990

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 2007 calendar year, or tax year beginning 2007, and ending 20 D Employer identification number Please C Name of organization B Check if applicable: use IRS oalition To Abolish State Killing Tenuessee 62 : 1577038 Address change label or Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number print or Name change type. (615) 256-39CG Initial return Specific F Accounting method: Cash Accrual City or town, state or country, and ZIP + Termination nstruc ์ วี่มี 312/2-055a lashville tions. ☐ Other (specify) ▶ Amended return H and I are not applicable to section 527 organizations. Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for affiliates? Yes No H(b) If "Yes," enter number of affiliates ▶ www. + cask .org G Website: ► H(c) Are all affiliates included? Yes No J Organization type (check only one) ► 💢 501(c) 🜙) < (insert no.) 🗌 4947(a)(1) or 🔲 527 (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an Check here ► if the organization is not a 509(a)(3) supporting organization and its gross organization covered by a group ruling? Yes XNo receipts are normally not more than \$25,000. A return is not required, but if the organization chooses Group Exemption Number ▶ to file a return, be sure to file a complete return. Check ► ☐ if the organization is not required Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ to attach Sch. B (Form 990, 990-EZ, or 990-PF). Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received: 1a a Contributions to donor advised funds 1b b Direct public support (not included on line 1a) 1c c Indirect public support (not included on line 1a) . . . 1d d Government contributions (grants) (not included on line 1a) e Total (add lines 1a through 1d) (cash \$ 6015) noncash \$ 1e 2 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 4 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities 6a 6b 6c Net rental income or (loss), Subtract line 6b from line 6a. 7 Other investment income (describe 7 (B) Other (A) Securities 8a Gross amount from sales of assets other 8a than inventory 8b b Less: cost or other basis and sales expenses. 8c c Gain or (loss) (attach schedule) 8d d Net gain or (loss). Combine line 8c, columns (A) and (B) 9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ □ a Gross revenue (not including \$ contributions reported on line 1b) 9b **b** Less: direct expenses other than fundraising expenses . 297(n 9с c Net income or (loss) from special events. Subtract line 9b from line 9a 10a Gross sales of inventory, less returns and allowances . . . 10c c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a . 11 Other revenue (from Part VII, line 103) 11 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11. 12 13 Program services (from line 44, column (B)) . . . 13 14 Management and general (from line 44, column (C)) 14 15 Fundraising (from line 44, column (D)) 15 16 Payments to affiliates (attach schedule) . . . 16 Total expenses. Add lines 16 and 44, column (A) 17 17 18 Net Assets Excess or (deficit) for the year. Subtract line 17 from line 12 18 19 19 Net assets or fund balances at beginning of year (from line 73, column (A)). 20 Other changes in net assets or fund balances (attach explanation). . . 20 21

Net assets or fund balances at end of year. Combine lines 18, 19, and 20

Form 990 (2007)	Tennessee (Coalition To	Abolish	State Killing	62-1577038 Page 2

Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Functional Expenses organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.) Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. services and general 22a Grants paid from donor advised funds (attach schedule) (cash \$ _ __ noncash \$ _ 22a If this amount includes foreign grants, check here \blacktriangleright 22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ __ Ø If this amount includes foreign grants, check here \(\rightarrow\) 22b Specific assistance to individuals (attach schedule) Travel to family of death row minuse.

Benefits paid to or for members (attach 23 100 24 schedule) 25a Compensation of current officers, directors, 28246 25a key employees, etc. listed in Part V-A . . . b Compensation of former officers, directors, 25b key employees, etc. listed in Part V-B . . . c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons 25c described in section 4958(c)(3)(B) Salaries and wages of employees not included 26 on lines 25a, b, and c 27 Pension plan contributions not included on 27 lines 25a, b, and c Employee benefits not included on lines 28 28 25a - 27 29 Payroll taxes 29 30 30 Professional fundraising fees 31 31 Accounting fees 32 Legal fees 32 33 33 Supplies 3180 34 318D 34 35 **2640** 2640 Postage and shipping 35 3000 1026 36 36 Occupancy 37 37 Equipment rental and maintenance . . . 7148 38 38 Printing and publications 39 *0*428 39 40 Conferences, conventions, and meetings. . 1/2/1 40 41 41 42 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): n90 <u> 1</u>65 43a Membership а Insulance 43b Campaign-Moratorium 43c 43d 43e 43f 43g Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 103801 112009 Joint Costs. Check ▶ ☐ if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? . 🕨 🗆 Yes 🕒 No _; (ii) the amount allocated to Program services \$_ If "Yes," enter (i) the aggregate amount of these joint costs \$_ ; and (iv) the amount allocated to Fundraising \$ (iii) the amount allocated to Management and general \$

