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 Inspection

Department of the Treasury Internal Revenue Service

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

| A | For t | he 2006 calendar year, | or tax year beginning | , 2006, and | d ending | _ | | |
|-------------------|------------|---|--|--|---------------------------|--|-----------------------|-------------|
| В | Check | ıf applicable | C | | | D Employe | er Identification Num | nber |
| | \square | ddress change IRS label | 20-1 | .808567 | | | | |
| | П | ame change or type. | E Telephoi | ne number | | | | |
| | П | Initial return See Nashville, TN 37212 619 | | | | | | |
| | \vdash | nal return tions. | | | | F Account | | Accrual |
| | H_{A} | mended return | 1 | | | | er (specify) | _ |
| | \vdash | | on 501(c)(3) organizations and | 4947(a)(1) nonexempt | H and I are not apple | | | 5 |
| | | chari | table trusts must attach a comp | | H (a) Is this a grou | up return for at | ffiliates? . | Yes X No |
| _ | | | n 990 or 990-EZ). | | H (b) If 'Yes,' enter | number of affil | ıates > | _ |
| G | Web | site: ► N/A | | | H (c) Are all affilia | | | Yes No |
| J | | nization type | [V] 2 | | 1 | chalist See i | · | |
| | | ex only only | X 501(c) 3 ◀ (insert no | | _ ` ` ' | arate return file covered by a | · — | . v |
| K | | | nization is not a 509(a)(3) suppo | | <u> </u> | | | Yes X No |
| | gros | s receipts are normally inization chooses to file | not more than \$25,000. A return a return, be sure to file a comp | lete return. | | emption Nu | ganization is not re | |
| _ | Cros | a rappints. Add lines 6h | , 8b, 9b, and 10b to line 12 ► | 122 117 | | | m 990, 990-EZ, or 9 | |
| | rt I | | nses, and Changes in No | | | • | | |
| FC | | | | | alices (See al | ie iristruc | 1 | |
| | 1 | | ants, and similar amounts recei | 1 | 122 | ,117. | | |
| | | Contributions to donor | | | la 123 _. Ib | , 11 / . | | |
| | | Direct public support (r | | —— | lc | | | |
| | | | (not included on line 1a) ons (grants) (not included on lin | | ld | | | |
| | e | Total (add lines \$ | 123, 117. noncash | · · · | ıuı | f , | 1 1 | 23,117. |
| | 2 | | ue including government fees a | | line (33) | | 1e 1 2 | 23,117. |
| | 3 | Membership dues and | | and contracts (nonn'i art vii | , iii le <i>33)</i> | _ | 3 | |
| | 4 | • | temporary cash investments | | | — | 4 | |
| | 5 | Dividends and interest | • • | | | | 5 | |
| | _ | Gross rents | nom securities | 4 | Sa | | | |
| | _ | Less rental expenses | • | | Sb Sb | | | |
| | K JJ | | oss). Subtract line 6b from line | | | | 6c | |
| | ₹7 | Other investment incor | • | ou . | | <u> </u> | 7 | |
| R . | 2 | | · ——— | (A) Securities | (B) Othe | | | |
| Ěď | ij Ba D | Gross amount from sal than inventory. | les of assets other | 8 | Ba | | | |
| ξ | b | Less: cost or other bas | is and sales expenses | | Bb | | | |
| Ú | | Gain or (loss) (attach schedu | • | | Bc | | | |
| 7 |) | • • • | nbine line 8c, columns (A) and (| · | | | 8d | |
| 0 | 9 | Special events and act | ivities (attach schedule). If any | amount is from gaming, ch | eck here ► | 7 | | |
| • | а | Gross revenue (not inc | luding \$ | of contributions | | _ | | |
| 2007 | | reported on line 1b). | | |)a | | | |
| ~ | | | other than fundraising expenses | <u> </u> | рь | | _ | |
| | | | om special events. Subtract line | 1 | | . | 9c | |
| | | | ry, less returns and allowances | 10 | | | | |
| | | Less: cost of goods so | | |)b | | _ | |
| | | | iles of inventory (attach schedule). Subt | | | | 0c | |
| | 11 | Other revenue (from P | | I RE | CEIVED | - | _ | 00 117 |
| - | 12 | | es 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1 | 1 1 | | 1 1 | | 23,117. |
| Ê | 13 | Program services (from | | B JUL | 9 1 2007 | $\mathcal{S} = \frac{1}{1}$ | | 34,273. |
| ĝ | 14 | | ral (from line 44, column (C)) | 10, 302 | 2 4 2007 | ٥/ الم | | 05,541. |
| EXPESSES | 15 16 | Fundraising (from line | | 100= | 18 | 280-58 10-58 11-11-11-11-11-11-11-11-11-11-11-11-11- | | 6,395. |
| Ĕ | 17 | Payments to affiliates (| nes 16 and 44, column (A) | LUGE | EN, UT | | | 46,209. |
| | 18 | | he year. Subtract line 17 from I | ine 12 | | 11 | | 23,092. |
| NS S S | 19 | | inces at beginning of year (fron | | | 19 | | 28, 235. |
| N S E E T T | 20 | | ssets or fund balances (attach | | | 2 | | _0,233. |
| 'T | 21 | - | ances at end of year. Combine | | | 2 | | 5,143. |
| _ | <u></u> | THE COSCION FULL DATE | ances at end of year. Combine | 1103 10, 13, and 20 | | | | 2,143. |

