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 Open to Public

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service For the 2008 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Please use IRS Address change label or TENNESSEE ALLIANCE FOR LEGAL SERVICES print or Name change type. 62-0979831 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Specific Termin-615-627-0956 250 0 VANTAGE WAY Instruc-Amended tions. 765,474. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion pending NASHVILLE, TN37228 H(a) Is this a group return F Name and address of principal officer: ERIK COLE Yes X No for affiliates? SAME AS C ABOVE **H(b)** Are all affiliates included? Yes Tax-exempt status: X 501(c) (3 If "No," attach a list. (see instructions) ) (insert no.) 4947(a)(1) or J Website: ► WWW.TALS.ORG **H(c)** Group exemption number ▶ **K** Type of organization: **X** Corporation Trust Association Other -L Year of formation: 1996 M State of legal domicile: TN Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE LEGAL SERVICES TO THE Activities & Governance INDIGENT Check this box | if the organization discontinued its operations or disposed of more than 25% of its assets. 33 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) <u>10</u> Total number of employees (Part V, line 2a) 5 3 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 0. 0. Net unrelated business taxable income from Form 990-T, line 34 ..... **Prior Year Current Year** 710,615. Contributions and grants (Part VIII, line 1h) 510,027 57,768. 51,930. Program service revenue (Part VIII, line 2g) 3,869. 1,181. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 31,119. 1,748. 602,783. 765,474. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 288,608 288,097. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 330,660. 444,269. 619,268. 732,366. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -16,485. 33,108. Revenue less expenses. Subtract line 18 from line 12 Assets or Ralances **Beginning of Year End of Year** 171,721 247,476. 20 Total assets (Part X, line 16) 120,949. 163,596. 21 Total liabilities (Part X, line 26) 83,880. 50,772. 22 Net assets or fund balances. Subtract line 21 from line 20 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 Signature of officer Date Here ERIK COLE EXECUTIVE DIRECTOR Type or print name and title Date Check if self-Preparer's identifying number (see instructions) Preparer's Paid signature employed Preparer's Firm's name (or RAYBURN, BATES & FITZGERALD, EIN ▶ Use Only self-employed). 5200 MARYLAND WAY, SUITE 300 BRENTWOOD, TN 37027 Phone no.  $\triangleright$  (615)661-7878

No

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

Pa	rt III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
	THE TENNESSEE ALLIANCE FOR LEGAL SERVICES (TALS) IS A STATEWIDE
	NON-PROFIT ORGANIZATION THAT SEEKS TO BUILD PARTNERSHIPS TO SUPPORT
	THE DELIVERY OF EFFECTIVE CIVIL LEGAL SERVICES FOR LOW-INCOME AND
	ELDERLY TENNESSEANS. THE GOALS OF TALS ARE TO ESTABLISH A COMMITMENT
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	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 X No
3	· / / · · · · · · · · · · · · · · · · ·
	If "Yes", describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	500 000
4a	(Code: ) (Expenses \$ 599,933. including grants of \$ 238,132.) (Revenue \$ 51,930.)
	TO PROVIDE LEGAL TRAINING FOR THE STAFFS OF THE TENNESSEE LEGAL AID
	SOCIETIES AND TO SERVE AS A COORDINATOR FOR THE STATE LEGAL SERVICE
	PROJECTS. IN ACCOMPLISHING THE ORGANIZATION'S PROGRAM SERVICE GOALS
	DURING 2008, 13 STATE LEGAL PROGRAMS WERE SERVED, 9 STATEWIDE LEGAL
	SERVICE PROGRAMS WERE MANAGED, AND APPROXIMATELY 500 LAWYERS WERE
	TRAINED.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4 -	/Onder
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ \$ 599,933. (Must equal Part IX, Line 25, column (B).)
	Form <b>990</b> (2008)

#### 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)?		37	
_	If "Yes," complete Schedule A	1	X	37
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
4	public office? If "Yes," complete Schedule C, Part I	3 4	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Λ	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	5		
6	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	э		
6	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7		0		- 1
′	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.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0		8		Х
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	- 0		
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
0	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	Did the organization rood assets in term, permanent, or quasi-endowments? If res, complete scriedule D, Part V	10		- 41
•		11	х	
2	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  Did the organization receive an audited financial statement for the year for which it is completing this return that was	- ' '	-22	
_	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	х	
3	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	21	Х
о 4а	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 <del>T</del> a		- 22
D	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity	טדו		- 21
	located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	13		21
•	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
7	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
8	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
0	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
1	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
2	Did the organization report more than \$5,000 on Part IX, column (A), line 17 II res, complete Schedule I, Parts I and III	22		X
3	Did the organization report more than \$5,000 on Part IX, Column (A), line 21 if Tes, Complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
та	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
		24a		х
b	If "No", go to question 25  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-22
		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
٨	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		2 <del>1</del> u		
Ja	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	25a		х
h	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	ZJa		- 11
Ŋ		2Eh		х
<b>a</b>	prior year? If "Yes," complete Schedule L, Part I	25b		_^
6	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	26		х
7	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20		<u> </u>
•	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	27		х
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<b>990</b> (	

