

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2000 calendar year, or tax year period beginning Jul 1, 2000, and ending Jun 30, 20 01**

- B** Check if applicable:
- Change of address
  - Change of name
  - Initial return
  - Final return
  - Amended return

**C** Name of organization  
**Catholic Charities, Inc.**

Number & street (or P.O. box if mail is not delivered to street addr) Room/suite  
**1325 Jefferson Ave.**

City, Town or Country State ZIP code  
**Memphis TN 38104-2013**

**D** Employer Identification Number  
**62-1451404**

**E** Telephone number  
**(901) 722-4763**

**F** Check  if application pending

**G** Organization type (check only one)  501(c) 3 (insert no.)  527 or  4947(a)(1)

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

**J** Accounting method:  Cash  Accrual  Other (specify) ▶

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data.  
**Some states require a complete return.**

**Note: H and I are not applicable to section 527 orgs.**

**H (a)** Is this a group return for affiliates?  Yes  No

**H (b)** If "yes," enter number of affiliates . ▶

**H (c)** Are all affiliates included?  Yes  No  
(If "no," attach a list. See instructions)

**H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Enter 4-digit group exemption no. (GEN) ▶ **0928**

**L** Check this box if the organization is **not** required to attach Schedule B (Form 990 or 990-EZ) ▶

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see instructions)

<b>1</b> Contributions, gifts, grants, and similar amounts received:				
<b>a</b> Direct public support . . . . .	<b>1 a</b>	207,735.		
<b>b</b> Indirect public support . . . . .	<b>1 b</b>	1,284,809.		
<b>c</b> Government contributions (grants) . . . . .	<b>1 c</b>	4,093,484.		
<b>d</b> Total (add lines 1a through 1c) (cash \$ 5,586,028. noncash \$ ) . . . . .	<b>1 d</b>		5,586,028.	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93) . . . . .	<b>2</b>		2,666,327.	
<b>3</b> Membership dues and assessments . . . . .	<b>3</b>			
<b>4</b> Interest on savings and temporary cash investments . . . . .	<b>4</b>			
<b>5</b> Dividends and interest from securities . . . . .	<b>5</b>		128,403.	
<b>6 a</b> Gross rents . . . . .	<b>6 a</b>			
<b>b</b> Less: rental expenses . . . . .	<b>6 b</b>			
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a) . . . . .	<b>6 c</b>			
<b>7</b> Other investment income (describe . . . . . ▶ See Other Investment Income Statement ) . . . . .	<b>7</b>		-3,839.	
<b>8 a</b> Gross amount from sales of assets other than inventory . . . . .	<b>(A) Securities</b>		<b>(B) Other</b>	
	<b>8 a</b>			
	<b>8 b</b>			
	<b>8 c</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B)) . . . . .	<b>8 d</b>			
<b>9</b> Special events and activities (attach schedule)				
<b>a</b> Gross revenue (not including . . \$ of contributions reported on line 1a) . . . . .	<b>9 a</b>	153,724.		
<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>9 b</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a) . . . . .	<b>9 c</b>		153,724.	
<b>10 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10 a</b>			
<b>b</b> Less: cost of goods sold . . . . .	<b>10 b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) . . . . .	<b>10 c</b>			
<b>11</b> Other revenue (from Part VII, line 103) . . . . .	<b>11</b>			
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) . . . . .	<b>12</b>		8,530,643.	
<b>13</b> Program services (from line 44, column (B)) . . . . .				
	<b>13</b> 8,252,684.			
	<b>14</b> Management and general (from line 44, column (C)) . . . . .			
	<b>14</b> 738,614.			
<b>15</b> Fundraising (from line 44, column (D)) . . . . .				
<b>15</b> 41,941.				
<b>16</b> Payments to affiliates (attach schedule) . . . . .				
<b>16</b>				
<b>17</b> Total expenses (add lines 16 and 44, column (A)) . . . . .				
<b>17</b> 9,033,239.				
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12) . . . . .				
<b>18</b> -502,596.				
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A)) . . . . .				
<b>19</b> 7,349,957.				
<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .				
<b>20</b>				
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20) . . . . .				
<b>21</b> 6,847,361.				

