Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2003
Open to Public Inspection

A	For the 2	003 calendar year, or tax year beginning	and er	nding	4	
В	Check if applicable	Inselled Home GAT ATD BOCTETT OF	MIDDLE TENNESSE	Œ	D Employer ide	entification number
	Address	label or Print or AND THE CUMBERLANDS			62-08	00756
	Name change	type. See Number and street (or P.O. box if mail is no	ot delivered to street address)	Room/suite	E Telephone n	umber
	Initial return	Specific 300 DEADERICK STREET				44-6610
	Final	Instructions. City or town, state or country, and ZIP + 4			F Accounting metho	
	Amende return	MASHVIIIII, IN 37201		4	Other (specify)	-
	Applica pending	• Section 501(c)(3) organizations and 4947(a)(must attach a completed Schedule A (Form 99)		Hand lare not app	licable to secti	on 527 organizations.
			30 01 990-E2).	H(a) Is this a group i		
		▶N/A		H(b) If "Yes," enter no		/
		tion type (check only one) ► X 501(c) (3) (inser		H(c) Are all affiliates (If "No." attach a	included? N	/A L Yes No
		re 🕨 🔛 if the organization's gross receipts are norn		H(d) is this a separat	te return filed by	an or-
		ion need not file a return with the IRS; but if the organiza		***************************************	red by a group ri	uling? Yes X No
	in the ma	il, it should file a return without financial data. Some sta t	les require a complete return.	I Group Exemption		
	Cross ro	points: Add lines 6h 9h 9h and 10h to line 10	5,415,423.		if the organization 90, 990-EZ, or 99	on is not required to attach
		eipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► Revenue, Expenses, and Changes in			90, 990-62, 01 9	30-FF).
88.88	1	Contributions, gifts, grants, and similar amounts receiv		11063		
	'a	Direct public support		969,2	30	
	h	Indirect public support		171,0		
	L D	Government contributions (grants)	***************************************	4,255,9		
	d	Total (add lines 1a through 1c) (cash \$ 5, 3	96.221 - noncash \$	1,200,0		5,396,221.
	2	Program service revenue including government fees ar	ad contracts (from Part VII line 93)			373307221.
	3	Membership dues and assessments				The second secon
	4	Interest on savings and temporary cash investments				13,233.
	5	Dividends and interest from securities				10,200
	6 a	Gross rents	1 _			
	b	Less: rental expenses				
	C	Net rental income or (loss) (subtract line 6b from line 6	<u></u>		6c	
_	7	Other investment income (describe	-/) 7	
Revenue	8 a	Gross amount from sales of assets other	(A) Securities	(B) Other		
eve		than inventory	8a			
ď	b	Less: cost or other basis and sales expenses	8b	67,0		
	C	Gain or (loss) (attach schedule)	8c	<67 , 0		
	d	Net gain or (loss) (combine line 8c, columns (A) and (E	3))	STMT	2 8d	<67 , 066.>
	9	Special events and activities (attach schedule). If any ar		▶ □		
	a	Gross revenue (not including \$	of contributions	ı		
		reported on line 1a)				
	b	$\label{less:direct expenses other than fundraising expenses} \label{less:direct expenses}$				
	C	Net income or (loss) from special events (subtract line		1	9c	
	10 a	Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold				
	C	Gross profit or (loss) from sales of inventory (attach so		,		F 0.60
	11	Other revenue (from Part VII, line 103)				5,969.
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10				5,348,357.
S	13	Program services (from line 44, column (B))				4,609,346.
Expenses	14	Management and general (from line 44, column (C))				674,645.
(be	15	Fundraising (from line 44, column (D))			[118,950.
ш		Payments to affiliates (attach schedule)				5 402 041
	17	Total expenses (add lines 16 and 44, column (A))				5,402,941.
	18	Excess or (deficit) for the year (subtract line 17 from lin				<54,584.>
Net	19	Net assets or fund balances at beginning of year (from				1,700,909.
_ 4		Other changes in net assets or fund balances (attach ex				1,646,325.
323	21	Net assets or fund balances at end of year (combine lin			21	1,040,323.