Form 990 (2007) Tenussee Coalition to Abolish Stak Killing 62-1577038 P	age 3
Part III Statement of Program Service Accomplishments (See the instructions.)	
Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information abore particular organization. How the public perceives an organization in such cases may be determined by the information prese on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization programs and accomplishments.	nted
What is the organization's primary exempt purpose? ► Tolducase the public and last Program Ser	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (Required for \$01(c) of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(3) and
a Public education: wewslotter media letter-writing	
Public railies & Public forums across the State of Tennessee	
(Grants and allocations \$ 42000) If this amount includes foreign grants, check here ▶ □ 6380	1
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
c :-	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	

f Total of Program Service Expenses (should equal line 44, column (B), Program services).

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Fe	irt IV	Balance Sneets (See the Instructions.)			
1	lote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing		45	
	46	Savings and temporary cash investments	56004	46	31139
			_		
	47a	Accounts receivable			
	b	Less: allowance for doubtful accounts . 47b	<u></u>	47c	
	Ì				
	48a	Pledges receivable			
	b	Less: allowance for doubtful accounts . 48b		48c	
	49	Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and			
		key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section		505	
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach		-	
ssets		schedule)		51c	
Ass		2000: 4:10112:100 10: 400004:10 .		52	
•	52	Inventories for sale or use		53	
	53	Prepaid expenses and deferred charges		54a	
	54a	Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV		54b	
	Į.	1			-
) 55a	Investments—land, buildings, and equipment: basis		15 A	
	١,	Less: accumulated depreciation (attach			
	"	schedule)		55c	
	56	Investments—other (attach schedule)		56	
	57a	Land, buildings, and equipment: basis . 57a			
	Į.	Less: accumulated depreciation (attach			
	ļ	schedule)		57c	
	58	Other assets, including program-related investments			
		(describe ►)	51004	58	21120
	59	Total assets (must equal line 74). Add lines 45 through 58	1286	59	0101
	60	Accounts payable and accrued expenses	1200	60	
	61	Grants payable		62	
ιn	62	Deferred revenue		02	
lities	63	Loans from officers, directors, trustees, and key employees (attach		63	
	640	schedule)		64a	
Liabi		Mortgages and other notes payable (attach schedule)		64b	-
	65	Other liabilities (describe >		65	
		,			
	66 _	Total liabilities. Add lines 60 through 65	1286	66	
	Orga	anizations that follow SFAS 117, check here ▶ ☐ and complete lines			
ç	•	67 through 69 and lines 73 and 74.			
J.Ce	67	Unrestricted		67	
ala	68	Temporarily restricted		68	
Fund Balances	69	Permanently restricted		69	
Pur	Orga	anizations that do not follow SFAS 117, check here ▶ ☐ and			
正		complete lines 70 through 74.		70	
s or	70	Capital stock, trust principal, or current funds		71	
Net Assets	71	Paid-in or capital surplus, or land, building, and equipment fund .	54718	72	30420
Ass	72 73	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances. Add lines 67 through 69 or lines	<u> </u>		
et	13	70 through 72. (Column (A) must equal line 19 and column (B) must			
Z		equal line 21)	54718	73	<u> 30424</u>
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	5(00)4	74	31139

