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)

OMB No. 1545-0047

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

Open to Public Inspection

Form 990 (2007)

A	For the	2007 calendar year, or tax year beginning	а	nd endi	ng		
В	Check if					D Employer id	lentification number
	appilcabi	use IRS LEGAL AID SOCIETY OF	MIDDLE TENNES	SEE			
	Addre	print or AND THE CUMBERLANDS				62-08	300756
	Name chang	ie See Number and street (or P.O. box if mail is no	t delivered to street address)		Room/suite	E Telephone	number
<u></u>	Initial return	Specific SOU DEADERICK SIREET				615-2	244-6610
	Termination	tions. City or town, state or country, and ZIP + 4				F Accounting met	
Ļ	Amen	MASHVILLE, IN 3/201				Other (specify)	>
L	Applic pendir	 Section 501(c)(3) organizations and 4947(a)(1) must attach a completed Schedule A (Form 99) 		1 "			tion 527 organizations.
_		·	0 0. 000 /.		(a) Is this a group r		
_		B: NWW.LAS.ORG			(b) If "Yes," enter nu		,
		ation type (check only one) ► X 501(c) (3) ◀ (insert			(c) Are all affiliates i (if "No," attach a		N/A Yes No
		ere Lifthe organization is not a 509(a)(3) suppor are normally not more than \$25,000. A return is not requi	• •	H	(d) Is this a separate ganization cover	e return filed by	y an or- ruling? Yes X No
		s to file a return, be sure to file a complete return.	reu, but ii tile biganization				N/A
_						······································	ion is not required to attach
L	Gross re	eceipts: Add lines 6b, 8b, 9b, and 10b to line 12	5,940,557	1 -	Sch. B (Form 99		
	art I	Revenue, Expenses, and Changes in I			es		
	1	Contributions, gifts, grants, and similar amounts receive	d:				
	a	Contributions to donor advised funds		1a			
	b	Direct public support (not included on line 1a)		1b	3,713,8		
	C			10	248,1		
	d	(3 - / /		1d	1,832,3	03.	
	8						5,794,359.
	2	Program service revenue including government fees and					
٠	3	Membership dues and assessments					
	4	Interest on savings and temporary cash investments					102,295.
	5	Dividends and interest from securities				5	
	6 a						
	j b	Less: rental expenses			· · · · · · · · · · · · · · · · · · ·		
Ë	3 6	, , , , , , , , , , , , , , , , , , , ,	·		••••	F	
Revenue	7	Other investment income (describe Gross amount from sales of assets other	/A) Constition		/B) Oth) 7	
æ	٥ ۵	then inventory	(A) Securities	8a	(B) Other		
	b	The second secon		8b			
	G			80			
	đ	Net gain or (loss). Combine line 8c, columns (A) and (B)				8d	
	- 9	Special events and activities (attach schedule). If any am					
	а			9a	6,3	50.	
	b	•		9b			
	3	` '		E SI	CATEMENT	1 g ₆	6,350.
	10 a			0a			
	b	• • • • • • • • • • • • • • • • • • • •		0b			
	C	, , , , , , , , , , , , , , , , , , , ,					
	11	Other revenue (from Part VII, line 103)					37,553.
	12 13	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c					5,940,557. 4,958,586.
es	14	Program services (from line 44, column (B))	***************************************			13	669,079.
ens	15	Fundraising (from line 44, column (D))					153,827.
Expenses	16	Payments to affiliates (attach schedule)					200,021.
	17	Total expenses. Add lines 16 and 44, column (A)					5,781,492.
	18	Excess or (deficit) for the year. Subtract line 17 from line	12			18	159,065.
ets	19	Net assets or fund balances at beginning of year (from li	ne 73, column (A))		******************************	19	3,283,927.
Net Assets	20	Other changes in net assets or fund balances (attach exp	lanation) SE	E ST	ATEMENT 2	2 20	24,331.
	21	Net assets or fund balances at end of year. Combine line				21	3,467,323.
72300 12-27	n -07	LHA For Privacy Act and Paperwork Reduction Act No	rtice, see the separate instruc	tions.			Form 990 (2007)

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Part II Statement of Functional Expenses

Form 990 (2007)

