NASHVILLE, TN 37205	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 0928
F Name and address of principal officer: WILLIAM P SINCLAIR SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.CCTENN.ORG			
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1962	M State of legal domicile: TN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION OPERATES CHARITABLE AND SOCIAL SERVICE PROGRAMS THROUGHOUT MIDDLE TENNESSEE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of employees (Part V, line 2a)	5	160
	6 Total number of volunteers (estimate if necessary)	6	850
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,992,970.	10,234,912.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,673,876.	1,607,104.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,503.	7,249.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	297,556.	305,704.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,974,905.	12,154,969.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,210,935.	5,476,715.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,933,487.	4,807,267.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,774.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,607,371.	1,736,436.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,751,793.	12,020,418.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	223,112.	134,551.
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	2,369,618.	2,845,583.
	22 Net assets or fund balances. Subtract line 21 from line 20	313,632.	655,044.
		2,055,986.	2,190,539.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer 	Date 2/9/10	
Paid Preparer's Use Only	Type or print name and title WILLIAM P SINCLAIR, EXECUTIVE DIRECTOR		
	Preparer's signature 	Date 2/3/10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 LATTIMORE/BLACK MORGAN & CAIN, P.C. P.O. BOX 1869 BRENTWOOD, TN 37024-1869	Preparer's identifying number (see instructions)	Phone no. ▶ (615) 377-4600

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
THE ORGANIZATION'S PURPOSE IS TO ENGAGE IN GENERAL CHARITABLE
UNDERTAKINGS AND ENDEAVORS, INCLUDING BUT NOT LIMITED TO AFFORDING
SHELTER, PROTECTION, FOOD, CLOTHING, EDUCATION, MEDICAL CARE AND
MAINTENANCE IN GENERAL OF ORPHANS, HOMELESS, WANDERING, REFUGEE AND
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes", describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☒ Yes ☐ No
 If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,651,884. including grants of \$ 3,927,316.) (Revenue \$)
TENNESSEE OFFICE FOR REFUGEES IS THE REPLACEMENT DESIGNEE FOR THE STATE
OF TENNESSEE FOR THE REFUGEE RESETTLEMENT PROGRAM UNDER THE OFFICE OF
REFUGEE RESETTLEMENT, A DIVISION OF U.S. DEPARTMENT OF HEALTH AND HUMAN
SERVICES. THIS PROGRAM ADMINISTERS REFUGEE CASH ASSISTANCE, REFUGEE
MEDICAL ASSISTANCE, MEDICAL SCREENINGS, SOCIAL SERVICES, SCHOOL IMPACT
GRANTS AND TARGETED ASSISTANCE GRANTS TO SUB GRANTEE AGENCIES ACROSS
THE STATE.

4b (Code:) (Expenses \$ 2,300,426. including grants of \$ 616,747.) (Revenue \$ 59.)
REFUGEE RESETTLEMENT PROGRAM, 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 ASSIST REFUGEES
AND IMMIGRANTS WITH GREEN CARD AND CITIZENSHIP APPLICATIONS.

4c (Code:) (Expenses \$ 1,922,867. including grants of \$ 628,333.) (Revenue \$ 214,181.)
CATHOLIC SOCIAL SERVICES PROVIDES COUNSELING FOR FAMILIES AND
INDIVIDUALS EXPERIENCING STRESS OR IN CRISIS. IT ALSO PROVIDES
COUNSELING IN CATHOLIC GRADE SCHOOLS AND RAINBOWS FOR ALL CHILDREN
PROGRAM, HELPING CHILDREN AND THEIR PARENTS ADJUST TO FAMILY DIVORCE,
SEPARATION, OR DEATH. CATHOLIC SOCIAL SERVICES ALSO PROVIDES SHORT TERM
ASSISTANCE TO NEEDY INDIVIDUALS.

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ 2,960,183. including grants of \$ 304,319.) (Revenue \$ 1,392,864.)