LEGAL AID SOCIETY OF MIDDLE TENNESSEE

AND THI UMBERLANDS

62-0800756

Part II Statement of All organized All organ	janiza 1) oro	tions must complete colum	n (A). Columns (B), (C), and	u (D) are required for section e trusts but optional for other	n 501(c)(3) Page 2
Do not include amounts reported on line	,, org	(A) Total	(B) Program	(C) Management	(D) Fundraising
6b, 8b, 9b, 10b, or 16 of Part I.		(71) 10(4)	services	and general	(b) i dilataloling
22 Grants and allocations (attach schedule)	22				
cash \$noncash \$ 23 Specific assistance to individuals (attach schedule)	-				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	82,500.	0.	82,500.	0.
26 Other salaries and wages	26	3,106,794.		335,505.	70,959.
27 Pension plan contributions	27	134,071.	113,960.	17,429.	2,682.
28 Other employee benefits	28	506,254.		43,353.	9,218.
29 Payroll taxes	29	241,924.	204,437.	32,251.	5,236.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32	107 504	117 460	F7 F02	10 440
33 Supplies	33	187,504.			12,443.
34 Telephone	34	120,873. 59,007.		14,985. 9,333.	1,558. 5,878.
35 Postage and shipping	35 36	263,436.		22,981.	952.
36 Occupancy	37	73,588.		17,060.	1,221.
37 Equipment rental and maintenance38 Printing and publications	38	90,490.		4,585.	7,856.
39 Travel	39	101,261.	97,249.	3,958.	54.
40 Conferences, conventions, and meetings	40				
41 Interest	41				71 PT
42 Depreciation, depletion, etc. (attach schedule)	42	87,625.	87,625.		
43 Other expenses not covered above (itemize):					
a	43a		· · · · · · · · · · · · · · · · · · ·		
b	43b				**************************************
C	43c	-mar-			
d	43d	247 614	212 600	22 112	
e SEE STATEMENT 3 Total functional expenses (add lines 22 through 43).	43e	347,614.			893.
Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15		5,402,941.	4,609,346.	674,645.	118,950.
Joint Costs. Check ► if you are following SOP 9. Are any joint costs from a combined educational campa		d fundraising colinitation ro	norted in (P) Program convi	inno 2	Von X No
If "Yes," enter (i) the aggregate amount of these joint co					
(iii) the amount allocated to Management and general \$			(iv) the amount allocated to		
Part III Statement of Program Servi			(17) the amount anotated to	· randialoning φ	
What is the organization's primary exempt purpose?			4		
					Program Service Expenses
All organizations must describe their exempt purpose achievemen achievements that are not measurable. (Section 501(c)(3) and (4) or	ts in a roaniza	clear and concise manner. State tions and 4947(a)(1) nonexempt	the number of clients served, pu	blications issued, etc. Discuss the amount of grants and	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1)
allocations to others.)	94/1124			and announced grants and	trusts; but optional for others.)
a SEE STATEMENT 5					
					4 600 246
1			Grants and allocations \$)	4,609,346.
b					
			Grants and allocations \$		
C			Changs and anocations w		
		(1	Grants and allocations \$)	
d					
			Grants and allocations \$)	
e Other program services (attach schedule)	line 1	· · · · · · · · · · · · · · · · · · ·	Grants and allocations \$)	1 600 246
f Total of Program Service Expenses (should equal	iiiie 4	+, colullili (B), Program ser	vices)		4,609,346.
323011 12-17-03					Form 990 (2003)

Part IV Balance Sheets

	nere required, attached schedules and amounts ould be for end-of-year amounts only.	within the des	cription column	(A) Beginning of year		(B) End of year
45				858,537.	45	573,433. 446,013.
46	Savings and temporary cash investments			442,305.	46	446,013.
47	a Accounts receivable	47a	16,372.			
	b Less: allowance for doubtful accounts	47b		3,188.	47c	16,372.
48	•		236,860.	056 405		006.060
	b Less: allowance for doubtful accounts				48c	236,860.
49	Grants receivable	• • • • • • • • • • • • • • • • • • • •		204,741.	49	290,032.
50	, , , , , , , , , , , , , , , , , , , ,					
_χ	and key employees	1 1		8	50	
Assets 51						
7	b Less: allowance for doubtful accounts				51c	
52			1	14 570	52	22 255
53	Prepaid expenses and deferred charges			14,578.	53	22,255.
54	Investments - securities	P L	Cost		54	
55		===				
	equipment: basis	55a				
	t. I are a second data de la constitución	556		*		
i	b Less: accumulated depreciation				55c 56	
56		1 1	709,777.		00	
57	a Land, buildings, and equipment: basisb Less: accumulated depreciation		181,823.	341,367.	57c	527,954.
58	L OT TINTE TIO	*****		5,937.	58	3,289.
30	Other assets (describe > CITILITI IDC	JROW I OIL	/ _	37337.	30	37203.
59	Total assets (add lines 45 through 58) (must equ	ial line 74)		2,127,090.	59	2,116,208,
60	Accounts payable and accrued expenses		· ·	417,133.	60	2,116,208. 460,280.
61	Grants payable		F		61	
62	Deferred revenue			3,111.	62	6,314.
	Loans from officers, directors, trustees, and key e				63	
E 64	a Tax-exempt bond liabilities				64a	
Liabilities 63 64	b Mortgages and other notes payable				64b	
65	ACT TEXTS TO)	5,937.	65	3,289.
66		•••••		426,181.	66	469,883.
Org	ganizations that follow SFAS 117, check here	X and comple	te lines 67 through			
	69 and lines 73 and 74.					
8 67	Unrestricted			1,420,137.	67	1,331,103. 315,222.
<u>E</u> 68	Temporarily restricted			280,772.	68	315,222.
6 9					69	
즉 Org	ganizations that do not follow SFAS 117, check here	and	complete lines			
Ē	70 through 74.					
ο 70	Capital stock, trust principal, or current funds				70	
Net Assets or Fund Balances Org 70 71 72 73	Paid-in or capital surplus, or land, building, and e	quipment fund			71	
₹ 72	Retained earnings, endowment, accumulated inco				72	
₹ 73	Total net assets or fund balances (add lines 67 t	-	-			, _,
	column (A) must equal line 19; column (B) must			1,700,909.	73	1,646,325. 2,116,208.
74	Total liabilities and net assets / fund balances (add lines 66 and	73)	2,127,090.	74	2,116,208.