Form 990 (2006) Tennessee Center For Policy Research 20-1808567 Page 2 Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Part II 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 22 a Grants paid from donor advised funds (attach sch) (cash If this amount includes 22 a foreign grants, check here 22b Other grants and allocations (att sch) (cash non-cash \$ If this amount includes foreign grants, check here 22 b Specific assistance to individuals (attach schedule) 23 Benefits paid to or for members (attach schedule) 24 25a Compensation of current officers. directors, key employees, etc listed in Part V-A (attach sch) 56,490 0. 25 a 56,490 0. b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch) 25 b 0 0. 0 0. c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) 25 c 0. 0. 0 0. Salaries and wages of employees not included on lines 25a, b, and c 3,801 26 3,801 Pension plan contributions not included on lines 25a, b, and c 27 28 Employee benefits not included on lines 25a · 27 28 29 Payroll taxes 29 30 Professional fundraising fees 30 631 31 Accounting fees 31 631 3,500 32 Legal fees 32 3,500. 932. 33 Supplies 33 932 6,749 34 Telephone 34 6,749 35 Postage and shipping 35 36 Occupancy . 36 37 Equipment rental and maintenance 8,102 8,102 37 38 Printing and publications 38 4,764 4,764 6,609 39 6,609 Travel 39 40 Conferences, conventions, and meetings 40 41 Interest 41 Depreciation, depletion, etc (attach schedule) 42 1,504 1,504 43 Other expenses not covered above (itemize) 53,127 34,273. aSee Statement 1 43 a 12,459 6,395 43 b 43 c 43 d 43e 43 f 43 g Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) · (D), carry these totals to lines 13 - 15) 34,273. 146,209. 105,541 6,395. If you are following SOP 98-2 l٥

| 11 you are following 301 38-2. | |
|---|--|
| Are any joint costs from a combined educational campaign and fundraising solicitation | on reported in (B) Program services? $ ightharpoonup$ Yes $[X]$ N |
| If 'Yes,' enter (i) the aggregate amount of these joint costs \$ | ; (ii) the amount allocated to Program services |
| \$; (iii) the amount allocated to Management and general | \$; and (iv) the amount allocated |
| to Fundraising \$ | |

| Form 990 (2006) Tennessee Center For Policy Research | 20-180 | 18567 Page |
|--|---|--|
| Part III Statement of Program Service Accomplishments | | |
| Form 990 is available for public inspection and, for some people, serves as the primary or sole source of in organization. How the public perceives an organization in such cases may be determined by the information please make sure the return is complete and accurate and fully describes, in Part III, the organization's pro- | nformation about n presented on ograms and acco | t a particular its return. Therefore, omplishments. |
| What is the organization's primary exempt purpose? See Statement 2 All organizations must describe their exempt purpose achievements in a clear and concise manner. State to clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) izations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to | he number of and (4) organ- o others.) | Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others) |
| a | | |
| | | |
| | | |
| (Grants and allocations \$) If this amount includes foreign grants, chec | k here | 34,273. |
| b | | |
| (Grants and allocations \$) If this amount includes foreign grants, chec | ck here | |
| c | | |
| (Grants and allocations \$) If this amount includes foreign grants, check | ck here | |
| d | | |

) If this amount includes foreign grants, check here

) If this amount includes foreign grants, check here

BAA

(Grants and allocations

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

e Other program services (Grants and allocations

34,273. Form **990** (2006)

Balance Sheets (See the instructions.) Note: Where required, attached schedules and amounts within the description (B) End of year Beginning of year column should be for end-of-year amounts only. 23,961 782 45 Cash - non-interest-bearing 46 Savings and temporary cash investments 47 a 47 a Accounts receivable **b** Less: allowance for doubtful accounts 47 b 47 0 48 a 48a Pledges receivable . 48 b 48 b Less: allowance for doubtful accounts 49 Grants receivable 50 a Receivables from current and former officers, directors, trustees, and key 2,205. 1,950 50 a employees (attach schedule) b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) 50 b 51 a Other notes and loans receivable 51 a (attach schedule) 51 b 51 c b Less. allowance for doubtful accounts 52 52 Inventories for sale or use 750 53 Prepaid expenses and deferred charges 53 **FMV** 54 a 54a Investments - publicly-traded securities Cost **FMV** 54 b **b** Investments - other securities (attach sch) Cost 55a Investments - land, buildings, & equipment: basis 55 a b Less, accumulated depreciation (attach schedule) 55 b 55 c 56 56 Investments - other (attach schedule) 57 a 5,923 57a Land, buildings, and equipment. basis b Less. accumulated depreciation Statement 3 2.035 2.124 57 3,888. 57 b 58 Other assets, including program-related investments See <u>Statement 4</u> 200 58 (describe ► 28,235 59 59 Total assets (must equal line 74). Add lines 45 through 58 60 60 Accounts payable and accrued expenses Grants payable 61 62 Deferred revenue. 62 Loans from officers, directors, trustees, and key employees (attach schedule) 63 63 64 a 64a Tax-exempt bond liabilities (attach schedule) 64b **b** Mortgages and other notes payable (attach schedule) 2,287 Other liabilities (describe - . See Statement 5 65 0 483 66 Total liabilities. Add lines 60 through 65 Organizations that follow SFAS 117, check here and complete lines 67 through 69 and lines 73 and 74. 67 Unrestricted 67 68 68 Temporarily restricted 69 Permanently restricted Organizations that do not follow SFAS 117, check here |X| and complete lines 70 through 74. 28,235 70 5,143. Capital stock, trust principal, or current funds . 71 71 Paid-in or capital surplus, or land, building, and equipment fund 72 72 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 28,235 73 5,143 72. (Column (A) must equal line 19 and column (B) must equal line 21) 28,235 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 7,626.