	990 (2007) Temessee Coultion 1 IV-A Reconciliation of Revenue per Aud	_To Abolish			
	instructions.)	iiteu Filianciai Staten	ients with Rev	enue per Heturn	(See the
a b	Total revenue, gains, and other support per audit Amounts included on line a but not on Part I, line			а	NA
1	Net unrealized gains on investments		b1		
2	Donated services and use of facilities		b2		
3	Recoveries of prior year grants		b3		
4	Other (specify):				
			b4		
	Add lines b1 through b4			· · · b	
C				· · · C	
d	Amounts included on Part I, line 12, but not on li		l d1 l		
1 2	Investment expenses not included on Part I, line		101		
2	Other (specify):		d2		
	Add lines d1 and d2		<u> </u>	d	
е	Total revenue (Part I, line 12). Add lines c and d				
Par	t IV-B Reconciliation of Expenses per Au				n , , ,
а	Total expenses and losses per audited financial s	statements	· · · · · ·	а	NIA
b	Amounts included on line a but not on Part I, line				
1	Donated services and use of facilities		b1		
2	Prior year adjustments reported on Part I, line 20		b2		
3	Losses reported on Part I, line 20		b3		
4	Other (specify):		b4		
	Add lines b1 through b4		[04]		
С	Subtract line b from line a			· · · c	
ď	Amounts included on Part I, line 17, but not on lii				
1	Investment expenses not included on Part I, line		d1		
2	Other (specify):				
			d2		
_	Add lines d1 and d2			d	
e Par	Total expenses (Part I, line 17). Add lines c and t V-A Current Officers, Directors, Trustees				director trustee
I ai	or key employee at any time during the year				, director, trustee,
		(B)	(C) Compensation	(D) Contributions to employee	(E) Expense account
	(A) Name and address	Title and average hours per week devoted to position	(If not paid, enter	benefit plans & deferred compensation plans	and other allowances
	Hacy Rector	Exec Divictor	2000		
	•	401WK	34719	Ø	Ø
	Alex Weiserdanger	ASST EXCL DIVECTO	13917	d	٠,
	1000 1/2 10	40 lux ASST EXEC Director 40/WK-HUWH Program Mgr 40/WK-Jun-Dec	, , , , , , , , , , , , , , , , , , ,	Ø	Ø
	Isaac Kimes	Hogram Mgr	14328	Ø	Ø
		40100COM-ICC	- 1,024	<u> </u>	 Ψ
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_	990 (2007) 1 Challes Coalition	- 10 Abolis	LStall K	illing 62-157	703	8 ,	Page (
_	rt V-A Current Officers, Directors, Trustee	s, and Key Employe	ees (continued)			_	No	
75a	Enter the total number of officers, directors, and to meetings	rustees permitted to v	ote on organizatio	on business at board				
b	Are any officers, directors, trustees, or key employees listed in Schedule A, Part I, or hig contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that id-	hest compensated p II-B. related to each	professional and	other independent	75b		×	
	relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s). c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.							
Q Pai	Does the organization have a written conflict of in		<u> </u>	·	75d	X		
	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of comp	ceived compensation of	r other benefits (d	escribed below) during	the v	oar lie	omer at that	
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expenint and owance	other	
	N/A		,					
 .								
· - -								
					_			
Par	t VI Other Information (See the instruction					Yes	No	
76					76		X	
77	Were any changes made in the organizing or gov If "Yes," attach a conformed copy of the changes		t not reported to	the IRS?	77	95.	<u> </u>	
	Did the organization have unrelated business grothis return?		or more during t	he year covered by	78a		×	
b 79	If "Yes," has it filed a tax return on Form 990-T for Was there a liquidation, dissolution, termination, or			ar? If "Yes," attach	78b 79	16 - I	Y	
80a	a statement	tion with a statewide	or nationwide or	ganization) through	13			
	common membership, governing bodies, truste organization?				80a	eg Avis	X	
	If "Yes," enter the name of the organization ▶	and check whether it	is a exempt o	r nonexempt				
	Enter direct and indirect political expenditures. (S Did the organization file Form 1120-POL for this				81b	Fig	X	