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
22a Grants paid from donor advised funds					
(attach schedule)					
(cash \$ 0 • noncash \$ 0					
If this amount includes foreign grants, check here] 22a				
22b Other grants and allocations (attach schedul	e)				
(cash \$ 0 • noncash \$ 0	•)				
If this amount includes foreign grants, check here] 22b				
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key					
employees, etc. listed in Part V-A	25a	52,442.	41,197.	8,891.	2,354.
b Compensation of former officers, directors, key					
employees, etc. listed in Part V-B	25b	51,778.	40,675.	8,779.	2,324.
c Compensation and other distributions, not included				, , , , , , , , , , , , , , , , , , , ,	
above, to disqualified persons (as defined under	-				
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not					
included on lines 25a, b, and c	26	3,452,293.	3,065,551.	289,080.	97,662.
27 Pension plan contributions not included on	20	0,132,230.	3,003,331.	203,000	377002.
lines 25a, b, and c	27	151,522.	140,006.	9,181.	2,335.
28 Employee benefits not included on lines	61	131/322.	140,0001	7/1011	2,333.
	28	487,629.	450,566.	29,547.	7 516
25a · 27	29	261,373.	230,930.	22,811.	7,516. 7,632.
29 Payroll taxes	····	201,3/3.	230,930.	22,011.	7,032.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32	116 771	70 (15	20 002	<u> </u>
33 Supplies	33	116,771.	70,615.	39,893.	6,263.
34 Telephone	34	92,891.	67,129.	24,926.	836.
35 Postage and shipping	35	40,990.	30,637.	6,126.	4,227.
36 Occupancy	36	343,722.	290,474.	48,702.	4,546.
37 Equipment rental and maintenance	37	55,892.	31,007.	24,885.	
38 Printing and publications	38	106,841.	102,070.	3,276.	1,495.
39 Travel	39	129,294.	121,772.	6,389.	1,133.
40 Conferences, conventions, and meetings \dots	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	59,240.	59,240.		
43 Other expenses not covered above (itemize): a COURT COSTS AND	43a				
b LITIGATION	43b	82,466.	82,446.	20.	
c DUES AND FEES	43€	36,804.	35,509.	1,295.	
d INSURANCE	43d	28,338.	23,480.	4,734.	124.
e PROFESSIONAL FEES AND	43e				
f CONTRACT SERVICES	431	196,610.	43,681.	138,017.	14,912.
g TRAINING	43g	34,596.	31,601.	2,527.	468.
44 Total functional expenses. Add lines 22a through					
43g. (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	5,781,492.	4,958,586.	669,079.	153,827.
Joint Costs. Check ▶ ☐ if you are following					
Are any joint costs from a combined educational campai If "Yes," enter (i) the aggregate amount of these joint costs.	gn and	d fundralsing solicitation rep			Yes X No N/A
(iii) the amount allocated to Management and general \$	_		 i) the amount allocated to v) the amount allocated to 	-	N/A ;
The amount anocated to Management and general φ 723011 12-27-07		21, 22 , allu (I	*) the amount anocated to	ι απαταιοπίζι φ	Form 990 (2007)
16-61-01					1 VIIII 2 2 2 ((2 0 0 <i>i</i>)

LEGAL AID SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERLANDS

Form 990 (2007)

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	lishments (See the instructions

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

WI	hat is the organization's pr	imary exempt purp	oose? ► SEE STATEMENT 4	Program Service Expenses
clie	ents served, publications is	ssued, etc. Discuss	urpose achievements in a clear and concise manner. State the number of s achievements that are not measurable. (Section 501(c)(3) and (4) able trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	SEE STATEMEN	NT 3		
b	(Grants and allocations	\$) If this amount includes foreign grants, check here	4,958,586.
ט				
	(Grants and allocations	\$) If this amount includes foreign grants, check here	
C				
d	(Grants and allocations	\$) If this amount includes foreign grants, check here	
_				
	(Grants and allocations	\$) If this amount includes foreign grants, check here	
е	Other program services (a	attach schedule)		
	(Grants and allocations	\$) If this amount includes foreign grants, check here	
f	Total of Program Service	Expenses (should	d equal line 44, column (B), Program services)	4,958,586.

Form 990 (2007)