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) . . . . .	22				
23 Specific assistance to individuals (attach sch) . . . . .	23	348,888.	348,888.		
24 Benefits paid to or for members (attach sch) . . . . .	24				
25 Compensation of officers, directors, etc . . . . .	25	0.	0.	0.	0.
26 Other salaries and wages. . . . .	26	4,316,808.	4,244,757.	72,051.	0.
27 Pension plan contributions . . . . .	27	151,312.	146,997.	4,315.	0.
28 Other employee benefits . . . . .	28	713,314.	706,356.	6,958.	0.
29 Payroll taxes . . . . .	29	323,906.	318,399.	5,507.	0.
30 Professional fundraising fees . . . . .	30				
31 Accounting fees . . . . .	31	16,899.	6,550.	10,349.	0.
32 Legal fees . . . . .	32	875.	761.	114.	0.
33 Supplies . . . . .	33	683,016.	679,998.	3,018.	0.
34 Telephone . . . . .	34	64,340.	61,322.	3,018.	0.
35 Postage and shipping. . . . .	35	7,599.	5,552.	2,047.	0.
36 Occupancy . . . . .	36	690,032.	656,518.	33,514.	0.
37 Equipment rental and maintenance . . . . .	37				
38 Printing and publications . . . . .	38	21,442.	10,988.	10,454.	0.
39 Travel . . . . .	39	24,668.	23,144.	1,524.	0.
40 Conferences, conventions, and meetings. . . . .	40	1,892.	1,839.	53.	0.
41 Interest . . . . .	41	136,048.	136,048.	0.	0.
42 Depreciation, depletion, etc (attach schedule) . . . . .	42	427,907.	427,907.	0.	0.
43 Other expenses (itemize):					
a <u>Property/Liab Ins</u> . . . . .	43a	125,284.	119,256.	6,028.	0.
b <u>Fees/Contract Serv</u> . . . . .	43b	604,779.	131,486.	473,293.	0.
c <u>General/Admin Serv</u> . . . . .	43c	232,871.	134,158.	98,713.	0.
d <u>Fundraising</u> . . . . .	43d	41,941.	0.	0.	41,941.
e <u>See Other Expenses Stmt</u> . . . . .	43e	99,418.	91,760.	7,658.	0.
44 <b>Total functional expenses</b> (add lines 22 - 43). <b>Organizations completing columns (B) - (D), carry these totals to lines 13 - 15 . . . . .</b>	44	9,033,239.	8,252,684.	738,614.	41,941.

**Reporting of Joint Costs** — Did you report in column (B) (program services) any joint costs from a combined educational campaign and fundraising solicitation? . . . . .  Yes  No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to program services \$ \_\_\_\_\_; (iii) the amount allocated to management and general \$ \_\_\_\_\_; and (iv) the amount allocated to fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> <u>Provide social/charitable services</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>Refugee Services-provides social, education, training and employment resettlement services for approximately 260 families</u> (Grants and allocations \$ 0.)	873,468.
b <u>Day Care services-7 agency programs provided day care for 685 children</u> (Grants and allocations \$ 0.)	2,750,277.
c <u>Homeless Services-A structured program, which includes drug &amp; alcohol counseling, provides rehabilitative services for homeless people.</u> (Grants and allocations \$ 0.)	1,395,640.
d <u>St Peter Home -St Peter Home provides residential &amp; treatment services to adolescent females who have emotional and/or behavior problems. 240 adolescents.</u> (Grants and allocations \$ 0.)	3,015,778.
e <u>Other program services.</u> (Grants and allocations \$ 0.)	217,521.
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), program services). . . . .	8,252,684.