Form	990 (2007) Tennessee Coalition To Abolish Stall Killing La	2-1577	038	P	Page 7
Par	rt VI Other Information (continued)			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at n or at substantially less than fair rental value?	o charge	82a	•	X
b	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.)			/4	n
	Did the organization comply with the public inspection requirements for returns and exemption applic		83a	- N/	<u> </u>
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? Did the organization solicit any contributions or gifts that were not tax deductible?	?	83b 84a		Y
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gitts that were not tax deductible?	utions or	1,000	No.	Δ
b	qifts were not tax deductible?	utions of	84b	NA	,
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		85a	NA	1
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	}	85b	A	A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the orga	anization			
	received a waiver for proxy tax owed for the prior year.				
	Dues, assessments, and similar amounts from members			15 m 15 m 15 m	
	Coulon roz(c) robbying and pointed experiences			÷	
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			- J	
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g	N	IA
_	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount or	n line 85f		145/4 364	orgen in a
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures	s for the		- /	1
	following tax year?		85h	_N)	IA
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12				77 A 2000 1 3 3 3 3 3
	Gross receipts, included on line 12, for public use of club facilities				
87	507(c)(12) orgs. Effect a cross income north members of shareholders				
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			8.7	
	At any time during the year, did the organization own a 50% or greater interest in a taxable corpo partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	s	88a		X
	At any time during the year, did the organization, directly or indirectly, own a controlled entity we meaning of section 512(b)(13)? If "Yes," complete Part XI	vithin the	88b	30,50	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ ; section 4955 ▶				
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction from a prior year? If "Yes, a statement explaining each transaction	," attach	89b		X
С	Enter: Amount of tax imposed on the organization managers or disqualified	}		1 (1)	
	persons during the year under sections 4912, 4955, and 4958				
	Enter: Amount of tax on line 89c, above, reimbursed by the organization •				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax transaction?	X SHEILEI	89e		×
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance of	contract?	89f		X
	For supporting organizations and sponsoring organizations maintaining donor advised funds.	1			
J	supporting organization, or a fund maintained by a sponsoring organization, have excess business	holdings	89g		Δ
	at any time during the year?		osy	NU	<u> </u>
	List the states with which a copy of this return is filed ► Tennessee				• • • • •
	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) The books are in care of ► TCASK/SHGCU Rector Telephone no. ►	90b ((d5.) a	2 2560	-30	Oα
	Located at ► . 17.0. Dox . (2000 2	212:05			
b	At any time during the calendar year, did the organization have an interest in or a signature or other over a financial account in a foreign country (such as a bank account, securities account, or other		[Yes	No
	account)?		91b		X
	If "Yes," enter the name of the foreign country ▶			3	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Forei and Financial Accounts.	ign Bank	5. - 1, - 26. 5		- 1, 1

Form 990 (2	007 Jennessee Coulit	IDU 10 AI	cysilor	tallan	'ug 62-15'	<i>T10</i> 3∕6 _{Page 8}
Part VI	Other Information (continued)				\supset	Yes No
c At a	any time during the calendar year, did the	e organization ma	aintain an office	outside of the	United States?	91c X
lf "\	Yes," enter the name of the foreign count	ry ▶				
92 Sec	ction 4947(a)(1) nonexempt charitable trus I enter the amount of tax-exempt interest	ts filing Form 990) in lieu of Form	1041—Check	here	▶□
Part VII					92	
			ousiness income		tion 512, 513, or 514	(E)
indicated.	er gross amounts unless otherwise	(A)	(B)	(C)	(D)	Related or
	ogram service revenue:	Business code	Amount	Exclusion code	Amount	exempt function income
a	ogram service revenue.			1		
b						
С						
d						
е						
f Me	edicare/Medicaid payments					
	es and contracts from government agencie			ļi		1
	embership dues and assessments		<u> </u>		612	29(0)
	erest on savings and temporary cash investmen	ts	 -	7.14	513	
	vidends and interest from securities	200 1.48.48.48.60				
	et rental income or (loss) from real estate:			in the season of		
	bt-financed property		<u> </u>			
	t debt-financed property		 			
	t rental income or (loss) from personal propert her investment income	у	•	1		
	her investment income	n,				
	et income or (loss) from special events .	''		1	2976	
	oss profit or (loss) from sales of inventory	,		1 1		
_	her revenue: a					
b						
c		_		<u> </u>		
d		_		 		
е					2.16.0	22.62
	btotal (add columns (B), (D), and (E)) .			1 27 f (A)	_21 2_	<u> </u>
105 To	tal (add line 104, columns (B), (D), and (E e 105 plus line 1e, Part I, should equal th))	12 Port I		·	<u> </u>
Part VIII				oses (See th	e instructions)	
_						accomplishment
Line No. ▼	of the organization's exempt purposes (c					accomplishment
94		rected to 7			ISATT AS 2	
			<u>, , , , , , , , , , , , , , , , , , , </u>			
						<u> </u>
Part IX	Information Regarding Taxable Sul		isregarded Enti	ties (See the i	instructions.)	NIA
Nai	me, address, and EIN of corporation,	(B) Percentage of	(C) Nature of a	- ti vitina	(D) Total income	(E) End-of-year
	partnership, or disregarded entity	ownership interest	Nature of a	cuviues	Total income	assets
		%				
		%				
		%				
Part X	Information Regarding Transfers Ass	%	sonal Benefit Co	ntracts (See ti	he instructions)	IIIA
						☐ Yes IX No
	the organization, during the year, receive any funds, d the organization, during the year, pay pr					☐ Yes ☑ No
	f "Yes" to (b), file Form 8870 and Form 4					

