Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2008

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org. anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

Open to Public Inspection

P	Fo	r the 2008 calendar	year, or tax year beginning	, 2008,	and end	ding			<u></u>
E	Che	ck if applicable	C		•		D Em	płoyer	identification number
ſ	Add	ress change use IRS	TENNESSEE COALITION TO AB	OLISH			6:	2-15	577038
Ì	Nan	ne change label or print or	STATE KILLING				_		number
Ţ	Initi	al return type.	PO BOX 120552				1 1	515)	256-3906
	Terr	mination See Specific	NASHVILLE, TN 37212						
	=	ended return linstruc-							xemption
1	Арр	lication pending	<u> </u>					mber	
_		● Section 501(c)(3 must atta	l) organizations and 4947(a)(1) nonexemp och a completed Schedule Å (Form 990 o	t charitable trusts r 990-EZ).		Accounting Other (spec	ıfy) 🟲		
ı	We	ebsite: > WWW.TO	CASK.ORG			H Check ► [∑ required to	attach	Sche	ganization is not dule B (Form 990,
J	Org	anization type (check on	lly one) - X 501(c) (3) ◄ (insert no)	4947(a)(1) or	527	990-EZ, or			
K	Ch	eck 🕨 If the orga	anization is not a section 509(a)(3) suppo of required, but if the organization choose	rting organization ais to file a return, be	nd its g	ross receipts a	re norr e retur	nally n	not more than
ī	Ade	d lines 5b, 6b, and 7	7b, to line 9 to determine gross receipts;					►ŝ	202,321.
г.		tead of Form 990-E	Expenses, and Changes in Net A	coto or Fund P	alana	oc (Soo tho	ınctru		
L	art			ssets or Fund b	alance	es (See the	iiisiiu	1	157,555.
	1	. •	ts, grants, and similar amounts received				-	2	137,333.
	2		revenue including government fees and c	ontracts		•	}	3	35,953.
	3	•	s and assessments				- }	4	426.
	4				اء		-	-	420.
	ן י		om sale of assets other than inventory	⊢	5a 5b	-			
	.		er basis and sales expenses	L	ומכ			5 c	
	6		ale of assets other than inventory (Subtract In 5b fror tivities (complete applicable parts of Schedule G). If		na chool	, horo	\neg \vdash		
	<u> </u>	•			ing, check	Cilere	니ㅣ		
	ן צ	a Gross revenue (n		contributions	ا ـ م	4 2			
	E	reported on line	•	<u> </u>	6a	4,3 6,6			
୯ର		•	nses other than fundraising expenses		6 b	6,0	19.	6c	-2,292.
Ő	_		from special events and activities (Subtract line 6b fr	om line 6a)	ا ـ و	•	ŀ	<u> 60</u>	-2,232.
>	7		ventory, less returns and allowances	-	7a 7b		-		
4		b Less cost of goo		75 60000 1000 701	/ Dj	 ·		7c	
SCANNED			oss) from sales of inventory (Subtract line	76 from line 7a)		• •	、 ト		4,000.
	8		be ► SEE STATEMENT 1		-,		ᢇ	8	
	9		dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8).					9	195,642.
ຼົ່ມມູ	10	Grang grad simila	ar, amounts paid (attach schedule)				-	10	
	. 11		or'for members					11	101 175
1 7	3 12	other <u>l</u> ecچ Salaries	propensation, and employee benefits and other payments to independent cont				⊢	12	101,175.
	13	Professonal fees	and other payments to independent cont	ractors				13	7,287.
2000	14	Occupancy, rent,	rutilities, and maintenance	•		•		14	3,200.
	15	Printing publicati	ions, postage, and shipping .			٠.	_ ⊢	15	12,836.
	16	Other expenses (descr	ibe ► SEE STATEMENT Z)	· -	16	21,813.
_			add lines 10 through 16).					17	146,311.
	18	Excess or (deficit	for the year (Subtract line 17 from line 9	9)			Ļ	18	49,331.
N	S 19	Net lassets or fun	d balances at beginning of year (from line	27, column (A)) (m	nust agr	ee with end-of-	-year		20 400
N E T	S 19	figure @pprted or	niprior year's return)		•			19	30,429.
•	য়ু 20	-	net assets or fund balances (attach expla		•	•		20	70.700
_	21		d balances at end of year Combine lines		• • • • • • • • • • • • • • • • • • • •	· · · · ·		21	79,760.
<u> </u>	art I	I Balance St	neets. If Total assets on line 25, column	(B) are \$2,500,000	or more				
			(See the instructions for Part II.)		⊢	(A) Beginning			(B) End of year
		ash, savings, and in	vestments		L	31,	<u> 139.</u>		80,388.
		and and buildings			L			23	
		ther assets (describ	e -	_) .	L	24	120	24	00 300
		otal assets	CDP CMAMPNONM 3	`	· -		139.	25	80,388.
			ribe SEE STATEMENT 3 lances (line 27 of column (B) must agree) ·	· -		<u>710.</u> 429.	26	79,760.
- 2	?7 N	et assets or fund ba	nances (line 27 of column (b) must agree	: with time 21)	I	30,	447.	14/	19,100.