Part IV Balance Sheets (See the instructions.) Note: Where required; attached schedules and amounts within the description column (A) (B) should be for end-of-year amounts only. Beginning of year End of year 835,328. 45 Cash · non-interest-bearing 896,213. 45 2,099,864. 2,173,915. 46 Savings and temporary cash investments 42,138. 47 a Accounts receivable 47a b Less: allowance for doubtful accounts 47h 40,890. 42,138. 47c 48 a Pledges receivable 396,234. 48a b Less: allowance for doubtful accounts 288,260. 396,234. 48b 48c 100,930. 121,120. 49 Grants receivable 49 50 a Receivables from current and former officers, directors, trustees, and key employees 50a b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 50h 51 a Other notes and loans receivable 51a b Less: allowance for doubtful accounts 51c 52 Inventories for sale or use 52 53 Prepaid expenses and deferred charges 3,766. 15,414. 53 54 a Investments publicly-traded securities Cost 54a b Investments - other securities ___ Cost 54b 55 a Investments - land, buildings, and equipment: basis 55a b Less: accumulated depreciation 55c Investments - other 56 57 a Land, buildings, and equipment: basis 57a 801,994. b Less: accumulated depreciation STMT 5 408,786. 57b 438,521. 393,208. 57c 58 Other assets, including program-related investments (describe ► CLIENT ESCROW FUNDS 8,738. 16,572. 58 3,816,297. 4,054,814. 59 Total assets (must equal line 74). Add lines 45 through 58 59 519,060. Accounts payable and accrued expenses 533,583. 60 60 61 Grants payable 61 4,572. 37,336. 62 Deferred revenue 62 Loans from officers, directors, trustees, and key employees 63 a Tax-exempt bond liabilities 64a b Mortgages and other notes payable 64b 65 Other liabilities (describe > CLIENT ESCROW FUNDS 8,738. 16,572. 65 532,370. 587,491. Total liabilities. Add lines 60 through 65 66 Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74. Vet Assets or Fund Balances 67 1,314,800. <u>1,271,513.</u> Unrestricted 67 68 1,969,127. 2,195,810. Temporarily restricted 68 Permanently restricted 69 Organizations that do not follow SFAS 117, check here complete lines 70 through 74. 70 Capital stock, trust principal, or current funds 70 Paid-in or capital surplus, or land, building, and equipment fund 71 71 72 Retained earnings, endowment, accumulated income, or other funds 72 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. 73 (Column (A) must equal line 19 and column (B) must equal line 21) 3,283,927. 3,467,323. 73 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 3,816,297 4,054,814. 74

	instructions.)					
a	Total revenue, gains, and other support per audited financial statem	ents			a 7,	103,166.
b	Amounts included on line a but not on Part I, line 12:					
1	Net unrealized gains on investments		b1 24,3	331.		
2	Donated services and use of facilities		b2 1,138,2	278.		
3	Recoveries of prior year grants					
4	Other (specify):		b4			
	Add lines b1 through b4	1			ь 1,	162,609.
C	Subtract line b from line a				c 5,	940,557.
ď	Amounts included on Part I, line 12, but not on line a:					
1	Investment expenses not included on Part I, line 6b		d1			
2	Other (specify):		d2			
-	Add lines d1 and d2				d	0.
R	Total revenue (Part I, line 12). Add lines c and d			.		940,557.
Pa	Total revenue (Part I, line 12). Add lines c and d int IV-B Reconciliation of Expenses per Audited Fin	ancial Statements	With Expenses	per	Return	<u> </u>
а	Total expenses and losses per audited financial statements					919,770.
þ	Amounts included on line a but not on Part I, line 17:					*
1	Donated services and use of facilities		bi 1,138,2	78.		
2	Prior year adjustments reported on Part I, line 20					
3	Losses reported on Part I, line 20					
_	Other (specify):	1	b4			
	Add lines b1 through b4		7 -		ь 1,	138,278.
c	Subtract line b from line a				5 5	781,492.
	Amounts included on Part I, line 17, but not on line a:	***************************************			6 7,	101,472.
	• • • • • • • • • • • • • • • • • • • •	!	J4			
	Investment expenses not included on Part I, line 6b		d2			
2	Other (specify):				888 B	0
_	Add lines d1 and d2				d	0.
e Ba	rt V-A Current Officers, Directors, Trustees, and K	au Elaures //: \		. •	e 5,	781,492.
Suddition	or key employee at any time during the year even if they w	ere not compensated.) (Se	e the instructions.)			ctor, trustee,
	(A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Con emplo	tributions to	(E) Expense account and
~ ~ ~	N. VOUGER T.	position	1 -0)	compen	sation plans	other allowances
	RY HOUSEPIAN	EXECUTIVE DI	ECTOR			
	D DEADERICK STREET					
	SHVILLE, TN 37201	40.00	45,833.	6	,609.	0.
	E ATTACHED LIST OF NONCOMPENSATED					
<u>BO</u>	ARD OF DIRECTORS					
		0.00	· ^			
		0 0 0 0	0.		0.	0.
			0.	**********	0.	0.
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						0 .