#### Part IV | Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		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	32		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	33		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	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		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	36		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	37		X

#### Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a	1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	
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	10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instru	ctions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	his return?	За		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	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank a	and			
	Financial Accounts.					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			_		
	Tax Shelter Transaction?			5c		37
	Did the organization solicit any contributions that were not tax deductible?			6a		X
р	If "Yes," did the organization include with every solicitation an express statement that such contribu					
7	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	a than	Ф <b>7</b> ЕО	70		X
	Did the organization provide goods or services in exchange for any quid pro quo contribution of mor			7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			76		
C	to file Form 8282?			7c		x
А	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a		ıal			
•	benefit contract?			7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			7g		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-			7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec	tion 5	09(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or	ganiza	ation, have			
	excess business holdings at any time during the year?			8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	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: N/A	ı	I			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter: N/A	. د ا	1			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
10-	amounts due or received from them.)	11b	<u> </u>	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041	' 	12a		
IJ	in ites, enter the amount of tax-exempt interest received of accrued duffing the year		1			

Form 990 (2008) TENNESSEE ALLIANCE FOR LEGAL SERVICES 62-0979831 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management					.,	
	For each West account of the Conference of the C			П		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describ	e tne	circumstances,				
4.	processes, or changes in Schedule O. See instructions.	ا ا	1	33			
1a	Enter the number of voting members of the governing body	1a 1b		23			
ь 2	Enter the number of voting members that are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other				
2				H	2		X
3	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the			·····	_		
Ü	of officers, directors or trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Fo				4		X
5	Did the organization become aware during the year of a material diversion of the organization's asse				5		X
6	Does the organization have members or stockholders?				6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me			·····	Ť		
	governing body?				7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken			·····			
	by the following:		,				
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?				9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such			····· [			
	and branches to ensure their operations are consistent with those of the organization?				9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All or	rganiza	ations must				
	describe in Schedule O the process, if any, the organization uses to review the Form 990				10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be	reache	ed at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				11		X
<u>Sec</u>	tion B. Policies						
				_		Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13			·····	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	_					
	to conflicts?			·····	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If						
40	in Schedule O how this is done			⊢	12c		X
13	Does the organization have a written whistleblower policy?				13	Х	
14	Does the organization have a written document retention and destruction policy?			·····	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approve	al by i	naepenaent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?				15a	X	
a h					15b	X	
D	Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)			·····	100	-22	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a				
. <b>-</b> u	taxable entity during the year?				16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva			·····	, Ju		
~	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org						
	exempt status with respect to such arrangements?			- 1	16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶TN						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	(c)(3)s only) ava	ilable f	or		
	public inspection. Indicate how you make these available. Check all that apply.		•				
	Own website X Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	t of interest poli	cy, and	d fina	ncial	
	statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books a	ınd red	cords of the org	anizati	on: 🕨		
	ERIK COLE - 615-627-0956						
	50 VANTAGE WAY, SUITE 250, NASHVILLE, TN 37228						
83200							10000

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not c	ompensate an	y of	ficer	, dir	ecto	r, trı	uste							
(A)	(B)			((	C)			(D)	(E)	(F)				
Name and Title	Average		Position					Reportable	Reportable	Estimated				
	hours	(checl		ck all that apply)		ly)	compensation	compensation	amount of					
	per	-				Ė	from	from related	other					
	week	lirect				_		the	organizations	compensation				
		e or c	tee			satec		organization	(W-2/1099-MISC)	from the				
		ruste	l trus		ee Ge	nben		(W-2/1099-MISC)		organization				
		dualt	tiona	١. ا	nplo	st co I	_			and related				
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			organizations				
					È	- *	_							
SEE ATTACHED LISTING		l												
		Х						0.	0.	0.				
ERIK COLE	40 00							62 104	_	1 440				
EXECUTIVE DIRECTOR	40.00			Х				63,184.	0.	1,440.				
-														