| Form 990 (2006) Tennessee Cen | ter For Policy Resea | rch | 20-18 | 308567 | Page |
|--|---|---|--|----------------|--------------------|
| Part IV-A Reconciliation of Rev | | | h Revenue per Ret | urn (See | the |
| instructions.) | | | | | |
| a Total revenue, gains, and other sup | port per audited financial statem | ents. | | a | 123, 117 |
| b Amounts included on line a but not | on Part I, line 12. | | | | |
| 1 Net unrealized gains on investments | 5 | 61 | | 1 | |
| 2Donated services and use of facilities | 25 | b2 | | 1 | |
| 3Recoveries of prior year grants | | b3 | | | |
| 4 Other (specify) | | | | | |
| Add lines b1 through b4 | | <u>b4</u> | | | |
| Subtract line b from line a | | | | ci : | 123,117 |
| Amounts included on Part 1, line 12, | but not on line a: | |] ' | | 123,11, |
| 1 Investment expenses not included o | | 41 | | | |
| 2015 (() | | | | | |
| | | d2 | | | |
| Add lines d1 and d2 | | | | ď | |
| Total revenue (Part I, line 12) Add I | ines c and d | | ► . | 9] | 123,117 |
| Part IV-B Reconciliation of Exp | | ial Statements wit | h Expenses per R | | |
| ······································ | | | | | |
| Total expenses and losses per audit | ed financial statements | | <u> </u> |]] | 46,209 |
| Amounts included on line a but not o | on Part I, line 17 | | | 1 | |
| 1 Donated services and use of facilities | s | b1 | | | |
| 2Prior year adjustments reported on F | Part I, line 20 | b2 | | | |
| 3Losses reported on Part I, line 20 | | b3 | | } | |
| 4Other (specify) | | | | | |
| | | <u>b4</u> | | | |
| Add lines b1 through b4 | | | <u> </u> | | 46,209. |
| Subtract line b from line a | | | <u> </u> - | 1 | 40,209. |
| Amounts included on Part I, line 17, | | اويا | | 1 | |
| 1 investment expenses not included or | | d1 | | | |
| 2Other (specify) | | d2 | | | |
| Add lines d1 and d2 | | | | | |
| Total expenses (Part I, line 17) Add | lines e and d | | ₽ 0 | 1 | 46,209. |
| | | | | <u> </u> | |
| | ctors, Trustees, and Key Eduring the year even if they were | :mp10yees (List each e not compensated) <i>(Si</i> | h person who was an o ee the instructions.) | micer, directi | or, trustee, |
| | (B) Title and average hours | (C) Compensation | (D) Contributions to | | pense |
| (A) Name and address | per week devoted to position | (if not paid, enter -0-) | employee benefit plans and deferred | account a | and other ances |
| | резжин | | compensation plans | | |
| son A. Johnson | President | 53,000. | 3,490. | | 0. |
| Box 121331 |] | | | | |
| shville, TN 37212 | | | | | |
| rtha Fouce | Board of Direct | 0 | 0. | | 0. |
| 15 Forrest Ave | 0 | | | | |
| shville, TN 37206 | | | | | |
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| Form 990 (2006) Tennessee Center For | | | 20-18085 | 67 | P | age 6 |
|--|---|---|---|-------------------------|----------------------------|-------|
| Part V-A Current Officers, Directors, Tru | istees, and Key Ei | mployees (continue | ed) | | Yes | No |
| 75a Enter the total number of officers, directors, and trustees p | ermitted to vote on organization | on business as board meeting: | s > 3 | [| | |
| b Are 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, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s) | | | | | | |
| c Do any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the | isated professional and i any other organizatior | other independent con is, whether tax exempt | tractors listed in Schedule | • [| | x l |
| If 'Yes,' attach a statement that includes the in | | • | | `` | | |
| d Does the organization have a written conflict o | | | | 75 d | ı x |]] |
| Part V-B Former Officers, Directors, True Benefits (If any former officer, directed during the year, list that person below a the instructions.) | or, trustee, or kev empl | oyee received compens compensation or other | ation or other benefits (de benefits in the appropriat | escribed t te column | pelow) . See | |
| (A) Name and address | (B) Loans and Advances | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans and deferred compensation plans | account | xpense and ot vances | her |
| None | | O | | | | |
| | | | | | | |
| <u> </u> | | | | | | |
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| Part VI Other Information (See the inst | ructions.) | | | | Yes | No |
| 76 Did the organization make a change in its activ | | ducting activities? | | | | |
| If 'Yes,' attach a detailed statement of each ch | ange | · · · | | 76 | | Х |
| 77 Were any changes made in the organizing or g | overning documents bu | ut not reported to the IR | S? | 77 | | Х |
| If 'Yes,' attach a conformed copy of the chang | es. | | | | | , |
| 78a Did the organization have unrelated business of | ross income of \$1,000 | or more during the year | r covered by this return? | 78 a | | X |
| b If 'Yes,' has it filed a tax return on Form 990-T | for this year? | | | 78 Ь | N/ | Ά |
| 79 Was there a liquidation, dissolution, terminatio year? If 'Yes,' attach a statement | n, or substantial contra | ction during the | | . 79 | | х |
| 80a Is the organization related (other than by assomembership, governing bodies, trustees, office | ciation with a statewide ers, etc, to any other ex | or nationwide organiza empt or nonexempt org | tion) through common anization? | 80 a | | х |
| b If 'Yes,' enter the name of the organization ▶ | <u>N/A</u> | | | | | |
| | and ch | ieck whether it is 🔲 e | xempt or nonexemp | ρt. | | |
| 81 a Enter direct and indirect political expenditures. | (See line 81 instruction | ns.) | 81 a | 0. | | |
| b Did the organization file Form 1120-POL for thi | s year? | | | 81 b | | X |

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Form **990** (2006)

| Form 990 (2006) Tennessee Center For Policy Research 20-18 | 08567 | Page / |
|--|--------------------|---------------------|
| Part VI Other Information (continued) | | Yes No |
| 82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | 82a | х |
| 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) | N/A | |
| 83a Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | |
| b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? | 83 Ь | Х |
| 84a Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | X |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | e 84b | N/A |
| 85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | 85a | N/A |
| b Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 85b | N/A |
| If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received waiver for proxy tax owed for the prior year. | 1 a | |
| c Dues, assessments, and similar amounts from members | N/A | |
| d Section 162(e) lobbying and political expenditures 85d | N/A | |
| e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e | N/A | |
| f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f | N/A | |
| g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | 85g | N/A |
| h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of | 339 | |
| dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h | N/A |
| 86 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on line 12 86a | N/A | |
| b Gross receipts, included on line 12, for public use of club facilities | N/A | |
| 87 501(c)(12) organizations. Enter. a Gross income from members or shareholders . 87a | N/A | |
| b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | N/A | |
| 88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnersh or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX | ир, 88 а | х |
| b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI | ► 88b | x |
| 89a 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. | |
| b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a stateme explaining each transaction | nt 89 b | х |
| c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | 0. | |
| d Enter. Amount of tax on line 89c, above, reimbursed by the organization | 0. | |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction | n? 89 e | Х |
| f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? | 89 f | Х |
| g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during | | |
| the year? 90 a List the states with which a copy of this return is filed ▶ <u>None</u> | 89 g | X |
| b Number of employees employed in the pay period that includes March 12, 2006 | , , | l |
| (See instructions.) | 90 Ь | 0 |
| 91 a The books are in care of Telephone number Telephone number | | |
| Located at ► _, ZIP + 4 ► _ | · · | |
| | , | Yes No |
| b 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)? | 91 Ь | Х |
| 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 and Financial Accounts. | | |
| BAA | Form | n 990 (2006) |