4e Total program service expenses ► \$ 11,835,360. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12 X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	28	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	160	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

	Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
1a Enter the number of voting members of the governing body	1a	26
b Enter the number of voting members that are independent	1b	26
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization?	15b	X
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **TN**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **RICHARD W. NEAL - 615-352-3087**
30 WHITE BRIDGE ROAD, NASHVILLE, TN 37205

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JASON GRANT TREASURER	1.00							0.	0.	0.
DELL CROSSLIN TRUSTEE	1.00							0.	0.	0.
DEBORAH FAULKNER TRUSTEE	1.00							0.	0.	0.
LIZ HOUSER TRUSTEE	1.00							0.	0.	0.
DAISY MURRY TRUSTEE	1.00							0.	0.	0.
PAUL C. NEY, JR. VICE PRESIDENT	1.00							0.	0.	0.
MARY ROLANDO SECRETARY	1.00							0.	0.	0.
LARRY PRISCO TRUSTEE	1.00							0.	0.	0.
SHANDY HUSMANN TRUSTEE	1.00							0.	0.	0.
CHRISTINA ALLEN TRUSTEE	1.00							0.	0.	0.
JENNIFER SANFORD TRUSTEE	1.00							0.	0.	0.
KATHY GRIFFIN TRUSTEE	1.00							0.	0.	0.
LILI HART TRUSTEE	1.00							0.	0.	0.
STEVE HAYES TRUSTEE	1.00							0.	0.	0.
MINNIE HORTON TRUSTEE	1.00							0.	0.	0.
FR. MARK HUNT TRUSTEE	1.00							0.	0.	0.
MARY ELLEN RODGERS TRUSTEE	1.00							0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ED STACK PRESIDENT	1.00							0.	0.	0.
DAVID JOHNSON TRUSTEE	1.00							0.	0.	0.
ELEANOR FLEMING, PHD TRUSTEE	1.00							0.	0.	0.
NED SPITZER TRUSTEE	1.00							0.	0.	0.
FRANK KRUEGER TRUSTEE	1.00							0.	0.	0.
PATRICIA MONTIJO TRUSTEE	1.00							0.	0.	0.
WILLIAM P. SINCLAIR EXECUTIVE DIRECTOR	38.00			X		X		124,529.	0.	14,079.
RICHARD W NEAL CFO	38.00			X				85,876.	0.	17,675.
1b Total								210,405.	0.	31,754.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

1

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		0

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a 408,578.				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 7,341,878.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,484,456.				
	g	Noncash contributions included in lines 1a-1f: \$	636,727.				
	h	Total. Add lines 1a-1f	10,234,912.				
	Program Service Revenue	2 a	SERVICE FEES	Business Code 900099	1607104.	1607104.	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f	1607104.				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		7,249.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a	FACILITIES REIMBURSEME	900099	296,095.	296,095.			
b	INSURANCE CLAIMS	900099	9,609.	9,609.			
c							
d	All other revenue						
e	Total. Add lines 11a-11d	305,704.					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	12,154,969.	1912808.	0.	7,249.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,258,968.	1,258,968.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	4,217,747.	4,217,747.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	242,159.		242,159.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,583,479.	3,260,966.	322,513.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	212,091.	190,190.	21,901.	
9 Other employee benefits	497,334.	482,908.	14,426.	
10 Payroll taxes	272,204.	235,970.	36,234.	
11 Fees for services (non-employees):				
a Management				
b Legal	50,439.	40,188.	10,251.	
c Accounting	24,300.		24,300.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	306,314.	260,462.	45,340.	512.
12 Advertising and promotion	16,805.	15,945.	860.	
13 Office expenses	361,388.	320,947.	39,179.	1,262.
14 Information technology				
15 Royalties				
16 Occupancy	458,069.	440,403.	17,666.	
17 Travel	343,604.	321,343.	22,261.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	55,106.	52,435.	2,671.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43,491.	16,450.	27,041.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a BAD DEBT EXPENSE	49,263.		49,263.	
b ALLOCATED FISCAL SERVIC	0.	707,857.	<707,857.>	
c PUBLIC RELATIONS AND DU	27,307.	12,581.	14,726.	
d MISCELLANEOUS	350.		350.	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	12,020,418.	11,835,360.	183,284.	1,774.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	117,333.	1	719,688.
	2 Savings and temporary cash investments	72,838.	2	73,265.
	3 Pledges and grants receivable, net	1,746,654.	3	1,340,860.
	4 Accounts receivable, net	329,463.	4	577,130.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	22,375.	9	19,029.
	10a Land, buildings, and equipment: cost basis	10a 509,326.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 393,715.	80,955.	10c 115,611.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,369,618.	16	2,845,583.	
Liabilities	17 Accounts payable and accrued expenses	247,875.	17	534,217.
	18 Grants payable		18	
	19 Deferred revenue	65,757.	19	120,827.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	313,632.	26	655,044.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	688,724.	27	818,730.
	28 Temporarily restricted net assets	1,367,262.	28	1,371,809.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,055,986.	33	2,190,539.
	34 Total liabilities and net assets/fund balances	2,369,618.	34	2,845,583.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits?	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