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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  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation			<u> </u>	,				-	Compensated Employ		- 1		/ <b>C</b> \	
Pour   Prove   Pour   Prove   Prove	` '	''   ''							· · ·	. ,		Го		۵
week   1	Name and title	hours	(cł					y)	compensation	compensatio	n	an	ount o	
to Total			irector											ion
1b Total			ee or d	stee			nsated		_	(W-2/1099-MIS	SC)			
1b. Total			al trust	onal tru		oloyee	compe		(W-2/1099-MISC)			_		
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization    Vester   Note			Individu	Instituti	Officer	Keyem	Highest employ	Former				orga	ınizatio	ns
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization  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  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  8 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.  (A)  (B)  (C)  Compensation  (A)  Name and business address  Description of services  Compensation  (B)  (C)  Compensation														
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compensation from the organization    Yes   No									,		0.		1,4	10
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and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 55 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 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.  (A) (B) (C) Compensation  (A) Name and business address Description of services Compensation  (C) Compensation  2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 0												3		<u>X</u>
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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.  (A)  (B)  (C)  Compensation  Description of services  Compensation  2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization   0	5 Did any person listed on line 1a receive or a	ccrue comper	nsati	ion f	rom	any	unre	elat	ed organization for serv	ices rendered to				
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation		یا le J for such	oers	on .								5		Х
(A) (B) (C) Compensation  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization   0			-l	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of con	npens	ation f	rom	
Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 0	Complete this table for your five highest cor	npensated inc	aepe											
from the organization   0	Complete this table for your five highest corthe organization.  (A)		Jepe											
from the organization   0	Complete this table for your five highest cor the organization.  (A)									ervices	С			1
from the organization   0	Complete this table for your five highest cor the organization.  (A)		пере							ervices	С			1
from the organization   0	Complete this table for your five highest cor the organization.  (A)									ervices	C			1
from the organization   0	Complete this table for your five highest cor the organization.  (A)		пере							ervices	С			1
non-the organization p	Complete this table for your five highest cor the organization.  (A)		аере 							ervices	C			<u> </u>
	Complete this table for your five highest corthe organization.  (A)  Name and business  Total number of independent contractors (in	address			no re	ecei	ved r	more	Description of s		C			

Pa	rt VII	II Statement of Rever	nue					
(0]					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts		Federated campaigns						
gra	b	Membership dues						
ts, am	С	Fundraising events	1c					
<u>a</u> gi	d	Related organizations	1d					
ns, imi	е	Government grants (contribut	tions) <b>1e 7</b>	10,615.				
ti s	f	All other contributions, gifts, gran	ts, and					
혉		similar amounts not included abo	ve 1f					
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines	1a-1f: \$					
ō ₫	h	Total. Add lines 1a-1f		<b></b>	710,615.			
				<b>Business Code</b>				
ce	2 a	NASW-TENNHELP		900099	20,000.			20,000. 19,320.
e Z	b			900099	19,320.			19,320.
Sel	С	TIG TECH CONTRA	CT - LA	900099	7,500.			7,500.
leve	d	TASK FORCE		900099	5,110.			5,110.
Program Service Revenue	е							
ه ا	f	All other program service reve	enue					
	g				51,930.			
	3	Investment income (including		•	1 101			1 101
		other similar amounts)			1,181.			1,181.
	4	Income from investment of ta						
	5	Royalties						
	_		(i) Real	(ii) Personal				
	6 a							
	b							
	С	, ,						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	_	assets other than inventory						
	р	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
ne	8 а	Gross income from fundraisin including \$						
Ne l		contributions reported on line	of					
- B			•					
Other Revenue	h	Part IV, line 18						
ᄚᅵ		Less: direct expenses  Net income or (loss) from fund						
		Gross income from gaming ac	~					
	o u	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam		<b></b>				
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale		<b></b>				
Ī		Miscellaneous Revenu		Business Code				
Ī	11 a	OTHER INCOME			1,748.			1,748.
	b							
	С							
	d							
	е	Total. Add lines 11a-11d			1,748.			
83300	12	Total Revenue. Add lines 1h, 2g, 3,	4, 5, 6d, 7d, 8c, 9c, 10	c, and 11e	765,474.	0.	0.	54,859.
83200 02-02	-09							Form <b>990</b> (2008)

