

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

2011Open to Public
Inspection**A** For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012****B** Check if applicable:

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

C Name of organization

CATHOLIC CHARITIES OF TENNESSEE, INC.

Doing Business As

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

30 WHITE BRIDGE ROAD

Room/suite

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

NASHVILLE, TN 37205

F Name and address of principal officer: WILLIAM P. SINCLAIR

SAME AS C ABOVE

D Employer identification number

62-0679520

E Telephone number

(615) 352-3087

G Gross receipts \$ 13,503,803.**H(a)** Is this a group returnfor affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☒ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 0928**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.CCTENN.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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 net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)	23
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	184
	6	Total number of volunteers (estimate if necessary)	3741
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 11,991,552. Current Year: 11,420,552.
	9	Program service revenue (Part VIII, line 2g)	1,511,970. 1,550,450.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,821. 4,274.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	410,691. 473,166.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,921,034. 13,448,442.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,013,779. 4,475,705.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,340,827. 5,347,589.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 141,338.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,502,673. 3,999,103.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,857,279. 13,822,397.
	19	Revenue less expenses. Subtract line 18 from line 12	63,755. -373,955.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 2,642,928. End of Year: 2,128,938.
	21	Total liabilities (Part X, line 26)	801,986. 661,952.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,840,942. 1,466,986.

Part II Signature Block

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.

Sign Here	Signature of officer	Date
	WILLIAM P. SINCLAIR, EXECUTIVE DIRECTOR Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name JILL HUDSON	Preparer's signature <i>Jill Hudson</i>
	Firm's name LATTIMORE BLACK MORGAN & CAIN, P.C.	Firm's EIN 62-1199757
	Firm's address P.O. BOX 1869 BRENTWOOD, TN 37024-1869	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

Check if Schedule O contains a response to any question in this Part III

☒ X

- 1** Briefly describe the organization's mission:
 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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 5,737,878. including grants of \$ 2,232,540.) (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 \$ 3,386,635. including grants of \$ 2,180,165.) (Revenue \$ 134,516.)
 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 REFUGEES AND IMMIGRANTS WITH GREEN CARD AND CITIZENSHIP APPLICATION ASSISTANCE.
- 4c** (Code:) (Expenses \$ 1,808,344. including grants of \$ 63,000.) (Revenue \$ 268,463.)
 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 \$ 2,608,744. including grants of \$) (Revenue \$ 1,541,484.)
- 4e** Total program service expenses **▶** 13,541,601.

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)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11a? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? If "Yes," complete Schedule L, Part I		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 18		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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	2a 184		
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 (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for 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?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
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:			
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?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 23		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 23		
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 governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 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
9 Is there any officer, director, 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 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11b		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did 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	
If "Yes" to line 15a or 15b, 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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 ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) CRISTINA O. ALLEN TRUSTEE	1.00	X						0.	0.	0.
(2) TINA ALLOCCO TRUSTEE	1.00	X						0.	0.	0.
(3) NANCY ANNESS TRUSTEE	1.00	X						0.	0.	0.
(4) FRAN BEDARD TRUSTEE	1.00	X						0.	0.	0.
(5) MICHAEL CORBETT TRUSTEE	1.00	X						0.	0.	0.
(6) DWAYNE DILLARD TRUSTEE	1.00	X						0.	0.	0.
(7) KEVIN DOHERTY TRUSTEE	1.00	X						0.	0.	0.
(8) CHRIS DONNELLY TRUSTEE	1.00	X						0.	0.	0.
(9) KATHY GRIFFIN TRUSTEE	1.00	X						0.	0.	0.
(10) SHANDY S. HUSMANN TRUSTEE	1.00	X						0.	0.	0.
(11) DAVID JOHNSON TRUSTEE	1.00	X						0.	0.	0.
(12) FRANK KRUEGER TRUSTEE	1.00	X						0.	0.	0.
(13) KIMBERLY MOLNAR TRUSTEE	1.00	X						0.	0.	0.
(14) PATRICIA MONTIJO TRUSTEE	1.00	X						0.	0.	0.
(15) ELEANOR PARKES TRUSTEE	1.00	X						0.	0.	0.
(16) GEORGE D. SMITH JR. TRUSTEE	1.00	X						0.	0.	0.
(17) NED SPITZER TRUSTEE	1.00	X						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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) PORTIA WELLS TRUSTEE	1.00	X						0.	0.	0.
(19) JASON GRANT TREASURER	1.00			X				0.	0.	0.
(20) FR. MARK HUNT SECRETARY	1.00			X				0.	0.	0.
(21) PAUL NEY VICE PRESIDENT	1.00			X				0.	0.	0.
(22) MARY ROLANDO PRESIDENT	1.00			X				0.	0.	0.
(23) WILLIAM P. SINCLAIR EXECUTIVE DIRECTOR	38.00			X				129,547.	0.	17,660.
(24) RICHARD W. NEAL CFO	38.00			X				94,741.	0.	26,063.
1b Sub-total								224,288.	0.	43,723.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								224,288.	0.	43,723.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