CATHOLIC CHARITIES OF TENNESSEE, INC.

Employer identification number

62-0679520

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

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

- 1 ☒ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ 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 exempt 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). (Complete the Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the organizations the organization supports.

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

CATHOLIC CHARITIES OF TENNESSEE, INC.

Employer identification number

62-0679520

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

CATHOLIC CHARITIES OF TENNESSEE, INC.

Employer identification number

62-0679520

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of certified historic structure

☐ Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		205,584.	154,016.	51,568.
d Equipment		275,431.	219,384.	56,047.
e Other		28,311.	20,315.	7,996.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				115,611.

Schedule D (Form 990) 2008

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,154,969.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,020,418.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	134,551.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	123,355.
9	Total adjustments (net). Add lines 4-8	9	123,355.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	257,906.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	12,368,465.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	130,969.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	82,527.
e	Add lines 2a through 2d	2e	213,496.
3	Subtract line 2e from line 1	3	12,154,969.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	12,154,969.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	12,110,557.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	130,969.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	130,969.
3	Subtract line 2e from line 1	3	11,979,588.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	40,830.
c	Add lines 4a and 4b	4c	40,830.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	12,020,418.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

\$123,355 ADJUSTMENT TO REINSTATE BEGINNING OF YEAR CHANGE IN

ACCOUNTING FOR

FINANCIAL STMT PURPOSES NOT PERMITTED FOR TAX RETURN (PENDING

IRS APPROVAL).

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

\$82,527 - REDUCTION OF CHARITABLE CONTRIBUTIONS RECOGNIZED AS

INCOME ON THE

PRIOR YEAR'S RETURN. A CHANGE OF ACCOUNTING METHOD WAS

IMPLEMENTED IN THE

CURRENT YEAR FOR FINANCIAL STATEMENT PURPOSES WHICH REQUIRES IRS

APPROVAL

REQUIRES IRS PERMISSION FOR TAX RETURN PURPOSES.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

\$40,828 - REDUCTION OF EXPENSES FROM BAD DEBT WRITE-OFF

RECOGNIZED ON PRIOR

YEAR'S RETURN. A CHANGE OF ACCOUNTING METHOD WAS IMPLEMENTED IN

THE CURRENT

YEAR FOR FINANCIAL STATEMENT PURPOSES WHICH REQUIRES IRS

PERMISSION FOR TAX

RETURN PURPOSES.

\$2 - ROUNDING ERROR

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

► **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**
► **Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

CATHOLIC CHARITIES OF TENNESSEE, INC.

Employer identification number
62-0679520

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ... ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGE REFUGEE & SPONSORSHIP SERVICES - 7035 MIDDLEBROOK PIKE KNOXVILLE, TN 37909	58-1505955	501(C)3	163,184.	0.			ELIGIBILITY CASEWORKER & SOCIAL SERVICES
CATHOLIC CHARITIES INC 1325 JEFFERSON AVE MEMPHIS, TN 38104	62-1451404	501(C)3	252,661.	0.			ELIGIBILITY CASEWORKER, SOCIAL SERVICES & SCHOOL IMPACT
SILLOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	62-1823253	501(C)3	467,916.	0.			MEDICAL SCREENING
SOMALI COMMUNITY CENTER 295 PLUS PARK BLVD, SUITE 102 NASHVILLE, TN 37214	62-1823253	501(C)3	25,623.	0.			SCHOOL IMPACT
SUDANESE COMMUNITY AND WOMEN'S CENTER - 3221 NOLENSVILLE PIKE - NASHVILLE, TN 37211	02-0674431	501(C)3	33,558.	0.			TARGETED ASSISTANCE
WORLD RELIEF ORGANIZATION 7 EAST BALTIMORE STREET BALTIMORE, MD 21202	23-6393344	501(C)3	107,507.	0.			ELIGIBILITY CASEWORKER & SOCIAL SERVICES