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

Total revenue, gains, and other support per added informatic statements a 6,802,651.	Pa	rt IV-A Reconciliation of Revenu Financial Statements wit Return	le per Audited h Revenue per	Par		ciliation of Exp al Statements			
b Amounts included on line a but not on line 12 from 900. (1) late uncalized gains on investments . (2) Counted services and use of facilities . \$ 1,399,710 . (3) Recorders of prior year grouts . (4) Other (specify): Add amounts on lines (1) through (4) b 1,399,710 . c Line a minus line b . Amounts included on line 12, form 900 . (2) Other (specify): Add amounts on lines (1) through (4) b 1,399,710 . c Line a minus line b . Amounts included on line 12, form 900 . (3) Lesses reported on line 20, form 900 . Amounts included on line 12, form 900 . (4) Other (specify): Add amounts on lines (1) through (4) b 1,399,710 . c 10 line in the individed on line 12, form 900 . (5) Other (specify): Add amounts on lines (1) through (4) b 1,399,710 . c 10 line in the individed on line 12, form 900 . (5) Add amounts on lines (7) through (4) b 1,399,710 . c 10 line in the individed on line 12, form 900 . (2) Other (specify): Add amounts on lines (1) through (4) b 1,399,710 . c 10 line in the individed on line 12, form 900 . (3) Lesses reported on line 20, form 900 . (4) Name and address on lines (1) through (4) b 1,399,710 . c 10 line in the individed on line 12, form 900 . (2) Other (specify): Add amounts on lines (1) through (4) c 10 line in the individed on line 12, form 900 . (5) Add amounts on lines (1) through (4) c 10 line in the individed on line 12, form 900 . (6) Amounts included on line 12, form 900 . (7) Other (specify): Add amounts on lines (1) through (4) c 10 line in the individed on line 12, form 900 . (8) Under (specify): Add amounts on lines (1) through (4) b 1, 1,399,710 . c 10 line in the individed on line 12, form 900 . (5) Add amounts on lines (1) through (4) c 10 line in the individed on line 12, form 900 . (6) Other (specify): Add amounts on lines (1) through (4) c 10 line in the individed on line 12, form 900 . (6) Other (specify): Add amounts on lines (1) through (4) c 10 line in the interval lines (1) through (4) c 1	а		6 740 067	а		osses per			000 651
D Amendes Included on line a but not en line 17, Form 990;		per audited financial statements	a 6, 748, 067.	b	audited financial state Amounts included on	ements Line a but not on	▶	a b,	802,651.
(1) Net unealized gains on investments (2) Denaled services and use of facilities (3) Recoveries of prinor year grants (3) Recoveries of prinor year grants (4) Other (specify): (5) (4) Other (specify): (6) Other (specify): (7) Other (specify): (8) Other (specify): (1) Other (specify): (1) Other (specify): (2) Other (specify): (3) Other (specify): (4) Other (specify): (5) (4) Other (specify): (6) Other (specify): (1) Other (specify): (2) Other (specify): (3) Other (specify): (4) Other (specify): (5) (4) Other (specify): (5) (4) Other (specify): (6) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	b				line 17, Form 990:	💆 55,			
Calculation	(1)	•		(1)	Donated services and use of facilities	s 1,399,7	10.		
(2) Donalds services and use of treilities \$ 1,399,710. (3) Receveries of prior year grants \$ (4) Other (speedy): \$ Add amounts on lines (1) through (4)	('')	_		(2)					
(3) Recoveries of prior year grants \$ (4) Other (specify): \$ Add amounts on lines (1) through (4)	(2)			` ′	, ,				
(3) Recoveries of prior year grants \$ (4) Other (specify): \$ Add amounts on lines (1) through (4)		and use of facilities $$ \$ $1,399,710$.			Form 990	.\$			
(4) Other (specify):	(3)	•		(3)					
**Add amounts on lines (1) through (4)		year grants\$.\$			
Add amounts on lines (1) through (4)	(4)			(4)					
the armitus line b	_		1 200 710					1. 1	200 710
d Amounts included on line 12, Form 99 0 but not on line 2: (1) Investment expenses not included on line 3: (2) Other (specify): Add amounts on lines (1) and (2)		Add amounts on lines (1) through (4)	b 1,399,710.		Add amounts on lines	s (1) through (4)	<u> </u>	D 1,	402 941
990 but not on line a: (1) investment expenses not included on line 60, Form 990 \$ (2) Other (specify): Add amounts on lines (1) and (2)	-	Amounts included on line 12 Form	[J / J 4 0 / J J / 6					6 37	402,741.
not included on line 6b, Form 990 . \$ (2) Other (specify): \$	u			u					
line 6b, Form 990 \$	(1)	Investment expenses		(1)	Investment expenses				
(2) Other (specify): Add amounts on lines (1) and (2)	` '	not included on			not included on				
Add amounts on lines (1) and (2) e Total revenue per line 12, Form 990 (line c plus line 4) Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated) ASHLEY T. WILTSHIRF, JR. 300 DEADERICK STREET NASHVILLE, TN 37201 SEE ATTACHED 5 HRS/MONTH 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		line 6b, Form 990\$			line 6b, Form 990	.\$			
Add amounts on lines (1) and (2) d 0 . Total revenue per line 12, Form 990 (line c plus line d) e 5,348,357 . Part V	(2)	Other (specify):		(2)					
e Total revenue per line 12, Form 990 (line c plus line d) Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated) Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated) Compensation Compensation						\$			
(line c plus line d)			d O.	1			▶	d	0.
Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)	е		5 3/8 357					5	102 011
(A) Name and address per week devoted to position of the total and address per week devoted to positio	Pa							e J ,	402,341.
ASHLEY T. WILTSHIRE, JR. EXECUTIVE DIRECTOR 300 DEADERICK STREET 40 82,500. 5,088. 0. SEE ATTACHED 5 HRS/MONTH 0. 0. 0.	20.5000.0	30000000000000000000000000000000000000	,					tributions to	(E) Expense
ASHLEY T. WILTSHIRE, JR. EXECUTIVE DIRECTOR 300 DEADERICK STREET 40 82,500. 5,088. 0. SEE ATTACHED 5 HRS/MONTH 0. 0. 0.		(A) Name and address		pe	r week devoted to position	(If not paid, enter -0)	plans	& deferred bensation	account and other allowances
300 DEADERICK STREET NASHVILLE, TN 37201 40 82,500. 5,088. 0. SEE ATTACHED 5 HRS/MONTH 0. 0. 0.	AS	HLEY T. WILTSHIRE, JR.		EXE	CUTIVE DIR	ECTOR			
SEE ATTACHED 5 HRS/MONTH 0. 0. 0.	30	O DEADERICK STREET							
5 HRS/MONTH 0. 0. 0. 0	NA			40		82,500.	5	,088.	0.
	SE	E ATTACHED							
				5 н	RC/MONTH	0		0	0
				J 11	RB/ HONTH	0.		<u> </u>	. 0.
TE. Did any officer director trucks, as law employee procise and process of many than \$400,000 fear year and all which it									
TE. Did any officer director tructes as law employee receive agarante componenties of many than \$140,000 from your consistion and all related.									
TE. Did on afficer director tructor or low employee require componenties of most than \$100,000 from your executation and all which it									
75. Did on afficer director tructor or low employee receive componenties of more than \$100,000 from your exercitation and all which it									
TE. Did on afficer director tructor or law employee require componenties of more than \$100,000 from your executation and all which it									
75. Did on officer director tructor or low employee require componenties of most than \$100,000 from your executation and all which it									
75. Did on afficer director tructor or law employee require componenties of more than \$100,000 from your executation and all which it									
75. Did on officer director tructor or low employee require componenties of most than \$100,000 from your executation and all which it									
75. Did on efficient trustee on less amplique receive companyation of more than \$100,000 from your experiential and all validad.									
75. Did any officer director tructor or lay ampleyed receive appropriate of mars than \$100,000 from your arradication and all which it									
75. Did any officer director tructor or lay ampleyed receive appropriate of mars than \$100,000 from your arradiant and all valued.									
7E. Did any officer director tructor or lay ampleyed receive appropriate appropriate of more than \$4.00,000 from your agrantation and all values.									
75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule.									