| Form 990 (2006) Tennessee Center | | search | | 20-1808 | |
|---|----------------------------------|----------------------|-----------------------|-------------------------|---------------------------------------|
| Part VI Other Information (continu | | | | 01-12 | 91 c |
| c At any time during the calendar year, di | | aintain an office | outside of the Ur | nited States? | 91 c |
| If 'Yes,' enter the name of the foreign of Section 4947(a)(1) nonexempt charitable | | On the of For | | | . N/A ► |
| and enter the amount of tax-exempt inte | | | | ▶ 92 | |
| Part VII Analysis of Income Producing | | | | | |
| 1 BIT THE PHOLOGICAL LOCATION | Unrelated busin | | | ection 512, 513, or 514 | |
| Note: Enter gross amounts unless | | | | | (E) |
| otherwise indicated. | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | Related or exem function income |
| 93 Program service revenue. | | | | | |
| a | | | | | |
| b | | | | | |
| с | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees & contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings & temporary cash invmnts | | | | | |
| 96 Dividends & interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate. | | | | | |
| a debt-financed property | <u></u> | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from pers prop. | | | ļ | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue. a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | · · |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | | |
| 105 Total (add line 104, columns (B), (D), | * * | | • | - | |
| Note: Line 105 plus line 1d, Part I, should equ | | | | | |
| Part VIII Relationship of Activities | to the Accompli | shment of Ex | xempt Purpos | ses (See the instru | ictions.) |
| Line No. Explain how each activity for which | ch income is reported | l ın column (E) o | f Part VII contrib | uted importantly to the | accomplishment |
| ▼ of the organization's exempt purp | oses (other than by I | providing tunds t | or such purposes | S). | |
| N/A | | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | | |
| Part IX Information Regarding Ta | vahla Subcidiari | oc and Diere | garded Entiti | es (See the instru | ctions) |
| (A) | (B) | | C) | (D) | (E) |
| | | | | | |
| Name, address, and EIN of corporation, partnership, or disregarded entity | Percentage of ownership interest | Nature of | activities | Total income | End-of-year assets |
| N/A | % | | | | 3000 |
| | % | | | | |
| | % | | | | |
| | % | | | - | |
| | | | | | <u> </u> |
| Part X Information Regarding Tr | | ted with Pers | sonal Benefit | Contracts (See th | e instructions.) |
| Part X Information Regarding Tr | ansfers Associa | | | | e instructions.) Yes X N |
| Part X Information Regarding Tr a Did the organization, during the year, receive any fi b Did the organization, during the year, pa | ansfers Associa | to pay premiums on | a personal benefit co | ntract? | |

| | 990 (2006) Tennessee Center For Policy | | | 20-180 | | P | age 9 |
|---------------|--|---|----------------------|---------------------------|------------------------------------|-------------------|-------------|
| Par | INformation Regarding Transfers To a | and From Controlled | Entities. Com | plete only if t | the | | |
| | organization is a controlling organizati | on as defined in sec | 11011 312(0)(13) | <i>.</i> | | Yes | No |
| 106 | Did the reporting organization make any transfers to a 'Yes,' complete the schedule below for each controlle | a controlled entity as defired entity | ned in section 512(| b)(13) of the Cod | le? If | | Х |
| | (A) Name, address, of each controlled entity | (B) Employer Identificatio Number | n Descr tra | (C) iption of nsfer | Amount | D) of tran | sfer |
| а | | | | | | | |
| ь | | | | | | | |
| С | | | | | | | |
| | Totals | | | | | | |
| | | l | , I | | .1 | Yes | No |
| 107 | Did the reporting organization receive any transfers fr 'Yes,' complete the schedule below for each controlle | rom a controlled entity as | defined in section | 512(b)(13) of the | Code? If | | Х |
| | (A) Name, address, of each controlled entity | (B) Employer Identificatio Number | n Descr | (C) iption of nsfer | | D) of tran | |
| а | | | | | | | |
| ь | | | | | | | |
| с | | | | | | | |
| | Totals | | | | | | |
| | | <u> </u> | | | | Yes | No |
| 108 | Did the organization have a binding written contract in annuities described in question 107 above? | effect on August 17, 200 | 6, covering the inte | erest, rents, roya | ilties, and | | Х |
| Pleas | Under penalties of periup. I declare that mave examined this retrue, correct, and complete Declaration of preparer (other than one). | eturn, including accompanying sch officer) is based on all information | | 6/291 | | belief, it | ıs |
| Sign Here | Signature of afficer SASONA. JOHN Type or print name and title | SON | PRESI | Date DENT | | | |
| Paid | Preparer's | | Date | | Preparer's SSN General Instruct | or PTIN ion W) | (See |
| Pre- parer | yours if self | | | | N/A | | |
| Use Only | employed), address, and ZIP+4 PORTLAND, OR 97223-68 | | | EIN ► N/A Phone no ► (50 | 3) 293- | 6464 | |
| BΔΔ | | | | | | n 990 | |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)
► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

or 4947(a)(1) Nonexempt Charitable Trust

Vivi Information — (See separate instructions.)