- 2** Enter total number of section 501(c)(3) and government organizations **28.**
- 3** Enter total number of other organizations **1.**

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

Schedule I (Form 990) 2008

Department of the Treasury
Internal Revenue Service

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

2008

62-0679520

[illegible]

3 Enter total number of other organizations 11/15 229 000

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

CATHOLIC CHARITIES OF TENNESSEE, INC.

Employer identification number

62-0679520

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:		
a Receive a severance payment or change of control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	X
Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III.	5b	X
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	6b	X
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No. 1545-0047

2008

Open To Public
Inspection

Name of the organization

CATHOLIC CHARITIES OF TENNESSEE, INC.

Employer identification number

62-0679520

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
RICHARD NEAL		X	1,000.	600.		X	X		X	
HOLLY JOHNSON		X	1,000.	600.		X	X		X	
DONNA THOMAS		X	1,000.	600.		X	X		X	
KELLYE BRANSON		X	1,000.	600.		X	X		X	
Total				▶ \$ 2,400.						

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MEGAN L STACK	BOARD MEMBER'S DAUG	38,526.	SALARY FROM		X
CANDICE A HORTON	BOARD MEMBER'S DAUG	28,367.	SALARY FROM		X
EILEEN BEEHAN	EXECUTIVE DIRECTOR'	78,463.	SALARY FROM		X

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

Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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2008

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Inspection

Name of the organization

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Employer identification number

62-0679520

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		636,727.	THRIFT SHOP VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (.....				
26 Other ► (.....				
27 Other ► (.....				
28 Other ► (.....				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

	Yes	No
30a		X
31		X
32a		X
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II.

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

Schedule M (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

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Inspection

Name of the organization

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Employer identification number
62-0679520

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DEPENDENT CHILDREN, INCLUDING THE POWER TO ENGAGE IN THE UNDERTAKINGS OF A CHILD-CARING AND CHILD-PLACING AND ADOPTION AGENCY; AND FURTHER TO RELIEVE DISTRESS OF EVERY KIND AND TO IMPROVE THE CONDITION OF THE POOR AND NEEDY PERSONS, INCLUDING BUT NOT LIMITED TO THE INDIGENT, THE AGED, MENTAL INCOMPETENTS, THE MENTALLY RETARDED AND CARE OF EXPECTANT MOTHERS; AND TO DO ALL THINGS NECESSARY, PROPER AND INCIDENTAL TO THE CARRYING OUT OF THE ABOVE STATED OBJECTS AND PURPOSES.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE "BRIDGES TO CARE" PROGRAM ENDED. THE CONTRACT WITH METROPOLITAN GOVERNMENT OF NASHVILLE CAME TO IT'S NATURAL CONCLUSION.

THE "MAXIMUS" PROGRAM ENDED. CATHOLIC CHARITIES WAS A SUBCONTRACTOR OF MAXIMUS, INC. MAXIMUS INC. OFFERED A NEW CONTRACT TO CATHOLIC CHARITIES WHICH WAS DECLINED SINCE IT WAS NOT WITHIN THE ORGANIZATION'S SCOPE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE ORGANIZATION PROVIDES PROGRAMS TO ASSIST THE ELDERLY IN IMPROVING INDEPENDENT SELF-ESTEEM AND QUALITY OF LIFE, THUS REDUCING THEIR RELIANCE ON OTHER FORMS OF PUBLIC AND PRIVATE SUPPORT WHILE PROLONGING THEIR INDEPENDENCE.

EXPENSES \$ 266212. INCLUDING GRANTS OF \$ 0. REVENUE \$ 131037.