- 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 **3**
- 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 **4**
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5**

	Yes	No
3		X
4		X
5		X

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of 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	377,204.				
	b Membership dues	1b					
	c Fundraising events	1c	12,000.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	7,372,450.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,658,898.				
	g Noncash contributions included in lines 1a-1f: \$		834,995.				
	h Total. Add lines 1a-1f			11,420,552.			
Program Service Revenue	2 a SERVICE FEES	Business Code	900099	1,550,450.	1,550,450.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,550,450.			
	3 Investment income (including dividends, interest, and other similar amounts)			4,274.			4,274.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	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 \$ 12,000. of contributions reported on line 1c). See Part IV, line 18	a	134,514.				
	b Less: direct expenses	b	55,361.				
	c Net income or (loss) from fundraising events			79,153.			79,153.
	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	364,836.	364,836.		
	b INSURANCE CLAIMS		900099	29,177.	29,177.		
c							
d All other revenue							
e Total. Add lines 11a-11d			394,013.				
12 Total revenue. See instructions.			13,448,442.	1,944,463.	0.	83,427.	

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).

Check if Schedule O contains a response to any question in this Part IX ☐

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 United States. See Part IV, line 21	2,305,967.	2,305,967.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	2,169,738.	2,169,738.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	268,011.	225,482.	37,477.	5,052.
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	3,964,837.	3,335,684.	554,422.	74,731.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	283,958.	234,439.	45,250.	4,269.
9 Other employee benefits	526,028.	452,716.	59,093.	14,219.
10 Payroll taxes	304,755.	257,391.	42,076.	5,288.
11 Fees for services (non-employees):				
a Management				
b Legal	37,640.	31,542.	6,098.	
c Accounting	28,000.		28,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	2,477,305.	2,373,757.	65,104.	38,444.
12 Advertising and promotion	61,726.	22,062.	36,607.	3,057.
13 Office expenses	373,412.	289,567.	62,785.	21,060.
14 Information technology				
15 Royalties				
16 Occupancy	604,318.	568,957.	33,631.	1,730.
17 Travel	382,766.	352,635.	28,577.	1,554.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	35,299.	30,744.	4,209.	346.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	41,649.	8,142.	33,507.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TAXES	350.		350.	
b ADMINISTRATIVE EXPENSE	-1.	882,778.	-897,728.	14,949.
c LESS AMOUNTS REPORTED O	-43,361.			-43,361.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,822,397.	13,541,601.	139,458.	141,338.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,170,350.	1	424,987.
	2 Savings and temporary cash investments	41,077.	2	
	3 Pledges and grants receivable, net	662,613.	3	835,242.
	4 Accounts receivable, net	613,535.	4	705,036.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	31,975.	9	34,920.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 660,288.		
	b Less: accumulated depreciation	10b 531,535.		
	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)	2,642,928.	16	2,128,938.	
Liabilities	17 Accounts payable and accrued expenses	746,450.	17	656,765.
	18 Grants payable		18	
	19 Deferred revenue	55,536.	19	5,187.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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 to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	801,986.	26	661,952.
	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		1,287,557.	27	922,704.
28 Temporarily restricted net assets		553,385.	28	544,282.
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		1,840,942.	33	1,466,986.
34 Total liabilities and net assets/fund balances		2,642,928.	34	2,128,938.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,448,442.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,822,397.
3	Revenue less expenses. Subtract line 2 from line 1	3	-373,955.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,840,942.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,466,986.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☒