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

		(A) Beginning of year	(B) End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
ASSETS	45	Cash — non-interest-bearing . . . . .	45	
	46	Savings and temporary cash investments . . . . .	46	
	47 a	Accounts receivable . . . . .	47 a	1,155,611.
		b Less: allowance for doubtful accounts . . . . .	47 b	
				1,062,097.
	47 c		47 c	1,155,611.
	48 a	Pledges receivable . . . . .	48 a	97,036.
		b Less: allowance for doubtful accounts . . . . .	48 b	
				97,036.
	48 c		48 c	97,036.
	49	Grants receivable . . . . .	49	738,862.
	50	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .	50	
	51 a	Other notes & loans receivable (attach schedule) . . . . .	51 a	
		b Less: allowance for doubtful accounts . . . . .	51 b	
	51 c		51 c	
52	Inventories for sale or use . . . . .	52		
53	Prepaid expenses and deferred charges . . . . .	53	39,747.	
54	Investments — securities (attach schedule) . . L-54 Stmt <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	54	2,331,341.	
54	2,181,949.			
55 a	Investments — land, buildings, & equipment: basis . . . . .	55 a		
	b Less: accumulated depreciation (attach schedule) . . . . .	55 b		
55 c		55 c		
56	Investments — other (attach schedule) . . . . .	56		
57 a	Land, buildings, and equipment: basis . . . . .	57 a	9,610,030.	
	b Less: accumulated depreciation (attach schedule) . . . . . L-57. Stmt . . . . .	57 b	3,243,058.	
			6,692,698.	
57 c		57 c	6,366,972.	
58	Other assets (describe <input type="checkbox"/> ) . . . . .	58		
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	59	10,756,041.	
10,756,041.				
LIABILITIES	60	Accounts payable and accrued expenses . . . . .	60	444,660.
	61	Grants payable . . . . .	61	
	62	Deferred revenue . . . . .	62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .	63	
	64 a	Tax-exempt bond liabilities (attach schedule) . . . . .	64 a	
		b Mortgages and other notes payable (attach schedule) . . . . .	64 b	2,662,511.
	64 b	2,581,787.		
65	Other liabilities (describe <input type="checkbox"/> See Line 65 Stmt ) . . . . .	65	298,913.	
65	170,177.			
66	<b>Total liabilities</b> (add lines 60 through 65) . . . . .	66	3,406,084.	
3,406,084.				
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67	Unrestricted . . . . .	67	6,370,159.
	68	Temporarily restricted . . . . .	68	979,798.
	68	956,036.		
	69	Permanently restricted . . . . .	69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	70	Capital stock, trust principal, or current funds . . . . .	70	
	71	Paid-in or capital surplus, or land, building, and equipment fund . . . . .	71	
	72	Retained earnings, endowment, accumulated income, or other funds . . . . .	72	
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21) . . . . .	73	7,349,957.
7,349,957.				
74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73) . . . . .	74	10,756,041.	
10,756,041.				

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



Part VI Other Information (See specific instructions.)

N/A Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity. 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b If 'Yes,' has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization? 80b If 'Yes,' enter the name of the organization Diocese of Memphis and check whether it is [X] exempt or [ ] nonexempt. 81a Enter the amount of political expenditures, direct or indirect, as described in the instructions 81a 0. 81b Did the organization file Form 1120-POL for this year? 82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.) 82b 83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X 83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X 84a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X 84b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b 85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a N A b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N A If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. c Dues, assessments, and similar amounts from members 85c N A d Section 162(e) lobbying and political expenditures 85d N A e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices 85e N A f Taxable amount of lobbying and political expenditures (line 85d less 85e). 85f N A g Does the organization elect to pay the Section 6033(e) tax on the amount in 85f? 85g N A h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N A 86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N A b Gross receipts, included on line 12, for public use of club facilities 86b N A 87 501(c)(12) organizations. Enter: a Gross income from members or shareholders. 87a NA b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b NA 88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? 88 X If 'Yes,' complete Part IX 89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: Section 4911 0 ; Section 4912 00 ; Section 4955 0. b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction. 89b X c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958. 0. d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0. 90a List the states with which a copy of this return is filed Tennessee 90b Number of employees employed in the pay period that includes March 12, 2000 (see instructions) 284 91 The books are in care of James E Abernathy Telephone number (901) 722-4763 Located at 135 Jefferson Avenue, Memphis TN ZIP code 38104-2013 92 Section 4947(a)(1) nonexempt charitable trusts filling Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92

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

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> Day Care Fees					1,851,816.
<b>b</b> Adoption Fees					27,835.
<b>c</b> Client Fees					68,218.
<b>d</b> Residential Fees					718,458.
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees & contracts from government agencies . . . . .					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings & temporary cash invmnts.					
<b>96</b> Dividends & interest from securities . . . . .			14	128,403.	
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from pers prop . . . . .					
<b>99</b> Other investment income . . . . .			18	-3,839.	
<b>100</b> Gain or (loss) from sales of assets other than inventory . . . . .					
<b>101</b> Net income or (loss) from special events . . . . .			1	153,724.	
<b>102</b> Gross profit or (loss) from sales of inventory . . . . .					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				278,288.	2,666,327.
<b>105 Total</b> (add line 104, columns (B), (D), and (E)) . . . . .					2,944,615.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	Fees which allow us to provide day care and after-school care for children and allow parents to be employed.
93b	Fees for home visits and adoptive placements allow us to
	See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

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

N/A

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

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

- a** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- b** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

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

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (See instructions.)