#### Part IX | Statement of Functional Expenses

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

	All other organizations must comple				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and		·		
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	66,774.	40,507.	26,267.	
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	163,352.	126,771.	36,581.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	7,619. 32,696.	5,538.	2,081.	
9	Other employee benefits	32,696.	24,036.	8,660.	
10	Payroll taxes	17,656.	12,936.	4,720.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	16,727.	12,404.	4,323.	
	Lobbying				
е					
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	26,542.	19,682.	6,860.	
17	Travel	6,192.	4,707.	1,485.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24,869.	24,869.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,467.		14,467.	
23	Insurance	3,945.	2,926.	1,019.	
24	Other expenses. Itemize expenses not covered				
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)				
а	GRANT EXPENSE	238,132.	238,132.		
b	CONSULTING	38,500.	30,800.	7,700.	
С	CLE PROBONO	18,964.	17,298.	1,666.	
d	TELEPHONE & INTERNET	9,650.	7,156.	2,494.	
е	COMPUTER AND WEBSITE	9,568.	7,750.	1,818.	
f	All other expenses	36,713.	24,421.	12,292.	
25	Total functional expenses. Add lines 1 through 24f	732,366.	599,933.	132,433.	0
26	Joint Costs. Check here  if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet								
			(A) Beginning of year		(B) End of					
	1	Cash - non-interest-bearing	94,915.	1	8	0,9	99.			
	2	Savings and temporary cash investments		2						
	3	Pledges and grants receivable, net	56,739.	3		2,0				
	4	Accounts receivable, net		4		5,0	00			
	5	Receivables from current and former officers, directors, trustees, key								
		employees, or other related parties. Complete Part II of Schedule L		5						
	6	Receivables from other disqualified persons (as defined under section								
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete								
		Part II of Schedule L		6						
ets	7	Notes and loans receivable, net		7						
Assets	8	Inventories for sale or use	1 250	8		1 0	<u> </u>			
•	9	Prepaid expenses and deferred charges	1,250.	9		1,8	<u> </u>			
		Land, buildings, and equipment: cost basis 10a 67,734	<u>*-</u>							
	D	Less: accumulated depreciation. Complete Part VI of Schedule D 10b 33,865	5. 10,117.	10c	2	3,8	60			
	11	Part VI of Schedule D		11		5,0	0 9 .			
	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	3,700.	15		3,7	00			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1 - 4 - 4 - 4 - 4	16		$\frac{3}{7}, \frac{4}{4}$				
	17	Accounts payable and accrued expenses		17		<del>3,</del> 7				
	18	Grants payable		18		8,3				
	19	Deferred revenue	"	19						
	20	Tax-exempt bond liabilities	20							
S	21	Escrow account liability. Complete Part IV of Schedule D	21							
Liabilities	22									
iabi		highest compensated employees, and disqualified persons. Complete Part II								
_		of Schedule L		22						
	23	Secured mortgages and notes payable to unrelated third parties		23						
	24	Unsecured notes and loans payable		24						
	25	Other liabilities. Complete Part X of Schedule D		25		$\frac{1,4}{2}$				
	26	Total liabilities. Add lines 17 through 25	120,949.	26	16	3,5	96			
		Organizations that follow SFAS 117, check here   X and complete								
ces		lines 27 through 29, and lines 33 and 34.	E0 772	07	0	2 0	0 0			
lan	27	Unrestricted net assets		27	0	3,8	00			
Ba	28 29	Temporarily restricted net assets  Permanently restricted net assets		28						
Fund Balances	29	Organizations that do not follow SFAS 117, check here and and		29						
Ē		complete lines 30 through 34.								
Net Assets or	30	Capital stock or trust principal, or current funds		30						
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31						
ţ.	32	Retained earnings, endowment, accumulated income, or other funds		32						
ž	33	Total net assets or fund balances		33	8	3,8	80			
	34	Total liabilities and net assets/fund balances	4 = 4 = 4 4	34		7,4				
Pa	rt XI	Financial Statements and Reporting		•						
						Yes	No			
1	Acco	unting method used to prepare the Form 990: Cash X Accrual	Other							
2a	Were	the organization's financial statements compiled or reviewed by an independent	ent accountant?		2a		Х			
b	Were	the organization's financial statements audited by an independent accountant	t?		2b	Х				
С	If "Ye	es" to lines 2a or 2b, does the organization have a committee that assumes res	ponsibility for oversight of the	audit,						
		w, or compilation of its financial statements and selection of an independent a			2c	Х				
За		result of a federal award, was the organization required to undergo an audit or	~							
		nd OMB Circular A-133?			3a		X			
b	If "Ye	es," did the organization undergo the required audit or audits?			3b					

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		TENNESS	EE ALLIANCE	FOR L	EGAL	SERVI	CES		6	2-0979	831		
Part I	Reason	for Public Char	<b>ity Status</b> (All organiz	zations mu	st comple	te this par	t.) (see ins	tructions)					
he organ	ization is not a	private foundation	because it is: (Please ch	eck only <b>o</b>	ne organiz	zation.)							
1	A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)						
2	A school des	cribed in section 17	' <b>0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)									
з 🗔			tal service organization	-		170(b)(1)	( <b>A</b> )(iii). (At	tach Sche	dule H.)				
4	•	•	operated in conjunction						•	the hospita	l's nam	ıe.	
. —	city, and stat		-,					(-/( -/( -/( -/( -	,			,	
5	•		benefit of a college or u	niversity o	wned or or	perated by	a governi	mental uni	t describ	ned in			
•	Ü	(b)(1)(A)(iv). (Comple	· ·	involuty of	·····ou o. o.	ooratoa by	a govern	morrial am	. 4000116	, ou			
6			ent or governmental uni	t describe	d in <b>sectio</b>	n 170/h)/-	17777						
7 X								or from the	general	nublic des	orihad i	in	
	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8 🗌	section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9						rom contri	hutiana n	a a maha ya bi	n food o	nd aroon ra	aainta	from	
9	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment												
			axable income (less sect	tion 511 ta	ix) irom bu	isinesses a	acquired b	y the orga	nization	arter June	30, 197	Э.	
40		<b>509(a)(2).</b> (Complete		-4.6			F00/-V/	• • • • • • • • • • • • • • • • • • • •		- \			
10			perated exclusively to te										
11			perated exclusively for the									or	
			ations described in secti				2). See <b>se</b> 0	Stion 509(	<b>a)(3).</b> On	eck the box	( tnat		
			organization and compl							٦	011		
	a Type I		· , .	• •	e III - Func	•	-		a	☐ Type III -			
e	, ,		it the organization is not		•	•	•		•	•		.n	
			han one or more publicly						9(a)(1) or	section 50	Э(a)(2).		
f	•		ten determination from		•								
			nis box									. Ш	
g			organization accepted ar										
			irectly controls, either al								Yes	No	
			upported organization?									<u> </u>	
			n described in (i) above?									<u> </u>	
	(iii) A 35% d	controlled entity of a	person described in (i) of	or (ii) above	e?					11g(iii)	1		
h	Provide the fo	ollowing information	about the organizations	the organ	ization su	oports.							
			· · · · · · · ·										
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organizațio	the	(vii) Ar	nount of	f	
orga	anization		(described on lines 1-9		sted in your document?			(i) organiz U.S.	ed in the	sup	port		
			above or IRC section			` ′							
			(see instructions))	Yes	No	Yes	No	Yes	No				
				1									
				1	I	I	I	I	[	1			