LEGAL AID SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERLANDS

	m 990 (2007) AND THE CUMBERLANDS			62-08007	756 Page 6
	art V-A Current Officers, Directors, Trustees, and Ke				Yes No
75 a	Enter the total number of officers, directors, and trustees permitted meetings		usiness at board	33	
ı	Are any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional an Part II-A or II-B, related to each other through family or business relationship	d other independent cont	ractors listed in Sc a statement that i	hedule A, identifies	75b X
(Do any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional and Part II-A or II-B, receive compensation from any other organizations, organization? See the instructions for the definition of "related organization".	d other independent contr whether tax exempt or tax ization."	ractors listed in Sc	hedule A, ted to the	76c X
	If "Yes," attach a statement that includes the information described		***************************************		
(Does the organization have a written conflict of interest policy?				75d X
	Former Officers, Directors, Trustees, and Ke Benefits (If any former officer, director, trustee, or key en	ployee received compens	sation or other ben	efits (described	below) during
	the year, list that person below and enter the amount of cor	npensation or other bene	fits in the appropria	ate column. See	the instructions.)
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	employee benefit	(E) Expense account and other allowances
	HLEY WILTSHIRE				
	0 DEADERICK STREET SHVILLE, TN 37201	0.	48,831.	2,947.	0.
				:	
			A		
	TVI Other Information (See the instructions.)			5550	Yes No
76	Did the organization make a change in its activities or methods of constatement of each change	***************************************			76 X
77 	Were any changes made in the organizing or governing documents by if "Yes," attach a conformed copy of the changes.				77 X
78 a b	Did the organization have unrelated business gross income of \$1,000 If "Yes," has it filed a tax return on Form 990-T for this year?			N/A 7	78a X 78b
79 30 a	Was there a liquidation, dissolution, termination, or substantial contraction is the organization related (other than by association with a statewide	or nationwide organizatio	ก) through commo	n 💹	79 X
b	membership, governing bodies, trustees, officers, etc., to any other exif "Yes," enter the name of the organization \(\bullet \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	empt or nonexempt orga	nization?	8	30a X
	Enter direct and indirect political expenditures. (See line 81 instruction		81a	nonexempt 0.	
b	Did the organization file Form 1120-POL for this year?		***************************************		11b X

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P	art VI Other Information (continued)			No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially		<u> </u>	
	less than fair rental value?	82a	Х	
t	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.) 82b 1,138,278			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b		
84 a	The state of the s	84a		Х
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible? N/A	84b		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	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	000 14721			
8	006 11/1X			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f	i .		
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year? N/A	85h	23	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			
	line 12 86a N/A			
. b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A			
þ	the first annual to the annual to the sources			
00 -	against amounts due or received from them.) 87b N/A			
00 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
h	If "Yes," complete Part IX	88a		_X_
IJ	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of			
20 a	section 512(b)(13)? If "Yes," complete Part XI	88b		X
03 4	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
h	section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0 .			
	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?			**************************************
ε	If "Yes," attach a statement explaining each transaction Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	89b		X
•	sections 4912, 4955, and 4958			
đ	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,	081		<u> </u>
•	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89q		X
90 a	List the states with which a copy of this return is filed $ ightharpoonup TN$	osg	L	
	Number of employees employed in the pay period that includes March 12, 2007			87
31 a	The books are in care of ► THE ORGANIZATION Telephone no. ► 615-24	1-66	10	 / -
	Located at ► 300 DEADERICK STREET, NASHVILLE, TN ZIP+4 ► 3			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over			No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country ► N/A			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
		000000000 <u>#55</u> 0	000000009 888	<u>03800993</u>