		Yes	No
of each activity	76		Х
	77		X
			- 11
_			
n? N/A	78a		X
N/A	78b		
	79		X

membership,			
	80a		X
npt or nonexempt.			
0.			
	041		X
	81b		Λ
tantially less than			
	82a	Х	
1,399,710.			
	1	X	1000000000
	83a	Λ	
N/A	83b		
	84a		Х
e not			
N/A	84b		
N/A	85a		
N/A	85b	**********	
a waiver for proxy tax			
N/A			
N/A			
N/A			
N/A			
N/A	85g		
sonable estimate of dues			
N/A	QEL		
	85h		
N/A			
N/A			
N/A			
N/A			
p,			
******	88		X
0.			
		000000000000000000000000000000000000000	
	89b		X
			0.

Pa	Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		Х
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
	If "Yes," attach a statement			
80 a	, , , , , , , , , , , , , , , , , , , ,			
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		Х
b	If "Yes," enter the name of the organization			
	and check whether it is exempt or nonexempt.			
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.			
b	Did the organization file Form 1120-POL for this year?	81b		X
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.)			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b		
84 a	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? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax			
	owed for the prior year.			
C	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
е	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)			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues			
	allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		353533555
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) 87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
	If "Yes," complete Part IX	88	**********	X
89 a	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?			37
	If "Yes," attach a statement explaining each transaction	89b		<u>X</u>
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			^
	sections 4912, 4955, and 4958			0.
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed TENNESSEE			0.7
b	Number of employees employed in the pay period that includes March 12, 2003 90b	1 6	610	87
91	The books are in care of ►ASHLEY WILTSHIRE Telephone no. ► 615-24	4-0	010	
	1 200 DEADEDICK CODEED MACUNITIE ON	720	1	
	Located at ► 300 DEADERICK STREET, NASHVILLE, TN ZIP+4 ► 3	120	Τ	
00	Continue (0.47/a)(1) papersonal about table to the filling form 0.00 in the continue of Farm 4.844 (0.11)		▶ □	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92		, − ∟ Λ	
32304		N/	A. 1 990 (OUUS)
12-17-	03	רטוו	1 990 (<u>/</u> 2003)

Page 6

AND THE CUMBERLANDS

	VII Analysis of Income-	T T		ted business income		ded by section 512, 513, or 514	
	Enter gross amounts unless othen	wise	(A)	(B)	(C)	(D)	(E)
indica			Business	Amount	Exclu- sion	Amount	Related or exempt function income
	ogram service revenue:		code		code		Tunction income
		1					
		1					
		1					
d _							
е_							
	edicare/Medicaid payments						
•	es and contracts from government ag						
	embership dues and assessments	Г			11	12 222	
	terest on savings and temporary cash	r i			14	13,233	•
	vidends and interest from securities	Į.					
	et rental income or (loss) from real esta	ſ					
	bt-financed property						
	t debt-financed property	1					
	et rental income or (loss) from persona					The state of the s	
	her investment income						
	in or (loss) from sales of assets				10	167 066	
	her than inventory				18	<67 , 066	•>
	t income or (loss) from special events	F					
	oss profit or (loss) from sales of inven	itory					
	her revenue:						F 0.00
_	MISCELLANEOUS						5,969.
		i i					
		1					
е_					^	ZE2 022	F 000
104 St	ibtotal (add columns (B), (D), and (E))				0.	<53,833	
	tal (add line 104, columns (B), (D), an						<47,864.
	ine 105 plus line 1d, Part I, should VIII Relationship of Activ				mnt Du	rnacas /Con nogo 24 of t	he instructions \
Later Control of the							The state of the s
Line N	 Explain how each activity for white exempt purposes (other than by 				buted impor	tantly to the accomplishmer	nt of the organization's
<u></u>					IE COII	DCE OF DDOM	DING TECAT
1031				TAED IN IU	IE COU	KSE OF PROVI	DING TEGAT
-	SERVICES TO ELIC	этрге ст.	IENTS				