Signature of Officer: \_\_\_\_\_ Date: Feb 1, 2002 Type or Print Name and Title: Brian J O'Malley, President

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**Paid Preparer's Use Only**

Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed) and address, and ZIP code: \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no: \_\_\_\_\_

Schedule A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

2000

IRS use only - Do not write or staple in this space.

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust Supplementary Information - (See separate instructions.)

OMB No. 1545-0047

Must be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the Organization

Catholic Charities, Inc.

Employer Identification Number

62-1451404

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

(See instructions. List each one. If there are none, enter 'None.')

Table with 5 columns: (a) Name and address of each employee paid more than \$50,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances. Row 1: Kevin Hickey, Chief Ops, 40 hours, 55,455, 2,773.

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000; (b) Type of service; (c) Compensation. Row 1: NA.

Total number of others receiving over \$50,000 for professional services . . . . . None

Part III Statements About Activities

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4a regarding lobbying activities, property sales, and grants.

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is (please check only One applicable box):

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

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

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

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

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

Calendar year (or fiscal year beginning in) . . . . . ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	5,454,101.	6,375,032.	5,399,030.	5,482,814.	22,710,977.
<b>16</b> Membership fees received . . . . .					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc, purpose . . . . .	3,100,426.	2,768,440.	2,631,763.	2,511,643.	11,012,272.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	122,621.	117,008.	138,191.	146,442.	524,262.
<b>19</b> Net income from unrelated business activities not included in line 18. . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. . . . .					
<b>23</b> Total of lines 15 through 22. . . . .	8,677,148.	9,260,480.	8,168,984.	8,140,899.	34,247,511.
<b>24</b> Line 23 minus line 17. . . . .	5,576,722.	6,492,040.	5,537,221.	5,629,256.	23,235,239.
<b>25</b> Enter 1% of line 23. . . . .	86,771.	92,605.	81,690.	81,409.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 . . . . . ▶ <b>26 a</b>					
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts . . . . . ▶ <b>26 b</b>					
c Total support for Section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶ <b>26 c</b>					
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26 b _____ . . . . . ▶ <b>26 d</b>					
e Public support (line 26c minus line 26d total) . . . . . ▶ <b>26 e</b>					
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator)).</b> . . . . . ▶ <b>26 f</b> %					
<b>27 Organizations described on line 12:</b>					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each 'disqualified person.' Enter the sum of such amounts for each year: (1999) _____ 0. (1998) _____ 0. (1997) _____ 0. (1996) _____ 0.					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (1999) _____ 1,333,097. (1998) _____ 1,334,727. (1997) _____ 1,224,730. (1996) _____ 1,163,885.					
c Add: Amounts from column (e) for lines: 15 22,710,977. 16 _____ 17 11,012,272. 20 _____ 21 _____ . . . ▶ <b>27 c</b> 33,723,249.					
d Add: Line 27a total . . . 0. and line 27b total . . . . . 5,056,439. . . ▶ <b>27 d</b> 5,056,439.					
e Public support (line 27c total minus line 27d total) . . . . . ▶ <b>27 e</b> 28,666,810.					
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) . . . . . ▶ <b>27 f</b> 34,247,511.					
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator)).</b> . . . . . ▶ <b>27 g</b> 83.70 %					
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).</b> . . . . . ▶ <b>27 h</b> 1.53 %					
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)					

**Part V Private School Questionnaire** (See instructions.)  
 (To be completed Only by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
	d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .  If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
	a Students' rights or privileges? . . . . .		
	b Admissions policies? . . . . .		
	c Employment of faculty or administrative staff? . . . . .		
	d Scholarships or other financial assistance? . . . . .		
	e Educational policies? . . . . .		
	f Use of facilities? . . . . .		
	g Athletic programs? . . . . .		
	h Other extracurricular activities? . . . . .  If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
	b Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation. . . . .		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
(To be completed **Only** by an eligible organization that filed Form 5768)

N A

Check here **a**  if the organization belongs to an affiliated group.  
Check here **b**  if you checked 'a' above and 'limited control' provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table — <b>If the amount on line 40 is —</b> <b>The lobbying nontaxable amount is —</b> Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . . Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 . . . . . \$1,000,000 . . . . .	<b>41</b>	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.			