LEGAL AID SOCIETY OF MIDDLE TENNESSEE

Part VI Other Information (co c At any time during the calendar yea		ization main	tain an office outside o	of the Uni	ited States?	Yes 91c
If "Yes," enter the name of the foreign			N/A	51 (110 01)	iled Otales i	316
Section 4947(a)(1) nonexempt chari	· -			Check he	re	
and enter the amount of tax-exempt						N/A
art VII Analysis of Income-F						
ote: Enter gross amounts unless otherw		,	ed business income	Exclude	d by section 512, 513, or 514	(5)
dicated.		(A)	(B)	(C) Exclu-	(D)	(E) Related or exempt
3 Program service revenue:		Business code	Amount	sion	Amount	function income
a	ľ			0000		
b						
G					***	
d	1					
e						
f Medicare/Medicaid payments						
g Fees and contracts from government	agencies					
Membership dues and assessments						
Interest on savings and temporary cash in	vestments			14	102,295.	
Dividends and interest from securities	š					
7 Net rental income or (loss) from real e	state:					
a debt-financed property						
b not debt-financed property						
3 Net rental income or (loss) from perso						
Other investment income			÷	<u> </u>		***************************************
I Gain or (loss) from sales of assets						
other than inventory				-		
Net income or (loss) from special ever						6,35
? Gross profit or (loss) from sales of inverse.	entory					
Other revenue:						
a MISCELLANEOUS						37,55
b						
<u> </u>						
						·····
e	<u> </u>		0.	800000000000000000000000000000000000000	102 205	42.00
Subtotal (add columns (B), (D), and (E					102,295.	43,90
Total (add line 104, columns (B), (D), a te: Line 105 plus line 1e, Part I, should e	and (E))		Dort I		······································	146,19
art VIII Relationship of Activi				at Drive	0000 (0 # ! # #	. 1
ne No. Explain how each activity for which		·····				
exempt purposes (other than by pr				u importan	RIY to the accomplishment o	the organization's
3A MISCELLANEOUS INC	·····			COUR	SE OF PROVID	ING LEGAL
SERVICES TO ELIG		ENTS	722 211 2112	00010	DE OF TROVED	ING EDUIL
art IX Information Regarding	g Taxable S	ubsidiarie	es and Disregard	ed Enti	ities (See the instruction	ns.)
(A)	_ (B)		(C)	I	(D)	(E)
lame, address, and EIN of corporation, partnership, or disregarded entity ov	Percentage of vnership interest		Nature of activities		Total income	End-of-year assets
	%				*****	400000
N/A	%		***************************************			
	%					
	%					
art X Information Regarding	Transfers .	Associate	ed with Personal	Benefi	t Contracts (See the	instructions.)
) Did the organization, during the year, rece	-					
) Did the organization, during the year, pay				· · ·		Yes X
ote: If "Yes" to (b), file Form 8870 and F			•			
						Form 990 (20

	Did the reporting organization make any transfers to a controlled entity	as defined in section 5	12(b)(13) of the Code? If "Yes	," Yes	1 6
	complete the schedule below for each controlled entity. (A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount transfe	
a _					
)					
_					
	Totals				*******
, E	oid the reporting organization receive any transfers from a controlled en	ntity as defined in secti	on 512(b)(13) of the Code? If "	Yes "	
C	omplete the schedule below for each controlled entity. (A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of	
					=
				-	
	Totals				
	d the organization have a binding written contract in effect on August 1 nuities described in question 107 above?			Yes	
ar ase	d the organization have a binding written contract in effect on August 1 multies described in question 107 above? Under penalties of perjury, I declare that I have examined this return, including accompany and complete. Declaration of preparer (other than officer) is based on all information of whice Signature of officer Signature of officer		and to the best of my knowledge and be		
	d the organization have a binding written contract in effect on August in multies described in question 107 above? Under penalties of perjury, I declare that I have examined this return, including accompany and complete. Declaration of preparer (other than officer) is based on all information of whice Signature of officer Type or print name and title Preparer's signature KRAFTCPAS PLIC	Ing schedules and statements, ch preparer has any knowledge	and to the best of my knowledge and be 5/12/08 Date Date CE		ect

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

2007

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Part II-B

LEGAL AID SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERLANDS

Employer Identification number

62 0800756

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (b) Title and average hours (a) Name and address of each employee paid (e) Expense employee benefit plans & deferred compensation per week devoted to (c) Compensation account and other more than \$50,000 position ailowances NEIL G. MCBRIDE GEN COUNSEL 300 DEADERICK STREET, NASHVILLE. 40.00 87,500. 12,218. DAVID J. TARPLEY MANG ATTRNY 300 DEADERICK STREET, NASHVILLE TN40.00 86,056. 14,966. LUCINDA SMITH MANG ATTRNY 300 DEADERICK STREET, 40.00 74,938. 12,710. DAVID KOZLOWSKI MANG ATTRNY 300 DEADERICK STREET, NASHVILLE TN 78,500. 40.00 11,573. RUSSELL OVERBY STAFF ATTRNY 300 DEADERICK STREET, 40.00 79,875. 4,660. Total number of other employees paid over \$50,000 18 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services 0

firms. If there are none, enter "None." See page 2 of the instructions.)			
(a) Name and address of each independent contractor paid more than \$	550,000	(b) Type of service	(c) Compensation
NONE			
Total number of other contractors receiving over \$50,000 for other services	n		

Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		x
Organizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other organizations			
checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors; officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	20		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X	
e Transfer of any part of its income or assets?	2e		Х
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
the organization determines that recipients qualify to receive payments.)			Х
b Did the organization have a section 403(b) annuity plan for its employees?	3b	Х	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			
the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
and 4g	4a		X
b Did the organization make any taxable distributions under section 4966? N/A	4b		
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d Enter the total number of donor advised funds owned at the end of the tax year			0
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/	A
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on		***************************************	
line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Schedule A (Form 990 or 990-EZ) 2007

Pa	rt (V	Reason for Non-Private Foundation	Status (See pages 4	through 8 of the instructi	ons.)		
5 6 7 8 9	fy that th	he organization is not a private foundation because it is: A church, convention of churches, or association of of A school. Section 170(b)(1)(A)(ii). (Also complete Path A hospital or a cooperative hospital service organizat A federal, state, or local government or governmenta A medical research organization operated in conjunct and state An organization operated for the benefit of a college of	churches. Section 170(b) art V.) ion. Section 170(b)(1)(A) I unit. Section 170(b)(1)(/ ion with a hospital. Section	(1)(A)(i). (iii). A)(v). on 170(b)(1)(A)(iii). Ente r		_	
11a 11b 12	X	(Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial process of the Support A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support An organization that normally receives: (1) more than receipts from activities related to its charitable, etc., further support from gross investment income and unrelated by the organization after June 30, 1975. See section in the support from gross investment income and unrelated to the organization after June 30, 1975. See section in the support from gross investment income and unrelated to the organization after June 30, 1975. See section in the support from gross investment income and unrelated to the organization after June 30, 1975. See section in the support from gross investment income and unrelated to the organization after June 30, 1975.	part of its support from a table to a schedule in Part iV-A.) omplete the Support Schell 33 1/3% of its support from the support for a support	governmental unit or from edule in Part IV-A.) rom contributions, membi in exceptions, and (2) no me (less section 511 tax)	n the general ership fees, a more than 3 from busine:	public. and gross 3 1/3% of	ív).
13		An organization that is not controlled by any disqualifit 509(a)(3). Check the box that describes the type of summer Type I Type II	ipporting organization: Type III-FL	inctionally Integrated		Type III-	
		Provide the following information a					
		(a)	j (b)	(c)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e)
		Name(s) of supported organization(s)	Employer identification number (EIN)	Type of organization (described in lines 5 through 12 above or IRC section)	is the su organizati the sup organiz	upported on listed in uporting zation's	Amount of support
		Name(s) of supported organization(s)	Employer identification	Type of organization (described in lines 5 through 12 above	is the su organizati the sup organiz	upported on listed in uporting zation's	Amount of
iotal		Name(s) of supported organization(s)	Employer identification number (EIN)	Type of organization (described in lines 5 through 12 above or IRC section)	is the su organizati the sup organi governing Yes	upported on listed in oporting zation's documents?	Amount of

	edule A (Form 990 or 990-EZ) 2007 🛭 🗸				62-	-0800756 Page
P	Support Schedule (C	Complete only if you c	hecked a box on line 16 structions for converting	0, 11, or 12.) Use cast	n method of accounti	ng.
Cale	endar year (or fiscal year					
<u>beg</u> 15	inning in) Gifts, grants, and contributions	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
	received. (Do not include unusual grants. See line 28.)	6,906,633	5,440,434.	5,190,430.	5,355,928.	22,893,425.
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	76,489	19,046.	10,348.	13,233.	119,116.
19	Net income from unrelated business					***************************************
	activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from			SEE STATEME	NT 6	
	sale of capital assets	31,574.	31,418.	17,909.	5,969.	86,870.
23	Total of lines 15 through 22	7,014,696.	5,490,898.	5,218,687.	5,375,130.	23,099,411.
24	Line 23 minus line 17	7,014,696.	5,490,898.	5,218,687.	5,375,130.	23,099,411.
25	Enter 1% of line 23	70,147.		52,187.		
26	Organizations described on lines 10					461,988.
b	Prepare a list for your records to sho			,	[2:33:33:33]	
	unit or publicly supported organization		-			^
_	Do not file this list with your return.					23,099,411.
	Total support for section 509(a)(1) to Add: Amounts from column (e) for lin		10 110		50000000000	23,099,411.
u	Add. Amounts from column (e) for in	22				205,986.
8	Public support (line 26c minus line 2					22,893,425.
f	Public support percentage (line 26e					99.1083%
27	Organizations described on line 12:					
	records to show the name of, and tot					
		N/A				
b	For any amount included in line 17 th					
	and amount received for each year, th				•	·
	described in lines 5 through 11b, as v					
	the larger amount described in (1) or					
	(2006)					
C	Add: Amounts from column (e) for lin	nes: 15		16		
	17	20		21	▶ 27g	N/A
đ	Add: Line 27a total		d line 27b total		► 27d	N/A
e	Public support (line 27c total minus li	ne 27d total)				N/A
f	Total support for section 509(a)(2) te				N/A	>7 / B
g	Public support percentage (line 27e	(numerator) divided by	line 27f (denominator))		> 27g	N/A %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. NONE