2006

OMB No 1545-0047

Employer identification number Name of the organization 20-1808567 Tennessee Center For Policy Research Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions. List each one. If there are none, enter 'None.') (d) Contributions to employee benefit plans and deferred (a) Name and address of each (b) Title and average (c) Compensation (e) Expense employee paid more than \$50,000 account and other hours per week devoted to position allowances compensation None Total number of other employees paid over \$50,000 Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation (b) Type of service None Total number of others receiving over \$50,000 for professional services Part II - B 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 instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of other contractors receiving over \$50,000 for other services

| Sche | edule A (Form 990 or 990-EZ) 2006 Tennessee | Center For | Policy | Research | 20-180856 | 7 | Р | age 2 |
|------------|---|---------------------------------------|--------------------------------------|---|--|----|-------------|-------|
| Par | statements About Activities (See ins | tructions.) | | | | | Yes | No |
| 1 | During the year, has the organization attempted to influe to influence public opinion on a legislative matter or refer or incurred in connection with the lobbying activities. (Must equal amounts on line 38, Part VI-A, or line i of P | rendum? If 'Yes ► \$ | ate, or local s,' enter the N/ | total expenses paid | g any attempt | 1 | | х |
| | Organizations that made an election under section 501(I organizations checking 'Yes' must complete Part VI-B A lobbying activities. | n) by filing Form ND attach a stal | 5768 must o ement giving | complete Part VI-A. g a detailed descript | Other tion of the | | | |
| 2 | During the year, has the organization, either directly or substantial contributors, trustees, directors, officers, cre taxable organization with which any such person is affiliabeneficiary? (If the answer to any question is 'Yes,' atta | ators, key emplo ated as an office | oyees, or me er, director, t | embers of their famil rustee, majority owr | lies, or with any ner, or principal | | | |
| а | a Sale, exchange, or leasing of property? | | | | | 2a | | X |
| t | b Lending of money or other extension of credit? | | | | | 2b | | Х |
| c | Furnishing of goods, services, or facilities? | | | | | 2c | | Х |
| c | d Payment of compensation (or payment or reimbursemen | nt of expenses if | more than | \$1,000)? | | 2d | | X |
| e | e Transfer of any part of its income or assets? | | | | | 2e | | X |
| 3a | a Did the organization make grants for scholarships, fellow explanation of how the organization determines that rec | | | | | 3a | | Х |
| Ł | b Did the organization have a section 403(b) annuity plan | for its employee | s? | | | 3b | | Х |
| c | c Did the organization receive or hold an easement for co to preserve open space, the environment, historic land a 'Yes,' attach a detailed statement | nservation purpo areas or historic | oses, includi structures? | ng easements If | | 3с | | X |
| d | d Did the organization provide credit counseling, debt mar | nagement, credit | repair, or d | ebt negotiation serv | rices? . | 3d | | X |
| 4 a | a Did the organization maintain any donor advised funds? 4f and 4g . | If 'Yes,' comple | te lines 4b ti | hrough 4g. If 'No,' c | omplete lines | 4a | | X |
| b | b Did the organization make any taxable distributions und | er section 4966? | | , | • | 4b | | Х |
| c | Did the organization make a distribution to a donor, don | or advisor, or re | lated persor | n? . | | 4c | | Х |
| d | d Enter the total number of donor advised funds owned at | the end of the t | ax year | | - | | | |
| е | Enter the aggregate value of assets held in all donor ad | vised funds own | ed at the en | d of the tax year | - | _ | | |
| f | Enter the total number of separate funds or accounts ov funds included on line 4d) where donors have the right tamounts in such funds or accounts. | vned at the end o provide advice | of the tax ye on the disti | ear (excluding donor ribution or investmen | advised nt of | _ | | |
| g | g Enter the aggregate value of assets held in all funds or | accounts include | ed on line 4f | at the end of the ta | x year . ▶ | | | |

| Sche | dule À (Form 990 or 990-EZ) 2006 I | ennessee Center 1 | For Policy Resear | С | 20-1808 | 567 Page 3 |
|--------|---|---|---|--|--|----------------------|
| Par | t IV Reason for Non-Private | Foundation Status (| See instructions.) | | | |
| l ceri | tify that the organization is not a private | foundation because it is. (F | Please check only ONE app | licable box.) |) | |
| 5 | A church, convention of churches, | or association of churches. | Section 170(b)(1)(A)(i). | | | |
| 6 | A school. Section 170(b)(1)(A)(ii). | (Also complete Part V.) | | | | |
| 7 | A hospital or a cooperative hospital | l service organization. Sect | tion 170(b)(1)(A)(iii). | | | |
| 8 | A federal, state, or local governme | nt or governmental unit. Se | ection 170(b)(1)(A)(v). | | | |
| 9 | A medical research organization op and state • | perated in conjunction with | a hospital. Section 170(b)(1 |)(A)(III). Ent | er the hospita | l's name, city, |
| 10 | An organization operated for the be (Also complete the Support Sched | enefit of a college or univer ule in Part IV-A.) | sity owned or operated by a | a governmei | ntal unit. Secti | on 170(b)(1)(A)(ıv). |
| 11 a | An organization that normally received Section 170(b)(1)(A)(vi). (Also com | ves a substantial part of its plete the Support Schedul d | s support from a governmer e in Part IV-A.) | ntal unit or fr | om the genera | al public. |
| 11 b | A community trust. Section 170(b)(| 1)(A)(vı). (Also complete th | ne Support Schedule in Part | t IV-A.) | | |
| 12 | An organization that normally receifrom activities related to its charital from gross investment income and organization after June 30, 1975. S | ble, etc, functions – subject unrelated business taxable | t to certain exceptions, and income (less section 511 t | l (2) no mor ax) from bu: | e than 33-1/3% sinesses acqui | of its support |
| 13 | An organization that is not controlle requirements of section 509(a)(3). | ed by any disqualified perso Check the box that describe | ons (other than foundation rest the type of supporting or | managers) a ganization. | nd otherwise r ► | neets the |
| | Туре І Туре ІІ | | onally integrated | Type III | | |
| | Provide th | ne following information ab | out the supported organization (c) | | instructions.) | (e) |
| | Name(s) \of supported organization(s) | Employer identification number (EIN) | Type of organization (described in lines 5 through 12 above or IRC section) | Is the si organizati the sup organi gove | upported on listed in oporting zation's rning nents? | Amount of support |
| | , | | | Yes | No | |
| | | | | | | |
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| Tot-1 | | | | | | 0. |
| Total | <u></u> | · · · · · · · · · · · · · · · · · · · | | - : | | 0. |
| 14 | An organization organized and ope | rated to test for public safe | ty. Section 509(a)(4). (See | - | | 990 or 990-F7) 2006 |