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Schedule A (Form 990 or 990-EZ) 2008

Total

Schedule A (Form 990 or 990-EZ) 2008 TENNESSEE ALLIANCE FOR LEGAL SERVICES 62-0979831 Page 2

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.)								
Se	Section A. Public Support								
Cal	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	446,677.	595,755.	577,840.	510,027.	710,615.	2840914.		
2	Tax revenues levied for the organ-						_		
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 - 3	446,677.	595,755.	577,840.	510,027.	710,615.	2840914.		
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)								
	Public Support. Subtract line 5 from line 4.						2840914.		
	ction B. Total Support								
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
	Amounts from line 4	446,677.	595,755.	577,840.	510,027.	710,615.	2840914.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties	020	2 402	2 704	2 0 6 0	1 101	11 100		
_	and income from similar sources	939.	2,403.	2,794.	3,869.	1,181.	11,186.		
9	Net income from unrelated business								
	activities, whether or not the								
40	business is regularly carried on								
Ю	Other income. Do not include gain								
	or loss from the sale of capital	283.			31,119.	1,748.	33,150.		
44	assets (Explain in Part IV.)	205.			31,119.	1,740.	2885250.		
	Gross receipts from related activities,	oto (soo inetructio	ana)			12	339,515.		
	First five years. If the Form 990 is for	•	,	d fourth or fifth to	av voar as a soctio		337,313.		
10	organization, check this box and stop						ightharpoonup		
Se	ction C. Computation of Publ						<u></u>		
	Public support percentage for 2008 (I			column (f))		14	98.46 %		
	Public support percentage from 2007					15	99.63 %		
	33 1/3% support test - 2008. If the o					nore, check this bo	x and		
	stop here. The organization qualifies	•		•		•			
k	33 1/3% support test - 2007. If the o								
	and <b>stop here.</b> The organization qual	-							
172	10% -facts-and-circumstances tes								
	and if the organization meets the "fac								
	meets the "facts-and-circumstances"			-		_			
k	10% -facts-and-circumstances tes								
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	in Part IV how the			

Schedule A (Form 990 or 990-EZ) 2008

 Schedule A (Form 990 or 990-EZ) 2008

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

Section A. Public Support

Calendar year (or fiscal year beginning in)

(a) 2004

(b) 2005

(c) 2006

(d) 2007

(e) 2008

(f) Total

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")

	g ,			
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-			
	iness under section 513			
4	Tax revenues levied for the organ-			
	ization's benefit and either paid to			
	or expended on its behalf			
5	The value of services or facilities			
	furnished by a governmental unit to			
	the organization without charge			
6	Total. Add lines 1 - 5			
7:	Amounts included on lines 1, 2, and			

3 received from disqualified persons

b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000

c Add lines 7a and 7b

8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</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

	check this box and stop here		<u></u> ▶L
Se	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	

Sec	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	

9a 33 1/3% sup	port tests	- 2008. If the	organization	did not ch	eck the b	oox on line 14	4, and line 1	15 is more tha	ın 33 1/3	% , and line 1	7 is not
more than 33	1/3%, ch	eck this box an	nd <b>stop her</b> e	e. The orga	nization o	qualifies as a	publicly su	ipported orga	nization		
										00 4 (00 (	

ľ	b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and
	line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> 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 A (Form 990 or 990-EZ) 2008

#### SCHEDULE C (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2008 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