Form 99	0 12007) TENNESSEL (palition to Abo	olon State Killin	9 62-15770	38 Page 9
Part	XI Information Regarding	Transfers To and From Con as defined in section 5	ontrolled Entities, Compl	ete only if the or	ganization
106	Did the reporting organization mathe Code? If "Yes," complete the	ake any transfers to a control	ed entity as defined in section	on 512(b)(13) of	Yes No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of	
а					
b					
С					
	Totals				
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"			ection	Yes No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of	transfer
а					
b					
С					
	Totals			50.00 50.00 50.00 50.00 50.00	
108	Did the organization have a bindi rents, royalties, and annuities des	scribed in question 107 above	?		Yes No
Please Sign Here	Under penalties of perjury, I declare that and belief, it is true, correct, and complete Signature of officer Signature of officer Type or print name and title	Have examined this return, including a ste. Declaration of preparer (other than Executive Dices	Date	ents, and to the best of n if which preparer has an 06 - 30 - 08	ıy knowledge.
Paid Preparer	Preparer's signature		Date Check if self- employed ▶ □	Preparer's SSN or PTIN (S	ee Gen. Inst. X)
Use Only	Firm s name (or yours L		EIN Phone no.	<u>▶ ;</u>	

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.)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Name of the organization Employer identification number 62: 1577038 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.") (a) Name and address of each employee paid more (d) Contributions to (e) Expense (b) Title and average hours (c) Compensation mployee benefit plans & than \$50,000 account and other per week devoted to position deferred compensation allowances Total number of other employees paid over \$50,000 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 Total number of others receiving over \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation (b) Type of service None

Total number of other contractors receiving over

\$50,000 for other services .

Sche	edule A (Form 990 or 990-EZ) 2007 TENNESSEE CONITO Abolish State Killing	ຸດວະ		age 2
	rt III Statements About Activities (See page 2 of the instructions.)			No
1	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 \$\Bigslim \frac{140}{140} \text{(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.			
2	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.)			
а	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
С	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	_	X
е	Transfer of any part of its income or assets?	2e		×
3а	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.)	За		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3ь		Χ_
С	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	3с		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .	3d	_	<u>X</u>
4a	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?	4b		X
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		<u>X</u>
d	Enter the total number of donor advised funds owned at the end of the tax year		Ø	
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		φ	
f	Enter the total number of separate funds or accounts owned at the end of the tax 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		ø_	
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		$\not\!$	

Schedule A (Form 990 or 990-EZ) 2007	ulsse !	Coalition To	Abolis	h State	Lilling Page 3
Part IV Reason for Non-Priva					ctions.)
I certify that the organization is not a priv	ate foundation be	ecause it is: (Please chec	k only ONE a	pplicable box.)	
5 A church, convention of churche	es, or association	of churches. Section 17	0(b)(1)(A)(i).		
6 A school. Section 170(b)(1)(A)(ii).	(Also complete F	art V.)			
7 A hospital or a cooperative hosp	oital service organ	ization. Section 170(b)(1)(A)(iii).		
8 A federal, state, or local government	nent or governme	ntal unit. Section 170(b)	(1)(A)(v).		
9 ☐ A medical research organization and state ▶	operated in conju	nction with a hospital. Se	ection 170(b)(1)(A)(iii). Enter th	ne hospital's name, city,
10 An organization operated for the to (Also complete the Support Sche	penefit of a college dule in Part IV-A.)	e or university owned or o	perated by a g	governmental un	nit. Section 170(b)(1)(A)(iv).
11a An organization that normally rece 170(b)(1)(A)(vi). (Also complete th	eives a substantial e Support Sched	part of its support from a	a governmenta	al unit or from th	e general public. Section
11b A community trust. Section 170(b	o)(1)(A)(vi). (Also c	omplete the Support Sc	hedule in Par	rt IV-A.)	
12 An organization that normally rece from activities related to its charit from gross investment income as organization after June 30, 1975.	able, etc., functiond unrelated busi	ns—subject to certain ex ness taxable income (le	cceptions, and ss section 51	d (2) no more th 1 tax) from bus	nan 331/3% of its support inesses acquired by the
13 An organization that is not contr requirements of section 509(a)(3).					and otherwise meets the
☐ Type I ☐ Type II	□Туре	III-Functionally Integrate	ed [☐Type ill-Othe	er
Provide the following info	1	ne supported organizat			ructions.)
(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
	_				
		·			
				 	