THE ORGANIZATION HAS A COMMUNITY HEALTHCARE ACCESS PROGRAM DESIGNED TO

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

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

CATHOLIC CHARITIES OF TENNESSEE, INC.

Employer identification number

62-0679520

ASSIST UNINSURED DAVIDSON COUNTY, TN RESIDENCE 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.

EXPENSES \$ 312699. INCLUDING GRANTS OF \$ 435. REVENUE \$ 0.

THE ORGANIZATION HAS CHILD ABUSE PREVENTION PROGRAMS DESIGNED TO ASSIST
FAMILIES THAT ARE AT HIGH-RISK OF HAVING THEIR CHILDREN GO INTO STATE
CUSTODY AND FOCUSES ON PREVENTION OF CHILD ABUSE.

EXPENSES \$ 251260. INCLUDING GRANTS OF \$ 17437. REVENUE \$ 0.

THE ORGANIZATION HAS A WELFARE TO WORK PROGRAM IN WHICH CATHOLIC
CHARITIES PARTICIPATES WITH NASHVILLE CAREER ADVANCEMENT CENTER AND THE
SALVATION ARMY TO PROVIDE TRAINING AND OTHER SERVICES FOR THOSE ON
WELFARE TO ENABLE THEM TO WORK.

EXPENSES \$ 40970. INCLUDING GRANTS OF \$ 0. REVENUE \$ 21979.

THE ORGANIZATION PROVIDES PREGNANCY COUNSELING AND ADOPTION PROGRAMS
AND SUPPORTS ALTERNATIVES TO ABORTIONS. IT FACILITATES PLACEMENT OF
CHILDREN IN LOVING AND NURTURING FAMILIES.

EXPENSES \$ 1378713. INCLUDING GRANTS OF \$ 79163. REVENUE \$ 1220538.

THE ORGANIZATION PROVIDES PROGRAMS THAT PROVIDE EMERGENCY ASSISTANCE
AND SUPPORT TO THE ELDERLY AND TO LOW INCOME NEIGHBORHOODS.

EXPENSES \$ 357765. INCLUDING GRANTS OF \$ 207196. REVENUE \$ 0.

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

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

CATHOLIC CHARITIES OF TENNESSEE, INC.

Employer identification number
62-0679520

OTHER MISCELLANEOUS PROGRAMS.

EXPENSES \$ 352564. INCLUDING GRANTS OF \$ 88. REVENUE \$ 19310.

FORM 990, PART VI, SECTION A, LINE 2:

WILLIAM P. SINCLAIR, EXECUTIVE DIRECTOR, AND EILEEN BEEHAN, DEPARTMENT
DIRECTOR - FAMILY RELATIONSHIP.

MINNIE HORTON, CHAIR OF THE PROGRAM COMMITTEE OF THE CATHOLIC CHARITIES
BOARD OF TRUSTEES, AND CANDACE HORTON, REFUGEE RESETTLEMENT CASE WORKER -
FAMILY RELATIONSHIP.

ED STACK, PRESIDENT OF BOARD OF DIRECTORS, AND MEGAN STACK, DEPARTMENT
DIRECTOR - FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 7B:

TENNESSEE STATUTES GOVERNING NOT-FOR-PROFIT CORPORATIONS REQUIRE CERTAIN
ACTS OF THE CORPORATION TO BE APPROVED BY THE CORPORATE MEMBERS.
ADDITIONALLY, CERTAIN POWERS REGARDING THE ASSETS OF THE CORPORATION AS
WELL AS CERTAIN ACTS ARE RESERVED TO THE BISHOP OF NASHVILLE AND HIS VICARS
IN ACCORDANCE WITH THE LAW OF THE UNIVERSAL CATHOLIC CHURCH, THE CODE OF
CANON LAW. THESE RESERVED POWERS ARE ONLY INVOLVED IN EXTRAORDINARY ACTS,
AND THE CONTROL AND MANAGEMENT OF THE CORPORATION IS VESTED IN THE BOARD OF
TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 8B:

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

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

CATHOLIC CHARITIES OF TENNESSEE, INC.