<ul><li>Section 50</li></ul>	1(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Name of organ	ization			Emp	loyer identification number
	TENNESS	EE ALLIANCE FOR	LEGAL SERVI	ICES	62-0979831
Part I-A	To be completed b	y all organizations exen	npt under section	501(c) and section 5	27 organizations.
	See the instructions for S	chedule C for details.	-		_
1 Provide a	description of the organiz	ation's direct and indirect politi	ical campaign activities	s in Part IV	
					•
					·
3 volunteer	nours				
Part I-B	To be sevenleded by			- F04(-)(0)	
	-	y all organizations exen	npt under section	1 50 1(0)(3).	
	See the instructions for S				
		incurred by the organization ur			
		incurred by organization manage			
3 If the orga	anization incurred a section	n 4955 tax, did it file Form 4720	O for this year?		Yes No
4a Was a co	rection made?				Yes No
<b>b</b> If "Yes," o	lescribe in Part IV.				
Part I-C	To be completed b	y all organizations exen	npt under section	1 501(c), except section	on 501(c)(3).
	See the instructions for S	chedule C for details.			
1 Enter the	amount directly expended	by the filing organization for s	ection 527 exempt fun	ction activities	}
2 Enter the	amount of the filing organ	ization's funds contributed to c	other organizations for	section 527	
exempt fu	nction activities			<b>▶</b> \$	}
		function expenditures. Add line			
Form 112	0-POL, line 17b			▶ 9	
		1120-POL for this year?			
		nployer identification number (E			
		if the amount was paid from th			
		separate political organization			
	al space is needed, provi		, ,	3 3	( )
	(a) Name	(b) Address	(a) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(c) EIN	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
				,	delivered to a separate
					political organization.  If none, enter -0
					il florie, effici -o

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Schedule C (Form 990 or 990-EZ) 2008

Schedule C (Form 990 or 990-EZ) 2008 TENNESSEE ALLIANCE FOR LEGAL SERVICES 62-0979831 Page 2 To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details. A Check ▶ if the filing organization belongs to an affiliated group. B Check ▶ if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals 0. **1a** Total lobbying expenditures to influence public opinion (grassroots lobbying) 36,000. b Total lobbying expenditures to influence a legislative body (direct lobbying) 36,000. c Total lobbying expenditures (add lines 1a and 1b) 696,366. d Other exempt purpose expenditures 732,366. e Total exempt purpose expenditures (add lines 1c and 1d) 134,855. Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. 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. 33,714 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. Enter -0- if line g is more than line a i Subtract line 1f from line 1c. Enter -0- if line f is more than line c j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No 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 2a through 2f of the instructions.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) Total (or fiscal year beginning in) 125,935. 129,056. 117,890. 134,855. 507,736. 2a Lobbving non-taxable amount **b** Lobbying ceiling amount (150% of line 2a, column(e)) 761,604. 36,250. 36,000. 36,000. 36,000. 144,250. c Total lobbying expenditures

32,264.

31,484.

Schedule C (Form 990 or 990-EZ) 2008

126,935.

190,403.

33,714.

d Grassroots non-taxable amounte Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

29,473.

Schedule C (Form 990 or 990-EZ) 2008 TENNESSEE ALLIANCE FOR LEGAL SERVICES 62-0979831 Page 3

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

		(a	)	(b	))
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	, , , , , , , , , , , , , , , , , , , ,				
е	Publications, or published or broadcast statements?				
f	7 71 1				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u></u>	504( )(5)		
Par	t III-A To be completed by all organizations exempt under section 501(c)(4)	, section	501(c)(5)	, or sect	ion
	501(c)(6). See the instructions for Schedule C for details.			Vaa	N <sub>2</sub>
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?				
Par	t III-B To be completed by all organizations exempt under section 501(c)(4)				
	501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details.	II Part III	-A, ques	นเบท 3 เร	
_			1		
1	Dues, assessments and similar amounts from members		'		
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenditures for which the section 527(f) tax was poid)	icai			
_	expenses for which the section 527(f) tax was paid).		20		
	Current year				
	Carryover from last year				
c	Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the control of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the control of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.				
			4		
5	expenditure next year?  Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		···· <del></del>		
	t IV Supplemental Information		3		
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar	nd Part II-R	line 1i Δlsc	complete	this nart
	ny additional information.	id i ait ii-b,	iiile II. Alsc	, complete	tilis part
ioi ai	ty additional information.				

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No. 1545-0047 **Inspection** 

Name of the organization

**Employer identification number** 62-0979831

	TENNESSEE ALLIANCE FOR LEGAL SERVICES	62-0979831
Pai	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	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 fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used	
	for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private b	. — —
Pai		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historical	ly important land area
	Protection of natural habitat Preservation of certified hist	
	Preservation of open space	
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation	on easement on the last day
_	of the tax year.	on casemont on the last day
	of the tax you.	Held at the End of the Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	
•	year	neation during the taxable
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and	
_	enforcement of the conservation easements it holds?	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year	······
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	3)(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 state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization	ganization's accounting for
	conservation easements.	
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	rvice, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance she	eet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or research in furtherance of public service, prov	ide 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	<b>L</b> 4
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under SFAS 116 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	. • \$
b	Assets included in Form 990, Part X	. • \$
LHA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2008