	n 990-EZ (2008) TENNESSEE COAL				-15	77038 Page
Par			s (See the instruct	ions.)		Expenses
Desc desc prog	is the organization's primary exempt purpose? SI cribe what was achieved in carrying out the services provided, the number fram title	EE STATEMENT 4 the organization's exempt pur of persons benefited, or other	poses. In a clear and c relevant information fo	concise manner, or each	and 4947	quired for 501(c)(3) (4) organizations and (a)(1) trusts; optional others)
28						
29	(Grants \$) If t	this amount includes foreign g	grants, check here	•	28 a	
29						
30	(Grants \$) If t	his amount includes foreign g	rants, check here		29 a	
21		his amount includes foreign g	rants, check here	<u> </u>	30 a	
31	Other program services (attach schedul (Grants \$) If t	ie) his amount includes foreign g	rants, check here	. ▶□	31 a	
32	Total program service expenses (add		·		32	
Par	t IV List of Officers, Directors				npens	sated See the instrs)
	(a) Name and address	(b) Title and average hours per week devoted to position	not paid, enter -0)	(d) Contributions employee benefit plan deferred compensa	s and tion	(e) Expense account and other allowances
<u>STA</u>	CY RECTOR	EXECUTIVE DIREC 40.00	1		0.	0.
ISA	AC KIMES	FIELD ORGANIZER	28,564.		0.	0.
		40.00				
DEN	VER SCHIMMING	ORGANIZER	10,500.		0.	0.
					\dashv	
- 						
				 	_	
BAA		TEEA0812L 01	1/14/09			Form 990-EZ (2008)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
b	proxy tax requirements?. If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		Λ
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions . [37a] 0.			17
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		Х
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
	501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 > 0.; section 4912 > 0.; section 4955 > 0.			
ь	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If 'Yes,' complete Schedule L, Part I	40b		X
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization 0.		.	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
	List the states with which a copy of this return is filed NONE	400		
b	The books are in care of TCASK/ STACY RECTOR Located at PO BOX 120552 NASHVILLE TN ZIP + 4 > 37212 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country			6 NoX
C.	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country	42 c		Х
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	•	N	I/A I/A
44 [Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead		Yes	No
(the organization maintain any donor davised lands. If 105, 10111 350 mast 50 0011 plotted mistods	44		v
45	of Form 990-EZ	44		X
45 I	of Form 990-EZ s any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 45 n 990-l		<u>x</u> _

Form 990-EZ (2008) TENNESSEE COALITIO			62-157			age 4
Part VI Section'501(c)(3) organization and complete the tables for lin	s only. All section	501(c)(3) organiza				.9
	· 			TATEME		N-
46 Did the organization engage in direct or indire for public office? If 'Yes,' complete Schedule	ct political campaign a	ctivities on behalf of or	in opposition to candida	tes 46	Yes	No X
47 Did the organization engage in lobbying activi			•	47	X	
48 Is the organization operating a school as desc	• • •	•	nlete Schedule F	48		X
49a Did the organization make any transfers to an	* *		piete deficulte E .	49a		X
b If 'Yes,' was the related organization(s) a section	•	·	•	49b		
50 Complete this table for the five highest compered with the five highest compensation for the five highest	ensated employees (oth	ner than officers, directo . If there is none, enter	ors, trustees and key emp	oloyees) w	ho ead	 :h
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accou other all	nt and	;
NONE					_	
					_	
Total number of other employees paid over \$100,000						
51 Complete this table for the five highest compe from the organization. If there is none, enter 'I	nsated independent co None.'	ntractors who each rec	eived more than \$100,00	0 of compe	ensatio	าก
(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Comp	ensation	
NONE						
						—
	·					
Total number of other independent contractors recei	ving over \$100,000	>				
Under penalties of perjury, I declare that I have examitrue, correct, and complete Declaration of preparer (c	ned this return, including according than officer) is based on a	mpanying schedules and staten ill information of which prepare	nents, and to the best of my know r has any knowledge	riedge and bel	ef, it is	

Sign Here Stacy Rector
Type or print name and title Executive Director Date /22/09 Preparer's Identifying Number (See instructions) Check if self-employed Preparer's signature Paid P00285790 Pre-BELLENFANT & M/LES, P.C., Firm's name (or yours if self employed), address, and ZIP + 4 CPAS parer's Use 136 WILSON PIKE CIRCLE ► 62-1298458 (615) 370-8700 Only BRENTWOOD, TN 37027 Phone no ► X Yes No Form 990-EZ (2008) May the IRS discuss this return with the preparer shown above? See instructions BAA