| | Support Schedule | | | · · · · · · · · · · · · · · · · · · · | | | ntıng. |
|-------|--|--|--|---|--|---|--|
| | : You may use the worksheet in the | | | | | ₁ | |
| begiı | ndar year (or fiscal year nning in) | (a) 2005 | (b) 2004 | (c) 2003 | (d) 2002 | | (e) Total |
| 15 | Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | N/A | | | | | |
| 16 | Membership fees received | | | | | | |
| 17 | Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose | | | | | | |
| 18 | Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | | | | | | |
| 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 | | | | | | |
| 23 | Total of lines 15 through 22 | | | | | | |
| 24 | Line 23 minus line 17 | | | | | | |
| 25 | Enter 1% of line 23 | | | | | | |
| | Organizations described on lines | | er 2% of amount in co | • • • | N/A ► | 26a | |
| b | Prepare a list for your records to show the supported organization) whose total gifts freturn. Enter the total of all these excess a | or 2002 through 2005 exceed | outed by each person (other led the amount shown in life | r than a governmental unit one 26a. Do not file this list | or publicly with your | 26b | |
| С | Total support for section 509(a)(1 |) test. Enter line 24, c | olumn (e). | | • | 26 c | |
| d | Add. Amounts from column (e) for | or lines. 18 | | 19 | | | |
| | | 22 | | 26b | | 26 d | |
| | Public support (line 26c minus lin | • | • • • • | | | 26 e | |
| | Public support percentage (line 2 | | d by line 26c (denom | inator)). | | 26f | |
| | Organizations described on line For amounts included in lines 15, name of, and total amounts receisuch amounts for each year. | 16, and 17 that were | received from a 'disq , each 'disqualified p | ualified person,' prepareson.' Do not file this | are a list for yo s list with your | ur reco return. | rds to show the Enter the sum of |
| | (2005) | (2004) | (2003) _ | | _ (2002) | . _ | |
| | For any amount included in line 1 to show the name of, and amoun \$5,000. (Include in the list organiz After computing the difference be differences (the excess amounts) | 7 that was received for t received for each year zations described in line tween the amount received for each year. | om each person (othe ar, that was more tha nes 5 through 11b, as eived and the larger | er than 'disqualified pain the larger of (1) the swell as individuals.) amount described in (| ersons'), prepa e amount on line Do not file this (1) or (2), enter | re a list e 25 for list with the sur | t for your records the year or (2) h your return. n of these |
| | (2005)Add: Amounts from column (e) for 17Add. Line 27a total | (2004) | (2003) _ | | _ (2002) | | |
| c | Add: Amounts from column (e) for | r lines. 15 | | 16 | | | |
| | 17 | 20 | | 21 | <u></u> | 27 c | |
| | | | d line 27b total | | | 27 d | |
| | Public support (line 27c total mine | | | 1 1 | • | 27 e | |
| | Total support for section 509(a)(2 | - | | | | | • |
| | Public support percentage (line 2 | | | | . • | -, 3 | <u> </u> |
| | Investment income percentage (I | | | | | 1 =7 :11 | % |
| 28 | Unusual Grants: For an organiza list for your records to show, for enature of the grant. Do not file th | each year, the name o | if the contributor, the | date and amount of t | he grant and a | through brief d | n 2005, prepare a lescription of the |

| Pai | (To be completed ONLY by schools that checked the box on line 6 in Part IV) | N/A | | |
|------|--|---------------|-----|----|
| | | | Yes | No |
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 29 | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | | |
| 31 | the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? | 31_ | | |
| | If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) | _ | | |
| | | _ _ _ | | |
| | Does the organization maintain the following. a Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | | |
| | b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | | |
| • | c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32 c | | ! |
| | d Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | | |
| 33 | If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to. | - - | | |
| ; | a Students' rights or privileges? | 33a | | |
| I | b Admissions policies? | 33 b | | , |
| • | c Employment of faculty or administrative staff? | 33 c | | |
| • | d Scholarships or other financial assistance? | 33 d | | |
| • | e Educational policies? | 33 e | | |
| 1 | f Use of facilities? | 33f | | |
| ģ | g Athletic programs?. | 33 g | | |
| ı | h Other extracurricular activities? | 33h | | |
| | If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) | - | | |
| 34 a | a Does the organization receive any financial aid or assistance from a governmental agency? | - 34a | | |
| ŀ | b Has the organization's right to such aid ever been revoked or suspended? | 34b | | |
| | If you answered 'Yes' to either 34a or b, please explain using an attached statement. | | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation. | 35 | | |