Employer identification number

62-0679520

DURING THE CURRENT FISCAL YEAR ONLY THE RUFUGEES COMMITTEE HAD RECORDED MINUTES OF MEETINGS. ALL OF THE COMMITTEES WILL BEGIN KEEPING WRITTEN MINUTES IN THE NEXT FISCAL YEAR AND GOING FORWARD.

FORM 990, PART VI, SECTION A, LINE 10:

THE AUDIT COMMITTEE WILL REVIEW THE FORM 990 BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THESE ARE THE PROCEDURES ADOPTED BY THE ORGANIZATION TO MONITOR AND ENFORCE COMPLIANCE WITH CONFLICT OF INTEREST POLICY -

STEP 1: ALL STAFF AND ALL BOARD MEMBERS MUST COMPLETE A CONFLICT OF INTEREST FORM EACH JULY.

STEP 2: HUMAN RESOURCE DIRECTOR AND EXECUTIVE DIRECTOR CONVENE AND DETERMINE IF ANY EMPLOYEES/BOARD MEMBERS HAVE INDICATED A POTENTIAL CONFLICT OF INTEREST.

STEP 3: ANY POTENTIAL CONFLICT OF INTERESTS ARE FORWARDED TO THE ORGANIZATION'S LEGAL COUNSEL.

STEP 4: LEGAL COUNSEL PRESENTS A REPORT TO THE CATHOLIC CHARITIES BOARD VIA THE EXECUTIVE COMMITTEE FOR DELIBERATION.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION FOR CATHOLIC CHARITIES OF TENNESSEE'S OFFICERS AND KEY EMPLOYEES ARE DETERMINED BY THE HR DIRECTOR WITH THE DIOCESE OF NASHVILLE AFTER UTILIZING COMPARABILITY STUDIES WITHIN THE REGION FOR SIMILARLY-TYPED POSITIONS WITHIN SIMILARLY-SIZED ORGANIZATIONS, AS WELL AS REGIONALLY AND NATIONALLY WITH

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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OTHER CATHOLIC CHARITIES' EXECUTIVE DIRECTOR POSITIONS. AFTER THE
COMPENSATION IS DETERMINED, THE PAYROLL AUTHORIZATION FORMS FOR THE
EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER ARE THEN SUBMITTED TO THE
PRESIDENT OF THE BOARD FOR HIS APPROVAL.

SALARIES FOR ALL DEPARTMENT DIRECTORS ARE DETERMINED IN THE SAME MANNER AS
THE REST OF THE CATHOLIC CHARITIES' STAFF. EACH OF THE POSITIONS ARE
FACTORED BASED ON EDUCATION, EXPERIENCE, ETC. THESE ARE FACTORED UTILIZING
THE "HAYS" FACTOR (THE SAME FACTORING PROCESS THE DIOCESE OF NASHVILLE
USES). ALL EMPLOYEES' PAYROLL AUTHORIZATION FORMS ARE COMPLETED AND
FORWARDED TO THE HUMAN RESOURCES DIRECTOR OF THE DIOCESE OF NASHVILLE FOR
REVIEW TO ENSURE CONSISTENCY, ETC., AND THEN MAINTAINED IN THE EMPLOYEES'
PERSONNEL FILE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES THESE
DOCUMENTS AVAILABLE UPON REQUEST.

CATHOLIC CHARITIES HAS AN AUDIT COMMITTEE WHICH REPORTS TO THE FULL
BOARD OF TRUSTEES

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MEGAN L STACK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER'S DAUGHTER

(D) DESCRIPTION OF TRANSACTION: SALARY FROM ORGANIZATION

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

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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(A) NAME OF PERSON: CANDICE A HORTON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER'S DAUGHTER