832051 12-23-08

	t III Organizations Maintaining Co	ollections of A					r Simila		ts (cont		g - <b>-</b>
	Using the organization's accession and other										
3	that apply):	iccords, oriect arry	, 51 (116 1	onowing the	at are a signill	can use	JI 113 COIR		(01160	on all	
а	Public exhibition	c		Loan or ove	hange progra	ame					
		_									
b	Scholarly research	е	• '	Other							
C	Preservation for future generations				la a	1		i- D	L X/IV /		
4	Provide a description of the organization's coll							se in Par	t XIV.		
5	During the year, did the organization solicit or								٦.,		
D	to be sold to raise funds rather than to be mai								<b>Yes</b>		No
Pai	Trust, Escrow and Custodial A reported an amount on Form 990, Part		G. Compl	ete if organ	ization answe	ered "Yes	" to Form	990, Par	t IV, line	9, or	
		•									
1a	Is the organization an agent, trustee, custodia								٦		
	on Form 990, Part X?							L	<b>」Yes</b>		No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the fo	ollowing	table:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance								_		
<b>2</b> a	Did the organization include an amount on For	rm 990, Part X, line	21?					L	Yes		No
	If "Yes," explain the arrangement in Part XIV.										
Pai	t V Endowment Funds. Complete if	organization answe	ered "Ye	s" to Form 9	990, Part IV, I	ine 10.					
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	s back (	<b>d)</b> Three ye	ars back	(e) Four	years b	ack
1a	Beginning of year balance										
b	Contributions										
С	Investment earnings or losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the year	end balance held a	as:		•						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment > %	<del></del>									
За	Are there endowment funds not in the posses	sion of the organiz	ation tha	at are held a	ınd administe	red for th	ne organiz	ation			
	by:	J					J		ſ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	on Sched	dule R?					3b		
4	Describe in Part XIV the intended uses of the									ļ	
	t VI Investments - Land, Buildings				. Part X. line	10.					
	Description of investment	(a) Cost or o			or other		epreciation	,	(d) Bool	k value	
	Becomption of invocations	basis (investr		` '	(other)	(0) 5	opi oolatioi	·	(u, 200)	it value	
	Land	`									
	Buildings										
	Leasehold improvements										
				6	7,734.		33,86	55.	3	3,86	9.
	Equipment Other				,,,,,,,,,,		33,00			<i>-</i> ,	, ,  •
	. Add lines 1a-1e. (Column (d) should equal Fon	•	ımn (P)	line 10/01 1					3	3,86	9
· otal	ii , iaa iii loo Ta To. (Oolulliii (u) SHOulu Eylial FOI.	,,, ουυ, 1 αιι Λ, υυ <i>ι</i> ι	лин ( <i>D)</i> ,	10 10(b).)					J.	-, -	· - •

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. Se		12.	02 0979091 Tage 0
(a) Description of security or category (including name of security)	(b) Book value	(c) Method	of valuation: ear market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total (Col (b) should equal Form 000, Part V and (P) line 12 )			
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related. So	oo Form 000 Port V line	10	
			of valuation:
(a) Description of investment type	(b) Book value		ear market value
		+	
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶			
Part IX Other Assets. See Form 990, Part X, line			(h) Dook volue
(a)	Description		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) lin	ne 15.)		
Part X Other Liabilities. See Form 990, Part X,			•
(a) Description of liability		(b) Amount	
Federal income taxes			
SECURITY DEPOSITS REFUNDABLE		1,480.	
T-1-1 (O-1 (h) -h 1/1 1/5 000 B -1 /- 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1	205)	1 400	
Total. (Column (b) should equal Form 990, Part X, col (B) li	ne ∠5.) ▶	1,480.	

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.

832053 12-23-08

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Financi	al Statements		-
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		765,474.
2	Total expenses (Form 990, Part IX, column (A), line 25)				732,366.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				33,108.
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV)				
9	Total adjustments (net). Add lines 4-8				0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9				33,108.
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme				
1	Total revenue, gains, and other support per audited financial statements			1	765,474.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	765,474.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIV)	. 4b			
С				4c	0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12.)			5	765,474.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem			r Return	
1	Total expenses and losses per audited financial statements			1	732,366.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
	Prior year adjustments				
	Losses reported on Form 990, Part IX, line 25				
d					
е	Add lines <b>2a</b> through <b>2d</b>			2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			3	732,366.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				-
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)			_	
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18.)			-	732,366.
	rt XIV Supplemental Information				,
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	II, lines 1a a	and 4; Part IV, lines	1b and 2b;	Part V, line 4; Part

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information to Form 990**

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

2008
Open to Public Inspection

Name of the organization

TENNESSEE ALLIANCE FOR LEGAL SERVICES

Employer identification number 62-0979831

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

TO INCREASED FINANCIAL AND ADVOCATE SUPPORT FOR TENNESSEE LEGAL

SERVICES PROGRAMS. TALS IS COMMITTED TO GROWING AND BROADENING PRO

BONO PARTICIPATION BY PRIVATE ATTORNEYS AND DEVELOPING AN EFFECTIVE PRO

SE PARTNERSHIP WITH THE STATE COURTS.