	X Information Regardi	na Tavable 9	Subsidiar	ice and Dierog	arded Er	atition (See page 34 of th	a instructions \
Part	(A)	(B)	Jubaidiai	(C)	arueu Li		(E)
Nam	e, address, and EIN of corporation,	Percentage of		Nature of activities		(D) Total income	End-of-year
p	artnership, or disregarded entity	ownership interes	%				assets
	N/A		%				
	IV/ A		%				
			%				
Part	X Information Regardi			tod with Porce	nal Ron	ofit Contracts /See n	age 34 of the instructions \
	id the organization, during the year, re			· · · · · · · · · · · · · · · · · · ·			Yes X No
	lid the organization, during the year, re	•	-	*	•		Yes X No
		• •	•	• •	iii cointact?	************************	Tes A INU
	If "Yes" to (b), file Form 8870 and Under penalties of perjury, I declare that correct, and complete. Declaration of pr				s and stateme	nts, and to the best of my knowl	edge and belief, it is true.
Please	correct, and complete. Declaration of pr	eparer (other than office	cer) is based on	all information of which pr	reparer has any	y knowledge.	
Sign Here	Signature of officer			Date	Type or n	rint name and title.	
				1	Date	Check if	Preparer's SSN or PTIN
Paid	Preparer's	OH.		. ///		. self-	,
Prepare	r's signature KRAFT	BROS ESS	THAT TO	ATTON & HA			
Use Onl	. vours if			D, SUITE 2		PLLC EIN ▶	
323161 12-17-03			15 KOA 37228-			D	16151242 7251
12-17-03	ZIP + 4 NASHVI	TIN '	51220-	T 2 T A		Phone no.	(615)242-7351

SCHEDULE A

(Form 990 or 990-EZ)

:ation Exempt Under Sectio 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or Section 4947(a)(1) Nonexempt Charitable Trust Supplementary Information-(See separate instructions.)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ LEGAL AID SOCIETY OF MIDDLE TENNESSEE

Employer identification number

62 0800756 AND THE CUMBERLANDS Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (b) Title and average hours per week devoted to d) Contributions to employee benefit plans & deferred (e) Expense account and other (a) Name and address of each employee paid (c) Compensation more than \$50,000 allowances position compensation NEIL G. MCBRIDE GEN COUNSEL 40 78,875 9,013. 300 DEADERICK STREET NASHVILLE, TN MANG ATTRNY DAVID J. TARPLEY 300 DEADERICK STREET NASHVILLE, TN 40 77,000. 12,008. ATTORNEY LENNY L. CROCE 75,935. 11,948. 300 DEADERICK STREET NASHVILLE, TN 40 MANG ATTRNY DAVID KOZLOWSKI 300 DEADERICK STREET NASHVILLE, TN 40 69,875. 8,247. ATTORNEY D. DRAKE HOLLIDAY 67,438. 4,211 40 300 DEADERICK STREET NASHVILLE, TN Total number of other employees paid 0 over \$50,000 Part II 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.") (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service NONE Total number of others receiving over 0 \$50,000 for professional services

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2003

Schedule A (Form 990 or 990-EZ) 2003

14

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Pa	Support Schedule (C Note: You may use th	Complete only if you che se worksheet in the inst	ecked a box on line 10 tructions for converting), 11, or 12.) Use د يا g from the accrual to th	method of accounting cash method of acc	i g. ountina.
Caler begin	ndar year (or fiscal year ning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4,610,907.	3,098,968.	2,569,967.	2,383,874.	12,663,716.
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	17,113.	26,055.	34,990.	24,778.	102,936.
19	Net income from unrelated business					
20	activities not included in line 18 Tax revenues levied for the organization's benefit and either			WILLIAM 1		
	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	42,521.		SEE STATEME		79,334.
23	Total of lines 15 through 22	4,670,541.	3,161,836.	2,604,957.	2,408,652.	79,334. 12,845,986. 12,845,986.
24	Line 23 minus line 17	4,670,541.	3,161,836.	2,604,957.	2,408,652.	12,845,986.
25	Enter 1% of line 23	46,705.	31,618.	26,050.	24,087.	
26	Organizations described on lines 10				500000000000000000000000000000000000000	256,920.
b	Prepare a list for your records to sho unit or publicly supported organization Do not file this list with your return.	on) whose total gifts for 1	999 through 2002 exceed	ded the amount shown in	line 26a.	0.
C	Total support for section 509(a)(1) to					12,845,986.
d	Add: Amounts from column (e) for li		$ \begin{array}{r} 02,936. \\ 79,334. \\ \end{array} $ 26b		≥ 26d	182,270.
е	Public support (line 26c minus line 2	6d total)		*******************************	▶ 26e	12,663,716.
f	Public support percentage (line 26e					98.5811%
27	Organizations described on line 12: records to show the name of, and to such amounts for each year: (2002)	tal amounts received in ea ${\sf N/A}$	ch year from, each "disqu	ualified person." Do not fi l	le this list with your retu	n. Enter the sum of
b	For any amount included in line 17 th					
	and amount received for each year, t	hat was more than the lar	rger of (1) the amount of	n line 25 for the year or (2	2) \$5,000. (Include in the	list organizations
	described in lines 5 through 11, as we the larger amount described in (1) or (2002)	r (2), enter the sum of the	se differences (the exces	s amounts) for each year	N/A	illoulit received allo
C	Add: Amounts from column (e) for li			16		
	17	20		21	27 c	N/A
d	Add: Line 27a total	and	d line 27b total	****	27d	N/A
е	Public support (line 27c total minus l					N/A
f _	Total support for section 509(a)(2) to				N/A	N/A %
g	Public support percentage (line				_	/-
	Investment income percentage Inusual Grants: For an organization					

to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Schedule A (Form 990 or 990-E

Schedule A (Form 990 or 990-EZ) 2003 AND **E CUMBERLANDS**

62-0800756

Private School Question iaire (See page 7 of the instructions.)