723131 12-27-07

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

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

τ/Δ

(To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 29 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? 32a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c d Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? 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? 34a 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. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

Schedule A (Form 990 or 990-EZ) 2007

35

LEGAL AID SOCIETY OF MIDDLE TENNESSEE Schedule A (Form 990 or 990-EZ) 2007 AND THE CUMBERLANDS 62-0800756 Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

/ so be completed district	by an eligible organization that filed	Form 5/68)			
Check a if the organization below	ngs to an affiliated group.	Check 🕨 b 🔲 if	you ch	ecked "a" and "limited contro	l" provisions apply.
	n Lobbying Expenditure			(a) Affiliated group totals	(b) To be completed for all electing organizations
				N/A	
36 Total lobbying expenditures to influence			36		
37 Total lobbying expenditures to influence	e a legislative body (direct lobbying))	37		
38 Total lobbying expenditures (add lines :	36 and 37)	***************************************	38		
39 Other exempt purpose expenditures	***************************************	***************************************	39		
40 Total exempt purpose expenditures (ad	d lines 38 and 39)		40		
41 Lobbying nontaxable amount. Enter the					
If the amount on line 40 is -	The lobbying nontaxable ar				
Not over \$500,000	20% of the amount on line 40				
Over \$500,000 but not over \$1,000,000					
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000	41		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess of	over \$1,500,000			
Over \$17,000,000					
42 Grassroots nontaxable amount (enter 25	5% of line 41)		42	***************************************	
43 Subtract line 42 from line 36. Enter -0- i	f line 42 is more than line 36		43		
44 Subtract line 41 from line 38. Enter -0- it	f line 41 is more than line 38		44		
		***************************************			ı
Caution: If there is an amount on eit	her line 43 or line 44, you mus	t file Form 4720.			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

		Lobbying Exp	enditures During 4-Year	Averaging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
9 Grassroots ceiling amount (150% of line 48(e))					0.
Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

Du	ring the year, did the organization attempt to influence national, state or local legislation, including any attempt to			
	uence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a	Volunteers		Х	
þ	Paid staff or management (Include compensation in expenses reported on lines c through h.)		Х	
C	Media advertisements		Х	
đ	Mailings to members, legislators, or the public		Х	
e	Publications, or published or broadcast statements		Х	
ţ	Grants to other organizations for lobbying purposes		Х	
g	Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		Х	
i	Total lobbying expenditures (Add lines c through h.)			0.
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.	<u> </u>	000000000000	

723151 12-27-07

Schedule A (Form 990 or 990-EZ) 2007

Par	t VII Information Re	egarding Transfers To a	nd Transactions ar	nd Relationships With Noncharit	able	J rage
51		izations (See page 14 of the ins		er organization described in section		
-	501(c) of the Code (other than	orection 501(c)(3) organizations) or	on the following with any oth	er organization described in section		
а	Transfers from the reporting of	rganization to a noncharitable exem	nt section 527, relating to p	Jonacai organizations?	Г	Yes No
•						X
	(ii) Other assets				a(ii)	X
b	Other transactions:				4(11)	^_
b		ata with a nanaharitable averant are	ani-atia s		6/13	,,
	(ii) Durchage of accete from	s nancharitable exempt exemination		,	b(i)	<u> X</u>
	(iii) Pantal of facilities, equipm	a nonchantable exempt organization	·		b(ii)	X
	(iii) Paimhurcamant arrangam	ent, or other assets	***************************************		b(iii)	X
	(14) Trestitutisettiett attailgetti	ents	***************************************		b(iv)	X
	(vi) Parformance of convices of	r mambarahin ar fundraisina a disit			b(v)	X
C	Sharing of facilities, equipment	mailing lists, other sensts, or poid	ample		b(vi)	X
d	onaring or inclinites, equipment If the accurants any of the abou	is in "You " complete the following or	employees	along the Hall and the Land	C	<u> </u>
u	annde other seeste or cervice.	s given by the reporting organization	medule. Column (b) snould	always show the fair market value of the		
	goods, ollier assels, or service: transaction or sharing arranger	nent, show in column (d) the value	ii. II uie organization receive	id less than fair market value in any	3.	7 / 70
			or the goods, other assets, o			I/A
(a) Line no	(b) o. Amount involved	(c) Name of noncharitable e	xemot organization	Description of transfers, transactions, and sh	arina arra	naamanta
		Transcott nononanable of	Nompt organization	Description of transfers, transactions, and si	iailiy alla	ingements
*					······	