Total ,				•	

Sche	edule A (Form 990 or 990-EZ) 2007 TUULS SU	el Coasis	ion to A	bolish S	tute Killim	5 62-1577
Not	e: You may use the worksheet in the instruction	lly if you checked	a hox on line 10	11 or 12) Hea	oach mothed of	J
Cal	endar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.).	131398	39232	50163	45050	265842
16	Membership fees received	96,49	9699	1518	1.000	SIRIO
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	38 95	(656)	1099		6338
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	االهع	51	71	155	1446
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 sale of capital assets		1901	1422		3323
23	Total of lines 15 through 22	148105	50221	10219	45205	3038110
24	Line 23 minus line 17	142210	50883	59180	45205	Ja7478
25	Enter 1% of line 23	1421	502	1003	452	
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	n (e) line 24	▶ 26a	5950
b	Prepare a list for your records to show the nar governmental unit or publicly supported organize	ne of and amount zation) whose tota	t contributed by	each person (oth	er than a	/X
	amount shown in line 26a. Do not file this list w			i tnese excess am	iounts 26c	297418
d	Total support for section 509(a)(1) test: Enter li Add: Amounts from column (e) for lines: 18 22	ne 24, column (e) 	19 Ø		≥ 26d	4769
	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera			inator))	▶ <u>26e</u> . ▶ 26f	292109 98.4 %
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the	the name of and	total amounts rec	eived in each vea	ar from, each "disc	m a "disqualified qualified person."
b	(2006)	ved from each per year, that was mod 5 through 11b, as v	son (other than "d re than the larger vell as individuals."	lisqualified person of (1) the amount) Do not file this li	s"), prepare a list f on line 25 for the y st with your returr	for your records to rear or (2) \$5,000. n. After computing
	(2006) (2005)		. (2004)		. (2003)	
С	Add: Amounts from column (e) for lines: 15		21		► 27c	
d		and line 27b tota			1 1	
е	Public support (line 27c total minus line 27d to	пан			· · · · · · · · · · · · · · · · · · ·	4.2

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.

Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . ▶ 27f

Public support percentage (line 27e (numerator) divided by line 27f (denominator)). ▶ Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶

27h

%

%

		_	6	2-157	7038
	dule A (Form 990 or 990-EZ) 2007 Tennessee Coalition to Abolish Stale M	<u>'illiv</u>	4	Page 5	
	Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	IIA			
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	Yes	No	
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		# 100 1200 1200	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31			
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	(2007) 32,345 32,345 33,345			
			+ 4		
32 a	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	74.1 144	· · · · · · · · · · · · · · · · · · ·	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b			
	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	: (; ; ; ;)	PROMOTO S	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			(1995년) 1003년 1213년 - 1 1213년	
00	Dec the appropriate discriminate by many in any way with corport to:		7/5		
33	Does the organization discriminate by race in any way with respect to:				
а	Students' rights or privileges?	33a			
b	Admissions policies?	33b			
С .	Employment of faculty or administrative staff?	33d		—	
a	Scholarships or other financial assistance?				
е	Educational policies?	33e			
f	Use of facilities?	33f 33g			
g	Athletic programs?	33h			
h	Other extracurricular activities?	3311		tieren griften	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)				
		1 01 5 1 3 1 2 3 3 4 7 2 3 3 4 7 3 3			
34a	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?	34b	 }	<u> </u>	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.				
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05	35			