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

(To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No 20 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 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? 32a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 33a **b** Admissions policies? 33b Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? 33d Educational policies? 33e Use of facilities? 33f Athletic programs? 33g 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 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 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,

Schedule A (Form 990 or 990-EZ) 2003

Col	nedule A (Form 990 or 990-EZ		SOCIETY OF UMBERLANDS	MIDDLE	TEN	NESSE	E	63	2-0800756 Page 5
Extension and	30000000000000000000000000000000000000	Expenditures by El		ritias (See na	ne 9 of	theetruct	rione)	02	2-0800756 Page 5 N/A
30,033		ted ONLY by an eligible orga			ige 5 01	the motiuce	.10115.)		14/11
Che	eck 🕨 a 🔃 if the organiz	ation belongs to an affiliated	group. Check	b if	you che	ecked "a" ar	nd "limited o	control	" provisions apply.
	Li	imits on Lobbying	Expenditures			۸ffili	(a) ated group		(b) To be completed for ALL
		rm "expenditures" means am	-			Allilli	totals		electing organizations
~~~						N	/A	*************	
36	Total lobbying expenditures t	to influence public opinion (	grassroots lobbying)		36				
37	Total lobbying expenditures t				37				
38	Total lobbying expenditures (	-			38				
39	Other exempt purpose expen				39				
40					40				
41	Lobbying nontaxable amount	t. Enter the amount from the	following table -						
	If the amount on line 40 is -	The lobbyi	ng nontaxable amount is -						
	Not over \$500,000		nount on line 40						
	Over \$500,000 but not over \$1,000	0,000 \$100,000 plus	s 15% of the excess over \$500,	000					
	Over \$1,000,000 but not over \$1,5	500,000 \$175,000 plus	s 10% of the excess over \$1,00	0,000	41				
	Over \$1,500,000 but not over \$17,	,000,000 \$225,000 plus	s 5% of the excess over \$1,500	,000					
	Over \$17,000,000	\$1,000,000		J					
42	Grassroots nontaxable amou	nt (enter 25% of line 41)			42				
43	Subtract line 42 from line 36.	. Enter -0- if line 42 is more t	than line 36		43				
44	Subtract line 41 from line 38.	. Enter -0- if line 41 is more t	han line 38		44				
	Caution: If there is an amo	ount on either line 43 or li	ne 44, you must file For	m 4720.					
		(Some organizations that m	structions for lines 45 thro	on do not have t	o compl 11 of th	e instruction	ns.)	nns	
		1-1		Т	_				N/A
	endar year (or al year beginning in)	(a) 2003	( <b>b)</b> 2002	(c) 200			(d) 2000		(e) Total
	Lobbying nontaxable	2000	2002	200			2000		I Utai
40	amount								0.
46	Lobbying ceiling amount								
40	(150% of line 45(e))								0.
47	Total lobbying					******	************		•
71	expenditures								0.
48	Grassroots nontaxable				·····				
70	amount								0.
49	Grassroots ceiling amount								
	(150% of line 48(e))								0.
50	Grassroots lobbying							*********	<u></u>
•	expenditures								0.
P	art VI-B Lobbying /	Activity by Noneled	ting Public Charit	ies					
es.Eiii		only by organizations that did			he instr	ıctions.)			
Dur	ring the year, did the organizati	ion attempt to influence natio	onal, state or local legislatio	on, including any	attemp	t to	1,,		
	uence public opinion on a legis		<del>_</del>		·		Yes	No	Amount
a	Volunteers			**********				Х	
	Paid staff or management (In							Х	

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. 323141 12-05-03

Schedule A (Form 990 or 990-EZ) 2003

Х

X

XX

X

X

c Media advertisements
 d Mailings to members, legislators, or the public

g Direct contact with legislators, their staffs, government officials, or a legislative body
 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

e Publications, or published or broadcast statements

f Grants to other organizations for lobbying purposes

i Total lobbying expenditures (Add lines c through h.)

62-0800756 Page **6** 

Par	Information Regarding hansfers To are Exempt Organizations (See page 12 of the ins	nd Transactions and		able	<u> </u>	i age i
51	Did the reporting organization directly or indirectly engage in any c 501(c) of the Code (other than section 501(c)(3) organizations) or	of the following with any othe r in section 527, relating to po	-		Yes	NI-
а	Transfers from the reporting organization to a noncharitable exem (i) Cash	• •		51a(i)		No X
	***************************************			a(ii)		X
h	(ii) Other assets Other transactions:		***************************************	4(11)		Λ
D	(i) Sales or exchanges of assets with a noncharitable exempt org	nanization		b(i)		Х