					····	
····						
			·········			
C	ode (other than section 501(c) "Yes," complete the following s	(3)) or in section 527?schedule: N/A	1	anizations described in section 501(c) of the	Yes	X No
	(a) Name of org	ganization	(b) Type of organization	(c) Description of relationship		

	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>					
723152 12-27-07				Schedule & (Form C	00 04 000	E7\ 2007

FORM 990 S	SPECIAL EVE	NTS AND ACTI	STATEMENT 1			
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCO	
WILTSHIRE RETIREMENT EVENT	16,445.	10,095.	6,350.		6,35	50.
TO FM 990, PART I, LINE 9	16,445.	10,095.	6,350.		6,35	50.
FORM 990 OTHER CHAN	GES IN NET	ASSETS OR F	UND BALANCI	ES STA	ATEMENT	2
DESCRIPTION					AMOUNT	
UNREALIZED GAIN					24,33	1.
TOTAL TO FORM 990, PART I,	LINE 20				24,33	1.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 3

DESCRIPTION OF PROGRAM SERVICE ONE

THE LEGAL AID SOCIETY GIVES FREE LEGAL AID TO PEOPLE WHO HAVE NOWHERE ELSE TO TURN. IT PROVIDES DIRECT LEGAL ASSISTANCE, SELF-HELP BROCHURES AND ADVICE TO INDIVIDUAL CLIENTS AND LEGAL EDUCATION TO GROUPS AND THE PUBLIC. ITS FUNDAMENTAL MISSION IS TO PROVIDE SAFETY AND STABILITY TO FAMILIES AND CHILDREN. IT HELPS THEM BY PREVENTING AND ENDING DOMESTIC VIOLENCE; PROVIDING INCOME (FROM PUBLIC BENEFITS SUCH AS SOCIAL SECURITY, FOOD STAMPS AND WELFARE AND EMPLOYMENT COMPENSATION); RESOLVING INCOME TAX DISPUTES; OBTAINING HEALTH INSURANCE AND HEALTH SERVICES; RESOLVING CONSUMER DISPUTES; GAINING AND PROTECTING HOUSING, AND ASSURING APPROPRIATE EDUCATION AND OTHER SERVICES FOR CHILDREN. IN 2007, LEGAL AID REPRESENTED ABOUT 7,000 PEOPLE, GAINED MORE THAN \$4.3 MILLION IN DIRECT FINANCIAL BENEFITS FOR ITS CLIENTS AND PROVIDED LEGAL SERVICES THAT HAD A COMMERCIAL VALUE OF MORE THAN \$7.0 MILLION. ITS CLIENTS PREVAILED IN ABOUT 97% OF THE CASES THAT LEGAL AID HANDLED.

	GRANTS	EXPENSES	
TO FORM 990, PART III, LINE A		4,958,58	36.
	ON'S PRIMARY EXEMPT PURPOSE	STATEMENT	4

EXPLANATION

TO PROVIDE LEGAL SERVICES TO THE INDIGENT, THE ELDERLY, VICTIMS OF DOMESTIC VIOLENCE, AND OTHERWISE DISADVANTAGED PERSONS.

FORM 990	DEPRECIATION	OF AS	SETS NOT	HELD	FOR	INVESTMENT	STATEMENT	5
DESCRIPTION			COST OTHER	r or Basis	}	ACCUMULATED DEPRECIATION	BOOK VALUI	E
LAND BUILDINGS, IN	MPROVEMENT, &			83,00	0.	0.	83,00	00.
EQUIPMENT	TEROVEMENT, &		7	718,99	4.	408,786.	310,20	08.
TOTAL TO FORM	4 990, PART IV,	LN 57	78	301,99	4.	408,786.	393,20	08.

SCHEDULE A	OTHER INC		STATEMENT		
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	
MISCELLANEOUS	31,574.	31,418.	17,909	5,96	9.
TOTAL TO SCHEDULE A, LINE 22	31,574.	31,418.	17,909	. 5,96	9.

LEGALAID SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERLANDS BOARD OF DIRECTORS - 2007

Page 2 of 4

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LEGAL AID SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERLANDS BOARD OF DIRECTORS – 2007

Page 3 of 4

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