Sch	edule A (Form 990 or 990-EZ) 2007 I LVWUSS	see Con v	ilina To	MARICH	210	11: 11 06	540 GA-15
P	(To be completed ONLY by a	electing Public In eligible orga	Charities (Se	e page 11 of led Form 576	the i	nstructions.)
Ch	eck ▶ a ☐ if the organization belongs to an affil	iated group. Ch	neck ▶ b 🔲 i	f you checked "a"	and "	limited control	provisions apply
	Limits on Lobby (The term "expenditures" mea	ing Expenditu	res			(a) ffiliated group totals	(b) To be completed for all electing
 36	Total lobbying expenditures to influence public	 			_		organizations
37	Total lobbying expenditures to influence a legi	c opinion (grassn	oots lobbying) .	3	-		
38	Total lobbying expenditures (add lines 36 and	3					
39			· · · · · · · ·				
40	Total exempt purpose expenditures (add lines	38 and 39)		41			
41	Lobbying nontaxable amount. Enter the amount	nt from the follow	ving table—				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
			able amount is-			as filosoficial de la companya de l La companya de la co	1 1 1
	Not over \$500,000 20%						
	Over \$500,000 but not over \$1,000,000 . \$100,						
	Over \$1,000,000 but not over \$1,500,000 . \$175,						
	Over \$1,500,000 but not over \$17,000,000. \$225,						
					-3.4		
42	Grassroots nontaxable amount (enter 25% of I	ine 41)		42	:		
43	Subtract line 42 from line 36. Enter -0- if line 4						
44	Subtract line 41 from line 38. Enter -0- if line 4	11 is more than li	ne 38	44	<u>. </u>		
	Caution: If there is an amount on either line 43	3 or line 44, you	must file Form 47	720.			
			d Under Secti			<u> </u>	· · · · · · · · · · · · · · · · · · ·
	(Some organizations that made a section See the instructions for	n 501(h) election	do not have to	complete all of t	he five	e columns be	low.
		Lot	bying Expenditu	ıres During 4-Y	ear A	veraging Per	iod
	Calendar year (or	(a)	(b)	(c)		(d)	(e)
	fiscal year beginning in) ▶	2007	2006	2005	ļ	2004	Total
15	Lobbying nontaxable amount), a-F-					
16	Lobbying ceiling amount (150% of line 45(e))	- 10 (15 (15 (15 (15 (15 (15 (15 (15 (15 (15					
17	Total lobbying expenditures						
18	Grassroots nontaxable amount						
19	Grassroots ceiling amount (150% of line 48(e))						
50	Grassroots lobbying expenditures						
Pa	t VI-B Lobbying Activity by Nonelectivity (For reporting only by organization)			Part VI-A) (Se	e pag	e 14 of the	instructions.)
	ng the year, did the organization attempt to influent to influence public opinion on a legislative m				any	Yes No	Amount
а	Volunteers					XX	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)							
С	Media advertisements					X	
d	Mailings to members, legislators, or the public					X	1076
е	Publications, or published or broadcast statem	ents					
f	Grants to other organizations for lobbying purp						
g	Direct contact with legislators, their staffs, gove	ernment officials,	or a legislative b	ody		I X	
-						1 22 1	2 1~
h i	Rallies, demonstrations, seminars, conventions Total lobbying expenditures (Add lines c through		res, or any other			$ \times $	325 1401

Schedule	A (Form 990 or 990-EZ) 2007 Teru	essel Coalition	To Abolish Shale Li	ling 62-157703'					
Part V	Informatio Exempt Or	n Regarding Trganizations (Se	Transfers To and Transa see page 14 of the instruction	actions and Relationships Wi ons.)	th Nencharitable					
51 Did 50	d the reporting orga 1(c) of the Code (ot	the reporting organization directly or indirectly engage in any of the following with any other organization described in section c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?								
a Tra	ansfers from the rep	oorting organization	to a noncharitable exempt orga	anization of:	Yes No					
					51a(i) X					
(ii)	Other assets .				a(ii) X					
b Oti	her transactions:									
(i) Sales or exchanges of assets with a noncharitable exempt organization				ation	b(i) X					
			b(ii) X							
Gin			b(iii)							
(iv)					b(iv)					
٠,					b(v) X					
	_		ship or fundraising solicitations		b(vi) ×					
			ists, other assets, or paid emplo		c					
				c. Column (b) should always show the fa						
god	ods, other assets, o	or services given by	y the reporting organization. If t	the organization received less than fair dis, other assets, or services received:	market value of the market value in any					
(a) Line no.	(b) Amount involved	Name of non-	(c) charitable exempt organization	(d) Description of transfers, transactions, and	sharing arrangements					
	-									
				· · · · · · · · · · · · · · · · · · ·						
			 							
	 									
	 									
	 									
	 									
	 									
										
	<u> </u>									
des		01(c) of the Code (other than section 501(c)(3)) or i	ne or more tax-exempt organizations n section 527? ▶	☐, Yes ☐ No					
	(a)		(b)	(c)						
	Name of organiz	zation	Type of organization	Description of relations	nip					
-			_		*					
		•	·		-					
										
										
										
		,		 ·						
 -				-						
										
				-						
		- ""								