	(ii) Purchases of assets from a noncharitable exempt organization			b(ii)		X
	(iii) Rental of facilities, equipment, or other assets			b(iii)		X
	(iv) Reimbursement arrangements			b(iv)		X
				b(v)		Х
	(vi) Performance of services or membership or fundraising solicits			b(vi)		Х
C	Sharing of facilities, equipment, mailing lists, other assets, or paid			C		Х
d	If the answer to any of the above is "Yes," complete the following so goods, other assets, or services given by the reporting organizatio transaction or sharing arrangement, show in column (d) the value	on. If the organization received	l less than fair market value in any		N/A	
(a) Line r	(b) (c) D. Amount involved Name of noncharitable e		(d) Description of transfers, transactions, and sh			
52 a	Is the organization directly or indirectly affiliated with, or related to, Code (other than section 501(c)(3)) or in section 527?		``_	Yes	TX.	No
b	If "Yes," complete the following schedule: N/A			163		J 140
	(a) Name of organization	(b) Type of organization	(c) Description of relationship	)		
	AMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAM				· · · · · · · · · · · · · · · · · · ·	
			3 4744 477 474 474 474 474 474 474 474 4			

FOOTNOTES	STATEMENT 1
FORM 990, PART II, LINE 42 - "DEPRECIATION" LAND BUILDINGS AND IMPROVEMENTS OFFICE FURNITURE AND COMPUTER EQUIPMENT	83,000. 434,825. 191,952.
LESS ACCUMULATED DEPRECIATION	709,777. <181,823.>
	527,954.

PROPERTY AND EQUIPMENT ARE STATED AT ACQUISITION COST, CARRYING BASIS FOR TRANSFERRED ASSETS, OR AT ESTIMATED MARKET VALUE AT THE DATE OF GIFT, IF DONATED, LESS ACCUMULATED DEPRECIATION. DEPRECIATION IS COMPUTED STRAIGHT-LINE METHOD OVER THE ESTIMATED USEFUL LIVES OF ASSETS (FURNITURE, FIXTURES, AND EQUIPMENT 3-15 YRS; BUILDINGS AND IMPROVEMENTS 20-39 YRS).

13

FORM 990 GAIN	(LOSS) FROM	M SALE (	OF OTE	HER A	ASSETS		STATEMENT	2
DESCRIPTION		Ī	DATE ACQUIF		DAT SOI		METHOD CQUIRED	
LOSS ON DISPOSAL OF EQUIPMENT		7	VARIOU	JS	VARIC	OUS PU	JRCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OTHER I			ENSE SALE	DEPREC	NET GAI	
NONE	0.	566	,091.		0.	499,02	25. <67,06	6.
TO FM 990, PART I, LN 8		566	,091.		0.	499,02	<67,06	6.3
FORM 990	O	THER EXI	PENSES	3			STATEMENT	3
DESCRIPTION	(A) TOTAL		(B) ROGRAM ERVICE			) EMENT ENERAL	(D) FUNDRAISIN	G.
COURT COSTS AND LITIGATION DUES AND FEES INSURANCE PROFESSIONAL FEES	, ,	SI	RÒGŔAM	157. 783.	MANAG	EMENT	, ,	
COURT COSTS AND LITIGATION DUES AND FEES INSURANCE	TOTAL 59,457 41,697	SI	RÒGŔAM ERVICE 59,4 38,7	157. 783. .08.	MANAG AND G	EMENT ENERAL 2,659.	FUNDRAISING	5.

### EXPLANATION

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

PART III

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

### DESCRIPTION OF PROGRAM SERVICE ONE

ACTIVITIES CARRIED OUT TO FULFILL THE ORGANIZATION'S MISSION TO PROVIDE LEGAL SERVICES FOR THE INDIGENT OF 48 COUNTIES IN MIDDLE TENNESSEE AND THE CUMBERLANDS. THE ORGANIZATION LEVERAGES RESOURCES BY COOPERATION AND COORDINATION WITH BAR ASSOCIATION SPONSORED PRO BONO PROGRAMS AND WITH OTHER LEGAL ASSISTANCE RESOURCES. THE ORGANIZATION PLACES A HIGH PRIORITY ON SUPPORTING THE INTEGRITY, SAFETY, AND WELL-BEING OF FAMILY BY PROVIDING ASSISTANCE WITH PRESERVING THE HOME, OBTAINING HOUSING, MAINTAINING ECONOMIC STABILITY, PREVENTING DOMESTIC VIOLENCE, OBTAINING HEALTH CARE, AND ENCOURAGING FAMILY STABILITY. DURING 2003, UTILIZING STAFF AND 776 VOLUNTEERS THAT CONTRIBUTED 9,720 LABOR HOURS, THE ORGANIZATION HANDLED 6,817 CASES AND ASSISTED 5,961 INDIVIDUALS.

		GRA	NTS	EXPENSES		
TO FORM 990, PART III, LINE A				4,609,346.		
SCHEDULE A	OTHER INC	OME	S	TATEMENT 6		
DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT		
MISCELLANEOUS	42,521.	36,813.	0.	0.		
TOTAL TO SCHEDULE A, LINE 22	42,521.	36,813.	0.	0.		

# LEGAL AID SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERLANDS BOARD OF DIRECTORS – 2003

Term	12/03	12/05	12/04	12/03	12/05	12/05	 	12/05	12/04	12/03	12/04	12/04	12/04	12/03	12/03	ا آئ	12/05	12/04	12/05	12/03	12/06
Appointing Organization	Nashville Bar Assn	Sumner Cty Bar Assn	Maury Cty Bar Assn	Putnam Cty Bar Assn	Bethlehem Ctr	Nashville Bar Assn	Tennessee Bar Assn	Nashville Bar Assn	Seven-Cty Bar Assn	Rutherford-Cannon Bar Assn	Good Neighbor Mission	Carver House Tenant Assn	Franklin Cty Bar Assn	Roane & Morgan Cty Bar Assn	Nashville Bar Association	Domestic Violence Program, Inc.	Napier-Looby Bar Assn	Cumberland VanBuren & White Cty Bar Assn	Anderson Cty Bar Assn	Vanderbilt Univ Law School	Martha O'Bryan Center