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

	Yes	No
2a		X

b Were the organization's financial statements audited by an independent accountant?

2b	X	
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c If "Yes" to line 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?

2c	X	
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If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

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?

3a	X	
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b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3b	X	
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Form **990** (2011)

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,981,935.	12,147,720.	15,143,923.	13,914,213.	13,432,167.	56,619,958.
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 through 3	1,981,935.	12,147,720.	15,143,923.	13,914,213.	13,432,167.	56,619,958.
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.						56,619,958.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,981,935.	12,147,720.	15,143,923.	13,914,213.	13,432,167.	56,619,958.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		7,249.	6,426.	6,821.	4,274.	24,770.
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						56,644,728.
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 2011 (line 6, column (f) divided by line 11, column (f))	14	99.96	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2011. 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 checked="" type="checkbox"/>
b 33 1/3% support test - 2010. 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 - 2011. 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 - 2010. 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) 2011

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

a ☐ Public exhibitionb ☐ Scholarly researchc ☐ Preservation for future generationsd ☐ Loan or exchange programse ☐ Other _____

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 Escrow and Custodial Arrangements.** Complete if the 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 the 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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		291,508.	215,292.	76,216.
d Equipment		315,033.	274,994.	40,039.
e Other		53,747.	41,249.	12,498.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				128,753.

Schedule D (Form 990) 2011

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶		

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,448,442.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,822,397.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-373,955.
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	-1.
9	Total adjustments (net). Add lines 4 through 8	9	-1.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-373,956.

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	13,739,126.
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	235,324.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	55,361.
e	Add lines 2a through 2d	2e	290,685.
3	Subtract line 2e from line 1	3	13,448,441.
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	1.
c	Add lines 4a and 4b	4c	1.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,448,442.

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

1	Total expenses and losses per audited financial statements	1	14,113,082.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	235,324.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	55,361.
e	Add lines 2a through 2d	2e	290,685.
3	Subtract line 2e from line 1	3	13,822,397.
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	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	13,822,397.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: CATHOLIC CHARITIES IS EXEMPT FROM FEDERAL AND STATE

INCOME TAXES; ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN

THE ACCOMPANYING FINANCIAL STATEMENTS. A TAX POSITION IS RECOGNIZED AS A

BENEFIT ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WOULD BE

SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO

OCCUR. CATHOLIC CHARITIES DOES NOT BELIEVE THERE ARE ANY MATERIAL

UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECOGNIZED ANY ASSET

OR LIABILITY FOR UNRECOGNIZED TAX BENEFITS.

Part XIV Supplemental Information (continued)

AS OF JUNE 30, 2012 AND 2011, CATHOLIC CHARITIES HAD ACCRUED NO INTEREST

AND NO PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. IT IS CATHOLIC

CHARITIES' POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME

TAX MATTERS IN INCOME TAX EXPENSE. CATHOLIC CHARITIES FILES U.S. FEDERAL

INFORMATION TAX RETURNS AND IS CURRENTLY OPEN TO AUDIT UNDER THE STATUTE

OF LIMITATIONS BY THE INTERNAL REVENUE SERVICE FOR THE YEARS ENDED AFTER

JUNE 30, 2008.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

ROUNDING -1.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING CASH EXPENSE RECLASSIFIED FROM EXPENSE TO

REVENUE 55,361.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING 1.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE RECLASSIFIED FROM EXPENSE TO REVENUE 55,361.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		LENTEN APPEAL (event type)	S.O.S (event type)	2 (total number)	
Revenue	1 Gross receipts	28,345.	62,965.	55,204.	146,514.
	2 Less: Charitable contributions			12,000.	12,000.
	3 Gross income (line 1 minus line 2)	28,345.	62,965.	43,204.	134,514.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	9,174.	12,889.	33,298.	55,361.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				55,361.
	11 Net income summary. Combine line 3, column (d), and line 10				79,153.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2011