FORM 990, PART VI, SECTION A, LINE 10: A DRAFT OF THE FORM 990 IS PROVIDED TO A SUBCOMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW. ANY AND ALL INQUIRIES AND CORRECTIONS MADE BY THE SUBCOMMITTEE ARE CONSIDERED, AND THE FORM 990 IS UPDATED APPROPRIATELY.

PART VI, SECTION B, LINE 15: THE TENNESSEE ALLIANCE FOR LEGAL (TALS) BY-LAWS GIVE THE BOARD OF DIRECTORS THE SOLE AUTHORITY TO EMPLOY AN EXECUTIVE DIRECTOR (E.D.) OF THE AGENCY. ALL OTHER STAFF MEMBERS ARE HIRED AT THE DISCRETION OF THE E.D. WITHIN THE CONFINES OF THE AGENCY'S BEGINNING IN 2008, THE TALS BUDGET INCLUDED A LINE ANNUAL BUDGET. ITEM FOR SALARY INCREASES AND A SEPARATE LINE ITEM FOR THE E.D.'S SALARY. THESE AMOUNTS ARE THE POOL FROM WHICH INCREASES CAN COME, BASED UPON ANNUAL PERFORMANCE REVIEW. THIS WAS DONE AT THE REQUEST OF THE BOARD OF DIRECTORS.

THE BOARD OF DIRECTORS SET THE SALARY LEVEL FOR THE E.D. AT THE TIME OF
HIRE. ANNUALLY, AT OR NEAR THE HIRE DATE OF THE E.D., THE BOARD (OR A

COMMITTEE OF THE BOARD, TALS NOW CURRENTLY HAS A PERSONNEL COMMITTEE)

CONDUCTS AN ANNUAL PERFORMANCE REVIEW OF THE E.D. THE REVIEW INCLUDES

SEVERAL PARTS - WRITTEN EVALUATION BY EACH BOARD MEMBER; WRITTEN AND

INTERVIEW EVALUATION WITH EACH STAFF MEMBER; INTERVIEW EVALUATION WITH KEY

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

Schedule O (Form 990) 2008

832211 12-18-08

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information to Form 990**

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



Name of the organization	TENNESSEE	ALLIANCE 1	FOR LEGAL	SERVICES	Employer identification number 62-0979831
STAKEHOLDER PAR	TNERS; AND	A SELF-EV	ALUATION.		
ONCE THIS PROCE	SS IS COMPL	ETED, THE	COMMITTE	E RECOMMENDS	TO THE BOARD A
SALARY LEVEL FO	OR THE E.D.	FOR THE N	EXT YEAR.	THE BOARD T	HEN MEETS IN
EXECUTIVE SESSI	ON TO DISCU	SS AND VO	TE ON THE	RECOMMENDED	SALARY LEVEL FOR
THE FOLLOWING Y	EAR.				
FORM 990, PART	VI, SECTION	C, LINE	19: THESE	DOCUMENTS AR	E MADE AVAILABLE
TO THE PUBLIC U	JPON REQUEST	•			

Asset No.	Description	Date Acquired		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction

#### Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

• If you	are filing for an Automatic 3-Month Extension, complete only Part I and check this box are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).										
	complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	ea Form 8868.										
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).											
A corpor Part I on	ation required to file Form 990-T and requesting an automatic 6-month extension - check this box and com ly	nplete ►										
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an come tax returns.	extension of time										
noted be (not auto you mus	ic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensic flow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic matic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or co t submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file gov/efile and click on e-file for Charities & Nonprofits.	cally if (1) you want the additional nsolidated Form 990-T. Instead,										
Type or	Name of Exempt Organization	Employer identification number										
print	TENNESSEE ALLIANCE FOR LEGAL SERVICES	62-0979831										
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions.  50 VANTAGE WAY. NO. 250											
return. See instructions	iee											
Check ty	/pe of return to be filed(file a separate application for each return):											
Fo Fo	X       Form 990       Form 990-T (corporation)       Form 4720         Form 990-BL       Form 990-T (sec. 401(a) or 408(a) trust)       Form 5227         Form 990-EZ       Form 990-T (trust other than above)       Form 6069         Form 990-PF       Form 1041-A       Form 8870											
Telepi If the If this	ERIK COLE  ooks are in the care of ► 50 VANTAGE WAY, SUITE 250 - NASHVILLE,  hone No. ► 615-627-0956  FAX No. ► 615-627-0964  organization does not have an office or place of business in the United States, check this box  is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the interval of the group, check this box  and attach a list with the names and EINs of all	s is for the whole group, check this										
is t	equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt											
2 If t	his tax year is for less than 12 months, check reason:	Change in accounting period										
	his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nrefundable credits. See instructions.	3a \$										
	his application is for Form 990-PF or 990-T, enter any refundable credits and estimated	) ob   6										
	a payments made. Include any prior year overpayment allowed as a credit.  Iance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	3b \$										
de	posit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).  e instructions.	3c \$ N/A										
	Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.											

823831 05-26-0

LHA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.