**4 -Year Averaging Period Under Section 501(h)**

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures . . . . .					
<b>48</b> Grassroots non-taxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers . . . . .		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines <b>c</b> through <b>h</b> ). . . . .		X	
<b>c</b> Media advertisements . . . . .		X	0.
<b>d</b> Mailings to members, legislators, or the public . . . . .		X	0.
<b>e</b> Publications, or published or broadcast statements . . . . .		X	0.
<b>f</b> Grants to other organizations for lobbying purposes. . . . .		X	0.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .		X	0.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		X	0.
<b>i</b> Total lobbying expenditures (add lines <b>c</b> through <b>h</b> ) . . . . .			0.

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



Form 990, Page 1, Line 7

**Other Investment Income Statement**

Other investment income (describe)

Net Realized Loss-Investments	-3,839.
<b>Total</b>	<b>-3,839.</b>

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Transportation	80,065.	80,065.	0.	0.
Communication	19,353.	11,695.	7,658.	0.
<b>Total</b>	<b>99,418.</b>	<b>91,760.</b>	<b>7,658.</b>	<b>0.</b>

Form 990, Page 3, Part IV, Line 54

**Investments - Securities Statement**

Line 54 – Investments - Securities:	Beginning of Year	End of Year
Short-term investments	269,343.	294,974.
Stocks	480,465.	567,077.
Bonds	1,280,530.	1,117,876.
Notes & Mortgages	301,003.	300,931.
Less unrealized Gain	0.	-98,909.
<b>Total</b>	<b>2,331,341.</b>	<b>2,181,949.</b>

Form 990, Page 3, Part IV, Lines 57a &amp; 57b

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Land	334,661.	0.	334,661.
Buildings	6,914,657.	1,982,227.	4,932,430.
Furniture & Fixtures	804,334.	604,410.	199,924.
Vehicles	198,639.	158,530.	40,109.
Leasehold Improvements	1,357,739.	497,891.	859,848.
<b>Total</b>	<b>9,610,030.</b>	<b>3,243,058.</b>	<b>6,366,972.</b>

Form 990, Page 3, Part IV, Line 65

**Other Liabilities Statement**

<b>Line 65 - Other Liabilities:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
Due to Affiliate		165,643.
Deposits		4,534.
<b>Total</b>		<u>170,177.</u>

Form 990, Page 6, Part VIII

**Relationship of Activities to the Accomplishment of Exempt Purposes Statement**

<b>Line Number ▼</b>	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	<u>serve the birth mother, infant, and adoptive family.</u>
93c	<u>These fees include counseling fees which help provide low-cost counseling for those in need.</u>
93d	<u>Fees for residential care and treatment allow us to provide quality care for our clients who are adolescent females.</u>

**Supporting Statement of:**

Form 990 p 3/Line 64b, column (A)

Description	Amount
Note Payable to Diocese of Memphis through First American Bank	2,662,511.
Total	<u>2,662,511.</u>

**Supporting Statement of:**

Form 990 p 3/Line 64b, column (B)

Description	Amount
Note Payable: First American Bank at 6%	2,581,787.
Total	<u>2,581,787.</u>

**Supporting Statement of:**

Sch. A, 990 p 3/Line 27b, Column 1

Description	Amount
State of Tennessee	828,945.
Shelby County Jevenile Court	504,152.
Total	<u>1,333,097.</u>

**Supporting Statement of:**

Sch. A, 990 p 3/Line 27b, Column 2

Description	Amount
State of Tennessee	750,314.
Shelby county	584,413.
Total	<u>1,334,727.</u>

**Supporting Statement of:**

Sch. A, 990 p 3/Line 27b, Column 3

<b>Description</b>	<b>Amount</b>
State of Tennessee	724,500.
Shelby County	500,230.
<b>Total</b>	<b><u>1,224,730.</u></b>

**Supporting Statement of:**

Sch. A, 990 p 3/Line 27b, Column 4

<b>Description</b>	<b>Amount</b>
State of Tennessee	712,500.
Shelby County	451,385.
<b>Total</b>	<b><u>1,163,885.</u></b>