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" to 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. Part II can be duplicated 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)	298,464.	0.			ELIGIBILITY CASEWORKER, SOCIAL SERVICES, SCHOOL IMPACT, PREVENTIVE HEALTH
CATHOLIC CHARITIES OF WEST TENNESSEE, INC. - 1325 JEFFERSON AVE - MEMPHIS, TN 38104	62-1451404	501(C)(3)	190,851.	0.			ELIGIBILITY CASEWORKER, SOCIAL SERVICES, SCHOOL IMPACT, PREVENTIVE HEALTH
SILKOM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)(3)	1,011,586.	0.			MEDICAL SCREENING
TENNESSEE FOREIGN LANGUAGE INSTITUTE FUND, INC. - 227 FRENCH LANDING DRIVE - NASHVILLE, TN 37208	58-2108833	501(C)(3)	10,604.	0.			TARGETED ASSISTANCE
NASHVILLE INTERNATIONAL CENTER FOR EMPOWERMENT - 3221 NOLENSVILLE PIKE - NASHVILLE, TN 37211	02-0674431	501(C)(3)	210,188.	0.			ELIGIBILITY CASEWORKER, SCHOOL IMPACT, TARGETED ASSISTANCE, SOCIAL SERVICES, PREVENTIVE
WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS - 7 EAST BALTIMORE STREET - BALTIMORE, MD 21202	23-6393344	501(C)(3)	510,848.	0.			ELIGIBILITY CASEWORKER, SOCIAL SERVICES, TARGETED ASSISTANCE, PREVENTIVE HEALTH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **8.**

3 Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2011)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
REFUGEE SUBSIDIES (INCLUDING CASH, SHELTER, MEDICAL AND NON-CASH MATERIAL GOODS), AS WELL AS SHELTER ASSISTANCE AND NON-CASH MATERIAL GOODS.	2851	1,334,743.	834,995.	FMV	CLOTHING AND OTHER HOUSEHOLD GOODS

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: MONTHLY INVOICING FROM EACH SUB-GRANTEE IS

REQUIRED AS WELL AS TRI-ANNUAL PROGRAM REPORTS. FISCAL AND PROGRAM

MONITORS DO ON-SITE MONITORING VISITS TWICE A YEAR TO EACH SUB-GRANTEE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

NASHVILLE INTERNATIONAL CENTER FOR EMPOWERMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: ELIGIBILITY CASEWORKER, SCHOOL

IMPACT, TARGETED ASSISTANCE, SOCIAL SERVICES, PREVENTIVE HEALTH

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

► **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

OMB No. 1545-0047

2011

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).
---------------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

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.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

[illegible]

Total

Part III	Grants or Assistance Benefiting Interested Persons.
-----------------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

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

Schedule L (Form 990 or 990-EZ) 2011

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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
EILEEN T BEEHAN	EXECUTIVE DIRECTOR'	75,391.	SALARY FROM		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

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

(A) NAME OF PERSON: EILEEN T BEEHAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE DIRECTOR'S SPOUSE

(D) DESCRIPTION OF TRANSACTION: SALARY FROM ORGANIZATION

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

CATHOLIC CHARITIES OF TENNESSEE, INC.

Employer identification number

62-0679520

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		834,995.	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 Acknowledgement

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

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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2011)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

CATHOLIC CHARITIES OF TENNESSEE, INC.