E-mail	athornton@stokesbartholomew.com	johnpellegrin@bellsouth.net	houstonp@fandmbank.com	crfickling@hotmail.com		kedge@millemartin.com		deisenstein@comcast.net	ukmb@dekalb.net	sgdaniel@comcast.net	baby@info-ed.com		Imedwards@cafes.net	richardkevans@hofmail.com	dgoddard@bassbeпу.com		ifharris@shbhlawfirm.com	ahollars@tnlakes.net	gwhorde@kramer-ray <u>son.com</u>	susankay@lawvanderbilt.edu	medwards@marthaobryan.org
Fax	615-259-1470	615-452-6203	931-380-8328	931-526-3073		615-256-8197	615-726-3185	615-726-4812	615-735-1921				931-967-4368	865-376-1241	615-742-2724		615-244-5031		865-522-5723	615-343-6562	615-242-3411
Phone	615-259-1492	615-452-5844	931-380-8245	931-528-6403	615-244-6347	615-744-8400	615-244-5200	615-242-2521	615-735-0807	615-849-3823	615-644-2180	931-388-1280	931-967-4303	865-376-5353	615-742-6224	615-893-0752	615-242-5003 X 113	931-403-0707	865-525-5134 X158 865-363-7526 (cell)	615-322-4151	615-254-1791
Address	424 Church St Ste 2800 Nashville TN 37219-2386	113 W Main St Gallatin TN 37066-3272	816 S Garden St Columbia TN 38401-3226 PO Box 1148 Columbia TN 38402-1148	9 S Jefferson Ave Ste 101 Cookeville TN 38501-3377	1720 21st Ave N Nashville TN 37208-1928	150 Fourth Ave N Ste 1200 Nashville TN 37219-2433	424 Church St Ste 1900 Nashville TN 37219-2387	1 Church St Ste 500 Nashville TN 37201-1607	204 Smotherman Ave Carthage TN 37030-1126 PO Box 255 Carthage TN 37030-0332	1407 Wall St Murfreesboro TN 37130-5973 PO Box 2489 Murfreesboro TN 37133-2489	185 Calvert Ridge Rd Westmoreland TN 37186- 5405	903 E End St Apt C-1 Columbia TN 38401-3821	300 S College St Winchester TN 37398-1570	1000 Waterford PI Ste 200 Kingston TN 37763-2674 PO Box 777 Kingston TN 37763-0777	315 Deaderick St Ste 2700 Nashville TN 37238-3001	2830 Halls Hill Pk Murfreesboro TN 37130-3213	1 Vantage Way Ste B105 Nashville TN 37228-1528	1010 E Main St Livingston TN 38570-1322	PO Box 629 Knoxville TN 37901-0629 800 Gay St Ste 2500 Knoxville TN 37929-9702	131 21st Ave S Nashville TN 37203-1181	c/o Martha O'Bryan Center 711 S 7 th St Nashville TN 37206-3895
Firm	Stokes Bartholomew Evans & Petree		First Farmers & Merchants Bank			Miller & Martin	Stites & Harbison	Eisenstein Moses & Mossman							Bass Berry & Sims		Smith Hirsch Blackshear & Harris		Kramer Rayson Leake Rodgers & Morgan	Vanderbilt Univ Legal Clinic	
Name	Guilford F Thornton Jr	John Pellegrin	N Houston Parks	Craig P Fickling	Adrie Mae Rhodes	Kathryn R Edge	Charles H Warfield	Daniel B Eisenstein	Richard M Brooks	D C Daniel Jr	Robert Alan Dickens	Roberta Dobbins	Trudy Edwards	Richard K Evans	John Andrew Goddard	Barbara Gooch	Fannie J Harris	Amy T Hollars	G Wilson Horde	Susan L Kay	Lou Lavender
Office	President	1st Vice President	2nd Vice President	3rd Vice President	Secretary	Treasurer	Exec Comm	Past President													

# LEGAL AID SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERLANDS BOARD OF DIRECTORS $-\,2003$

Term	12/04	12/05	12/04	12/04	12/03	12/04	12/03		12/04	12/03	12/05	12/05
Appointing Organization	Habitat for Humanity	MANNA	Nashville Bar Assn	NAACP Clarksville	Williamson Cty Bar Assn	Anderson Cty Comm Action Agy	S Central Human Resource Agy	Warren Cty Bar Assn	Montgomery Cty Bar Assn	Five-Cty Bar Assn	Nashville Bar Assn	Model Valley Economic Dev Corp
E-mail	tbl86@yahoo.com		meg.mazzone@thesmarthospital.com	fotojazz@earthlink.net	Idpetersen@comcast.net	stethunderbird@aol.com		ksmart(@blomand.net	gregovásmith@prodigv.net	mspitzer@tfbal.com	iweathe106@aolcom or iimweatherty@hwylaw.com	
Fax			615-312-4666		615-790-0314			931-473-8766	931-647-2850	931-796-7972	615-254-4254	
Phone	931-525-1325(W) 931-333-3369(C)	615-244-2206	615-312-3031	931-552-9597	615-794-6033	865-457-4106	931-684-8941	931-473-3622	931-647-1299	931-796-7974	615-256-6666	
Address	3180 Edwards Ln Bloomington Spgs TN 38545-5512	150 N Seventh St Nashville TN 37206-4004	7101 Executive Ctr Dr Ste 160 Brentwood TN 37027-5272	83 Cedar Crest Dr Apt 30 Clarksville TN 37042-4466	400 Chesterfield PI Franklin TN 37064-3291	231 Jarnigan Chapel Rd Clinton TN 37716-5796	1027 Morton St Shelbyville TN 37160-2715	107 College St McMinnville TN 37110-2537 PO Box 869B McMinnville TN 37111-0869	331 Franklin St Ste One Clarksville TN 37040-3225	491 E Main St Ste 5 Hohenwald TN 38462-2083 PO Box 400 Hohenwald TN 38462-0400	424 Church St Ste 2200 Nashville TN 37219-2374	1012 W Forest St Lafollette TN 37766 PO Box 63 Clairfield TN 37715-0063
Firm			Healthcare Mgmt Directions							The Spitzer Firm	Hollins Wagster & Yarbrough	
Name	Teresa Luck	Valerie Martin	Margaret C Mazzone	Turner McCullough	James D Petersen	Steve Rhodey	Denice Scott	Keith S Smartt	Gregory D Smith	Michael E Spitzer	James L Weatherly Jr	Shelby York
Office												