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 2008

Open to Public Inspection

Employer identification number Name of the organization TENNESSEE COALITION TO ABOLISH STATE KILLING 62-1577038 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described X in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III - Functionally integrated Type II d | Type III- Other Type I b С By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 11 g (i) below, the governing body of the supported organization? a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the organizations the organization supports h (v) Did you notify the organization in col (i) of (i) Name of Supported Organization (ii) EIN (iii) Type of organization (iv) is the (vi) Is the (vii) Amount of Support (described on lines 1-9 above or IRC section organization in col organizátion in col (i) listed in your (i) organized in the US? your support? (see instructions)) governing document? Yes No No Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2008

Page 2

			. F 7 0 -4 D4		. , , , , , ,		•
Sec	(Complete only if you check tion A. Public Support	ed the box on line	5, 7, or 8 of Pari			-	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	57,681.	48,931.	141,047.	84,231.	193,508.	525,398.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3	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						0.
4	Total. Add lines 1-3	57,681.	48,931.	141,047.	84,231.	193,508.	525,398.
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).		,		,		0.
	Public support. Subtract line 5 from line 4						525,398.
Sec	tion B. Total Support				·····		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	57,681.	48,931.	141,047.	84,231.	193,508.	525,398.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	77.	51.	1,163.	513.	426.	2,230.
9	Net income form unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV) SEE PART IV	1,422.	1,901.			4,000.	7,323.
11	Total support. Add lines 7 through 10			_			534,951.
12	Gross receipts from related activ	rities, etc. (see ins	tructions)			12	0.
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o	r fifth tax year as	a section 501(c)(3	. ► 🗍
Sec	tion C. Computation of Pul	blic Support Po	ercentage			- ·- ·- ·- ·- ·- ·-	
	Public support percentage for 20 Public support percentage for 20			e 11, column (f).		14	98.2%
	33-1/3 support test — 2008. If the	e organization did	not check the box	on line 13, and	the line 14 is 33-	1/3 % or more, che	eck this box
	and stop here. The organization 33-1/3 support test — 2007. If the and stop here. The organization	e organization did	not check a box of	on line 13, or 16a,			
17 a	10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts	meets the 'facts-a	nd-circumstances'	' test, check this l	oox and stop here	. Explain in Part IV	v now
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-ai d-circumstances'	nd-circumstances' test. The organiza	test, check this tation qualifies as	oox and stop here a publicly support	ted organization	v now the ►
18	Private foundation. If the organiz	zation did not ched	k a box on line, 1	3, 16a, 16b, 17a,			
BAA		_			Sch	edule A (Form 990	or 990-EZ) 2008

TENNESSEE COALITION TO ABOLISH Schedule A (Form 990 or 990-EZ) 2008 62-1577038 Page 3 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 (a) 2004 Calendar year (or fiscal yr beginning in) ► **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Giffs, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1.5 7a Amounts included on lines 1, 2, 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 (f) Total (a) 2004 (c) 2006 (d) 2007 (e) 2008 Calendar year (or fiscal yr beginning in) **(b)** 2005 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form sımılar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add Ins 9, 10c, 11, and 12) 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 Section C. Computation of Public Support Percentage 15 % 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 % 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f) % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h. 18 19a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008

b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18

Schedule /	A (Form 990 or	990-EZ) 2008	TENNESSEE	COALITION	TO ABOL	ISH	62-1577038	Page 4
Part IV	Supplement Part II, line	ital Informat 17a or 17b;	ion. Complete or Part III, Iır	this part to le 12. Provid	provide the e any other	e explanation requal additional inform	ured by Part II, line nation. (see instruc	e 10; tions)
								
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2008

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

TENNESSEE COALITION TO ABOLISH STATE KILLING

62-1577038

CLIENT TCASK

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
OTHER	4,000. OTAL \$ 4,000.	\$ 0.	\$ 0.	1,901. \$ 1,901.	1,422. \$ 1,422.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