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 4D, OTHER PROGRAM SERVICES:

SERVICES TO ELDERLY - THESE PROGRAMS HAVE THE COMMON GOAL OF IMPROVING
THE INDEPENDENT SELF ESTEEM AND QUALITY OF LIFE OF THE ELDERLY, THUS
REDUCING THEIR RELIANCE ON OTHER FORMS OF PUBLIC AND PRIVATE SUPPORT,
WHILE PROLONGING THEIR INDEPENDENCE.

EXPENSES \$ 309,767. INCLUDING GRANTS OF \$ 0. REVENUE \$ 84,645.

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

EXPENSES \$ 284,222. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

WELFARE TO WORK IS AN ACTIVITY IN WHICH CATHOLIC CHARITIES PARTICIPATES
WITH THE NASHVILLE CAREER ADVANCEMENT CENTER AND THE SALVATION ARMY TO
PROVIDE TRAINING AND OTHER SERVICES FOR THOSE ON WELFARE TO ENABLE THEM
TO WORK.

EXPENSES \$ 1,008. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

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

PREGNANCY COUNSELING AND ADOPTION PROGRAMS ENCOURAGE AND SUPPORT

ALTERNATIVES TO ABORTIONS AND FACILITATES PLACEMENT OF CHILDREN IN

LOVING AND NURTURING FAMILIES

EXPENSES \$ 1,193,567. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,062,826.

OTHER SOCIAL SERVICE PROGRAMS - OTHER PROGRAMS THAT PROVIDE EMERGENCY

ASSISTANCE AND

SUPPORT TO THE ELDERLY AND LOW INCOME NEIGHBORHOODS.

EXPENSES \$ 820,180. INCLUDING GRANTS OF \$ 0. REVENUE \$ 394,013.

FORM 990, PART VI, SECTION A, LINE 2: WILLIAM P. SINCLAIR - EXECUTIVE

DIRECTOR / SPOUSE - EILEEN BEEHAN - DEPARTMENT DIRECTOR - CATHOLIC SOCIAL

SERVICES

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: DURING THE CURRENT FISCAL YEAR ONLY

THE REFUGEES COMMITTEE HAD RECORDED MINUTES OF MEETINGS. ALL OF THE

COMMITTEES ARE REQUIRED TO GIVE A REPORT AT EACH BOARD MEETING, WHICH ARE

THEN INCLUDED IN THE MINUTES OF THAT BOARD MEETING.

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

FORM 990, PART VI, SECTION B, LINE 11: THE AUDIT COMMITTEE REVIEWS THE
990. THE 990 IS ALSO MADE AVAILABLE TO THE FULL BOARD FOR ANYONE WANTING
TO REVIEW IT.

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. THERE WAS AN INDEPENDENT REVIEW
BY THE HR DIRECTOR OF THE DIOCESE AFTER UTILIZING COMPARABILITY STUDIES
WITHIN THE REGION FOR SIMILARLY TYPE POSITIONS AND THIS REVIEW RESULTED IN
A RECOMMENDATION AND IT WAS APPROVED BY THE BOARD. IT WAS REVIEWED
REGIONALLY WITH OTHER NON-PROFIT CEO POSITIONS, AS WELL AS REGIONALLY AND
NATIONALLY WITH OTHER CATHOLIC CHARITIES' EXECUTIVE DIRECTOR POSITIONS.

Name of the organization	CATHOLIC CHARITIES OF TENNESSEE, INC.	Employer identification number	62-0679520
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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 THE DIOCESE OF NASHVILLE
USES). ALL EMPLOYEES' PAYROLL AUTHORIZATION FORMS ARE COMPLETED AND
FORWARDED TO THE HR DIRECTOR OF THE DIOCESE OF NASHVILLE TO REVIEW TO
ENSURE CONSISTENCY, ETC., AND THEN MAINTAINED IN THE EMPLOYEES' PERSONNEL
FILE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

ROUNDING

-1.

990 PART XII, LINE 2C

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