| Sche | edule A (F | orm 990 or 990 | <u>-EZ) 2006 </u> | see Center For | Policy Res | earc | ch 20-1808 | 567 Page 6 |
|------|---|-------------------------------------|--|--|---------------------------------------|---------|-----------------------------------|--|
| ar | t VI-A | Lobbying E (To be complet | xpenditures by Ele ed ONLY by an eligible | ecting Public Char organization that filed F | ities (See instru orm 5768) | ctions. |) | N/A |
| Che | ck ► a | if the organi | zation belongs to an aff | liated group. Check | ▶ b If you | check | ed 'a' and 'limited contr | ol' provisions apply. |
| | | | imits on Lobbying | • | d) | | (a) Affiliated group totals | (b) To be completed for all electing |
| | | | | | | - | | organizations |
| 36 | Total lob | bying expenditi | ures to influence public | opinion (grassroots lobb | oying) | 36 | | |
| 37 | | , , , | ures to influence a legis | , , , | ring). | 37 | | |
| 38 | Total lob | ibying expenditi | ures (add lines 36 and 3 | 7) | | 38 | | |
| 39 | | empt purpose e | • | | | 39 | | |
| 40 | | | xpenditures (add lines 3 | | | 40 | | |
| 41 | Lobbying | g nontaxable an | nount. Enter the amoun | | | | | |
| | If the arr | ount on line 40 | | lobbying nontaxable ar | | | | |
| | Not over | \$500,000 | 20% | of the amount on line | 10] | | | |
| | Over \$500, | 000 but not over \$1, | ,, | 000 plus 15% of the excess o | ''' | | 1 | |
| | Over \$1,00 | 0,000 but not over \$ | | 000 plus 10% of the excess o | | 41 | | , |
| | Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | |
| | Over \$17 | 7,000,000 | . \$1,0 | | | | | |
| 42 | Grassro | ots nontaxable | amount (enter 25% of lii | | 42 | | | |
| 43 | Subtract | line 42 from lin | ie 36. Enter -0- if line 42 | 2 is more than line 36 | | 43 | | |
| 44 | Subtract | line 41 from lin | ie 38. Enter -0- if line 41 | I is more than line 38 | | 44 | | ······································ |
| | Caution | : If there is an a | amount on either line 43 | or line 44, you must file | e Form 4720. | | | |
| | | (Some orga | nizations that made a se | Averaging Period ection 501(h) election do the instructions for line | o not have to com | nplete | (h) all of the five columns t | pelow. |
| | | | | Lobbying Expen | ditures During 4 - | Year A | Averaging Period | |
| | Calenda (or fisca beginnir | l ýear | (a) 2006 | (b) 2005 | (c) 2004 | | (d) 2003 | (e) Total |
| 45 | Lobbying amount | g nontaxable | | | | | ······ | |

| | | | Lobbying Expen | ditures During 4 -Year / | Averaging Period | |
|----|---|--------------------|--------------------|--------------------------|--------------------|---------------------|
| | Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total |
| 45 | Lobbying nontaxable amount | | | | | |
| 46 | Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 47 | Total lobbying expenditures | | | | | |
| 48 | Grassroots non- taxable amount | | | | | |
| 49 | Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 50 | Grassroots lobbying expenditures | | | | | |

| (For reporting only by organizations that did not complete Part VI-A) (See instructions.) | N/A |
|--|-----|
| Described and the second of th | |

During the year, did the organization attempt to influence national, state or local legislation, including any Yes No **Amount** 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 **c** through **h.**) c Media advertisements d Mailings to members, legislators, or the public e Publications, or published or broadcast statements f Grants to other organizations for lobbying purposes . 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 Total lobbying expenditures (add lines c through h.)

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

| | | | ndirectly engage in any of the followin organizations) or in section 527, relati | g with any other organization described | ın sectior | 501(d | :) |
|---|---|-----------------------------|--|--|---------------------------|---------|------------|
| | fers from the reporting of | • • | ļ | Yes | No | | |
| øс | • = | J | , , | | 51 a (i) | | Х |
| (ii) O | ther assets. | | | | a (ii) | | Х |
| b Other | transactions. | | | | | | |
| (i) S | ales or exchanges of ass | ets with a r | oncharitable exempt organization | | b (i) | | Х |
| | | | able exempt organization | | b (ii) | | X |
| (iii)Re | ental of facilities, equipm | ent, or othe | r assets | | b (iii) | | Х |
| (iv)Re | eimbursement arrangeme | ents | | | b (iv) | | X |
| (v)Lo | oans or loan guarantees | | | Í | b (v) | | Χ |
| (vi)Pe | erformance of services of | r membersh | nip or fundraising solicitations | Í | b (vi) | | Χ |
| c Sharır | ng of facilities, equipment | t, mailing lis | its, other assets, or paid employees. | | С | | X |
| d If the the go | answer to any of the abo ods, other assets, or ser | ve is 'Yes,' vices given | complete the following schedule. Coll by the reporting organization. If the control of the contr | umn (b) should always show the fair mark organization received less than fair mark ods, other assets, or services received | rket value cet value i | of n | |
| (a) | (b) | | (c) | (d) | | | |
| Line no | Amount involved | Name of | noncharitable exempt organization | Description of transfers, transactions, and s | haring arran | igement | S |
| N/A | | | | | | | |
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| describ | ped in section 501(c) of the | ne Code (ot | flated with, or related to, one or more ther than section 501(c)(3)) or in section | tax-exempt organizations on 527? | ► ☐ Yes | X | No |
| DII 162 | ,' complete the following | Schedule. | (b) | (a) | | | |
| | (a) Name of organization | | (b) Type of organization | (c) Description of relations | ship | | |
| I/A | · · · · · · · · · · · · · · · · · · · | | | | | | |
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| AA | | | | Schedule A (Form | 990 or 99 | 0-EZ) | 2006 |

2006

Federal Statements

Page 1

Client 10637

Tennessee Center For Policy Research

20-1808567

Statement 1 Form 990, Part II, Line 43 Other Expenses

| | (A) | (B) | (C) | (D) |
|---|---|-----------------------|------------------------------------|--------------------|
| | Total | Program Services | Management <u>& General</u> | <u>Fundraising</u> |
| Bank Fees Dues and Memberships Fundraiser General Expenses | 437. 1,239. 6,395. 4,278. | | 437. 1,239. 4,278. | 6,395. |
| Licenses Marketting Meals Parking | 200. 2,379. 476. 1,304. | | 200. 2,379. 476. 1,304. | |
| Postage Program Expenses Research Materials Technology | 337. 34,273. 264. 1,545. Total \$ 53,127. | 34,273. \$ 34,273. | 337. 264. 1,545. 12,459. | \$ 6,395. |

Statement 2 Form 990 , Part III Organization's Primary Exempt Purpose

Education and information for the general public

Statement 3 Form 990, Part IV, Line 57 Land, Buildings, and Equipment

| Category | | | Basis | | Accum. Deprec. | | Book Value |
|-------------------------|-------|----------|------------------|----------|-------------------|----------|------------------|
| Machinery and Equipment | Total | \$ \$ | 5,923. 5,923. | \$ \$ | 2,035. 2,035. | \$ \$ | 3,888. 3,888. |

Statement 4 Form 990, Part IV, Line 58 Other Assets

Rounding

Total \$ 1.