- 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

Name	e of organization			Employer identif	ication number		
TE	NNESSEE COALITION T	O ABOLISH		62-15770	38		
Pa	rt I-A To be completed See the instruction	by all organizations exempt under ns for Schedule C for details.	r section 501(c) a	and section 527 o	rganizations.		
1	Provide a description of the	organization's direct and indirect political	campaign activities in	Part IV			
2	Political expenditures		•		\$		
	Volunteer hours						
Pai	To be completed See the instruction	by all organizations exempt unde ns for Schedule C for details.	r section 501(c)(3	3).			
1	Enter the amount of any exc	cise tax incurred by the organization under	section 4955	. •	\$		
2 Enter the amount of any excise tax incurred by organization managers under section 4955							
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 foi	this year?		Yes X No		
4 a	4a Was a correction made?						
	If 'Yes,' describe in Part IV.						
	See the instruction	by all organizations exempt unde ns for Schedule C for details.			1(c)(3). 		
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	on activities	\$		
2							
3	Total of direct and indirect e Form 1120-POL, line 17b	xempt function expenditures. Add lines 1 a	and 2 and enter here	and on ▶	\$		
4	3 3	e Form 1120-POL for this year?			∐Yes ∐No		
5	made Enter the amount pair	and employer identification number (EIN) d and indicate if the amount was paid from irectly delivered to a separate political org al space is needed, provide information in	n the filing organization anization, such as a s	n's funds or were poli	tical contributions		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's own internal funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-		

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

Schedule C (Form 990 or 990-EZ) 2008

Part II-A 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	
Limits on Lobbying Expenditures — (The term 'expenditures' means amounts paid or incurred.) 1 a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures (add lines 1c and 1d) f 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 Over \$500,000 but not over \$1,000,000 \$175,000 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	
Limits on Lobbying Expenditures — (The term 'expenditures' means amounts paid or incurred.) 1 a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures. e Total exempt purpose expenditures (add lines 1c and 1d) f 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	
b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures. e Total exempt purpose expenditures (add lines 1c and 1d) f 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 \$17,000,000 \$1,000,000. 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? 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.)	No
Lobbying Expenditures During 4-Year Averaging Period	
Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) Total	
2a Lobbying non-taxable amount	
b Lobbying ceiling amount (150% of line 2a, column (e))	<u>.</u>
c Total lobbying expenditures	
d Grassroots non-taxable amount	

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 a Volunteers?. b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			b)
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers?.		No	Am	ount
a Volunteers? .				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
		X		
c Media advertisements? .		Х		
d Mailings to members, legislators, or the public?	Х		_	5
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?	-	X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	-	Х		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	. X			7
i Other activities? If 'Yes,' describe in Part IV SEE PART IV	. X			$\frac{1,6}{2}$
j Total lines 1c through 1:		X		2,8
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If 'Yes' optor the amount of any tax incurred under section 4012.				
b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	1 1	-		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
rt III-A To be completed by all organizations exempt under section 501(c)(4), se	ction 50	1/c)/5	or sect	ion
501(c)(6). See the instructions for Schedule C for details.		.(0)(0)	,, 0, 500.	
				Yes
Were substantially all (90% or more) dues received nondeductible by members?			1	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	\neg
Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part answered 'Yes.' See Schedule C Instructions for details.		-		
Dues, assessments and similar amounts from members	}	-1		
Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	cal			
a Current year	}	2a	···	
b Carryover from last year	ŀ	2b		
c Total	-	2 c		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	.	3		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e	cess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	4		
expenditure next year?	ŀ	5		
Tayable amount of labburg and political expanditures (line 2s total minus 3 and 4)				
Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) . rt IV Supplemental Information	, and Part			

Schedule C (Form 990 or 990-EZ) 2008 TENNESSEE COALITION TO ABOLISH	62-1577038	Page 4
Part IV	Form 990 or 990-EZ) 2008 TENNESSEE COALITION TO ABOLISH Supplemental Information (continued)		
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2008	FEDERAL STATEMENTS TENNESSEE COALITION TO ABOLISH		PAGE 1
CLIENT TCASK	STATE KILLING		62-1577038
STATEMENT 1 FORM 990-EZ, PART I, LINE 8 OTHER REVENUE		TOTAL	\$ 4,000.
STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES			
CONFERENCES, CONVENTIONS, A EQUIPMENT FAMILY SUPPORT INFORMATION TECHNOLOGY INSURANCE MEALS MEMBERSHIP DUES MISCELLANEOUS OFFICE EXPENSES TRAVEL	AND MEETINGS	TOTAL	\$ 1,950. 1,558. 1,907. 2,856. 3,273. 1,289. 650. 644. 1,900. 5,786. \$ 21,813.
STATEMENT 3 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES		BEGINNING	G ENDING
ACCOUNTS PAYABLE AND ACCRUE	ED EXPENSES TOTAL	\$ 710	0. \$ 628.
STATEMENT 4 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMENT TO EDUCATE THE PUBLIC ON DE			
(A) DID THE ORGANIZATION, INDIRECTLY, TO PAY PREMIUMS	CIATED WITH PERSONAL BENEFIT CONTROLL DURING THE YEAR, RECEIVE ANY FUND SON A PERSONAL BENEFIT CONTRACT? DURING THE YEAR, PAY PREMIUMS, DIBENEFIT CONTRACT?	DS, DIRECTLY	Y OR . NO NO

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