(D) DESCRIPTION OF TRANSACTION: SALARY FROM ORGANIZATION

(A) NAME OF PERSON: EILEEN BEEHAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE DIRECTOR'S SPOUSE

(D) DESCRIPTION OF TRANSACTION: SALARY FROM ORGANIZATION

SCHEDULE D, PARTS XI, XII, AND XIII

CHANGE OF ACCOUNTING METHOD -

DURING THE FISCAL YEAR THE ORGANIZATION IMPLANTED A CHANGE OF ACCOUNTING METHOD FOR CERTAIN ACCRUED CHARITABLE CONTRIBUTIONS RECEIVABLE FROM UNITED WAY AND THE BISHOP'S ANNUAL APPEAL THAT WERE DETERMINED TO BE AN INTENTION TO GIVE RATHER THAN AN UNCONDITIONAL PROMISE TO PAY. THESE ITEMS ARE BEING REPORTED ON A CASH BASIS METHOD OF ACCOUNTING FOR FINANCIAL STATEMENT PURPOSES RATHER THAN ON AN ACCRUAL BASIS AND WAS REFLECTED THUSLY ON THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS FOR THE CURRENT YEAR (WHICH INCLUDED A RESTATEMENT OF THE PRIOR YEAR'S BALANCE SHEET AND INCOME STATEMENT). THIS CHANGE WAS NOT AN AUTOMATIC CHANGE OF ACCOUNTING METHOD FOR TAX RETURN PURPOSES AND PERMISSION HAS BEEN REQUESTED FROM THE IRS TO CHANGE ACCOUNTING METHODS TO BE CONSISTENT WITH THE METHOD USED FOR FINANCIAL STATEMENT REPORTING. SINCE PERMISSION HAS NOT BEEN GRANTED FROM THE

SCHEDULE O
(Form 990)

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Internal Revenue Service

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62-0679520

IRS TO CHANGE ACCOUNTING METHODS FOR THIS TAX RETURN YEAR (APPLICATION
FOR CHANGE IN ACCOUNTING METHOD WILL BE FILED EFFECTIVE FOR THE FISCAL
YEAR ENDED JUNE 30, 2010), THE ORGANIZATION'S FORM 990 HAS BEEN
PREPARED USING THE FORMER METHOD OF ACCOUNTING USED IN PRIOR YEARS. A
FORM 3115 WILL BE FILED BEFORE THE END OF THE FISCAL YEAR ENDING JUNE
30, 2010. AFTER RECEIVING PERMISSION, THE ORGANIZATION WILL FILE THE
NEXT YEAR'S TAX RETURN REFLECTING THE CHANGE OF ACCOUNTING METHOD.

Form 8868

(Rev. April 2009)

Department of the Treasury
Internal Revenue ServiceApplication for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- ▶ ☒ **Part I** Automatic 3-Month Extension of Time. Only submit original (no copies needed).
- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box.
 - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

Type or print	Name of Exempt Organization	Employer identification number
	CATHOLIC CHARITIES OF TENNESSEE, INC.	62-0679520
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	
	2400 21ST AVENUE SOUTH	
	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 |

RICHARD NEAL

- The books are in the care of ▶ 2400 21ST AVENUE SOUTH - NASHVILLE, TN 37212-3512

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 ☒ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2010, 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, 2008, and ending JUN 30, 2009.

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

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 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. 4-2009)

State of Tennessee



Department of State

Division of Charitable Solicitations & Gaming
William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue, 8th Floor
Nashville, TN 37243
(615) 741-2555 (615) 253-5173 fax

WARNING: False or misleading statements
Subject to maximum \$5,000 civil penalty. T.C.A. §48-101-514

EXTENSION REQUEST

INSTRUCTIONS: Pursuant to T.C.A. § 48-101-506(e), for good cause shown, the secretary may extend the time for filing a renewal application for a period not to exceed ninety (90) days during which time the previous registration remains in effect. Please complete the form stating the reason for the extension request.

Name of Organization: Catholic Charities of Tennessee, Inc. CO ID: _____
Contact Name: Richard Neal FEIN: 62-0679520
Mailing Address: 2400 21st Avenue South Nashville TN 37212
(Street) (City) (State) (Zip)
Telephone Number: (615) 383-6393 Fax Number: () Email Address: rneal@cctenn.org

Reason for extension request: Taxpayer requests additional time in order to obtain all information necessary to file a complete and accurate return.

☒ Supporting documentation attached (e.g. IRS Form 8868 - exempt organization extension to file).

SIGNATURE

I certify that the information furnished in this Request for Extension (and all continuation sheets) is true and correct to the best of my knowledge.

Signature of Principal Officer or Authorized Representative

12/31/09

Date

Print Name

CPA

Title