2006 Page 2 **Federal Statements** 20-1808567 **Client 10637 Tennessee Center For Policy Research** Statement 5 Form 990, Part IV, Line 65 Other Liabilities Payroll and Payroll Taxes Payable Total \$\frac{\$}{5}\$

| 12/31/06 | | 7 | 106 Fe | deral | Boo | k Dep | 2006 Federal Book Depreciation Schedule | on Sc | hedul | <u>e</u> | | | | | Page 1 |
|-------------------------------|------------------|--------------|----------------|-------|-----------------------|----------------------------|---|-----------------------------|------------------------------|----------------|----------------|------------------------|-----------|--------|-----------------|
| Client 10637 | | | | ennes | see Ce | inter For | ennessee Center For Policy Research | Researc | ے | | | | | 20 | 20-1808567 |
| No. Description | Date Acquired | Date Sold | Cost/ Basis | Bus. | Cur 179 Banus – | Special Depr. Allow. | Prior 179/ Bonus/ Sp. Depr. | Prior Dec. Bal. Depr. | Salvage /Basis Reductn | Depr. Basis | Prior Dept. | . —Method — Life _Rate | ् ग्रा | Rate | Current Depr |
| Form 990/990-PF | | | | | | | | | | | | | | | |
| Machinery and Equipment | | | | | | | | | | | | | | | |
| i Computer | 7/01/05 | | 2,506 | | | | | | | 2,506 | 50 | 200DB HY | 2 | .32000 | 802 |
| 2 Office Equipment | 7/01/05 | | 149 | | | | | | | 149 | 93 | 200DB HY | .5 | 32000 | 48 |
| 3 Computer | 7/01/06 | | 948 | | | | | | | 948 | | 200DB HY | S | 20000 | 190 |
| 4 Office Equipment | 7/01/06 | • | 2,320 | | | | | | | 2,320 | | 200DB HY | 5 | .20000 | 464 |
| Total Machinery and Equipment | | | 5,923 | | 0 | 0 | 0 | 0 | 0 | 5,923 | 531 | | | | 1,504 |
| Total Depreciation | | | 5,923 | | | | 0 | 0 | | 5,923 | 531 | | | 1 [| 1,504 |
| Grand Total Depreciation | | | 5,923 | | | | 0 | 0 | | 5,923 | 531 | | | l | 1,504 |
| | | | | | | | | | | | | | | | |
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| | : | | Federal \ | Federal Worksheets | ets | | | | Page | 2 |
|---|--|--------------------------------|--------------------------------------|--|--|------|---------|----------------------|---------------------------------------|----------------|
| | | Ten | Tennessee Center For Policy Research | r For Policy | Research | | | | 20-1808567 | 267 |
| Depreciation Worksheet Form 990-PF, Part I Allocated Depreciation | | | | | | | | <u>:</u> | | |
| Description Computer Office Equipment Computer Office Equipment | Date Acquired 7/01/05 7/01/05 7/01/06 7/01/06 | Cost Basis 2,506 149 948 2,320 | Prior Year Depr 501 30 | Method 200DB 200DB 200DB 200DB | Rate 0.3200 0.3200 0.2000 0.2000 | Life | Current | Net Invest Income | Net Income 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0000 |
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| Page 1 | 20-1808567 | Current Depr | | 00 481 | | .,, | 742 | 1,555 | 1,555 | 1,555 | | | |
|---|--------------------------------------|------------------------------|--|------------|--------------------|------------|--------------------|-------------------------------|--------------------|--------------------------|--|--|--|
| | | Life Rate | | 5 19200 | | - | 5 .32000 | | | | | | |
| | | Method | | 200DB HY | 200DB HY | 2000B HY | 200DB HY | | | | | | |
| | | We | | 1,303 200 | | 190 200 | 464 200 | 2,035 | 2,035 | 2,035 | | | |
| | | Prior Denr. | | | | | | 2 | 2 | 2 | | | |
| ıle | | Depr. Basis | | 2,506 | 149 | 948 | 2,320 | 5,923 | 5,923 | 5,923 | | | |
| hedi | _ | Salvage /Basis Reductn | | | | | | 0 | 0 | 0 | | | |
| on Sc | esearc | Prior Dec Bal. Depr. | | | | | | 0 | 0 | 0 | | | |
| 2007 Federal Book Depreciation Schedule | Tennessee Center For Policy Research | Prior 179/ Bonus/ 1 | | | | | | 0 | | 0 | | | |
| ok Deg | enter Fo | Special Depr Allow. | | | | | | 0 | 0 | 0 | | | |
| al Boo | ssee C | Cur 179 Bonus | | | | | | 0 | 0 | 0 | | | |
| edera | Tenne | Bus Pet. | | 9 | Ø | ∞ | 01 | en. | | m1 | | | |
|)07 F | | Cost/ Basis | | 2,506 | 149 | 948 | 2,320 | 5,923 | 5,923 | 5,923 | | | |
| 2(| | Date Sold | | | | | ļ | | 1 11 | | | | |
| | | Date Acquired | | 7/01/05 | 7/01/05 | 7/01/06 | 7/01/06 | | | | | | |
| 12/31/07 | Client 10637 | .No | Form 990/990-PF Machinery and Equipment | 1 Computer | 2 Office Equipment | 3 Computer | 4 Office Equipment | Total Machinery and Equipment | Total Depreciation | Grand Total Depreciation | | | |

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