## Form 990

20

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 2007

2,548,506.

Form 990 (2007)

TEEA0109L 12/27/07

► The organization may have to use a copy of this return to satisfy state reporting requirements. Department of the Treasury Internal Revenue Service(77) 2007, and ending For the 2007 calendar year, or tax year beginning D Employer Identification Number Check if applicable: 62-1630417 TENNESSEE JUSTICE CENTER INC. Address change or print or type. See specific Instruc-E Telephone number 301 CHARLOTTE AVENUE Name change NASHVILLE, TN 37201-1101 615-255-0331 Initial return Accounting method: X Cash Termination Other (specify) Amended return Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H and I are not applicable to section 527 organizations. Application pending H (a) Is this a group return for affiliates?.... H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included?..... G Web site: ► WWW.TNJUSTICE.ORG (If 'No.' attach a list. See instructions.) Organization type H (d) Is this a separate return filed by an 3 ◀ (insert no.) 4947(a)(1) or 501(c) (check only one) organization covered by a group ruling? Check here ► if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the Group Exemption Number... organization chooses to file a return, be sure to file a complete return. Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12... ► 3,769,453. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) 1 Contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds..... 1 a 424,627. **b** Direct public support (not included on line 1a)..... 1 b 1 c c Indirect public support (not included on line 1a)..... d Government contributions (grants) (not included on line 1a)..... 1 d 424,627. e Total (add lines 1 424, 627. noncash \$ 2 Program service revenue including government fees and contracts (from Part VII, line 93)..... 500. 3 3 Membership dues and assessments..... 839. 4 4 Interest on savings and temporary cash investments..... 74,586. 5 5 Dividends and interest from securities..... 6a Gross rents ..... 6c c Net rental income or (loss). Subtract line 6b from line 6a..... 7 7 Other investment income (describe ...... (B) Other (A) Securities 8a Gross amount from sales of assets other 3,262,020 8a than inventory..... 3,091,973 8b b Less: cost or other basis and sales expenses...... c Gain or (loss) (attach schedule)......S.TATEMENT. . 1 . 170,047. 80 170,047. 8 d d Net gain or (loss). Combine line 8c, columns (A) and (B)..... 9 Special events and activities (attach schedule). If any amount is from gaming, check here . . . a Gross revenue (not including \$ of contributions reported on line 1b)..... **b** Less: direct expenses other than fundraising expenses...... 90 c Net income or (loss) from special events. Subtract line 9b from line 9a...... 10a Gross sales of inventory, less returns and allowances.... 10a 10 c 6.881. 11 Other revenue (from Part VII, line 103)..... 11 **12 Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11..... 677,480. Program services (from line 44, column (B)). 839,103. 13 14 Management and general (from line 44, column (C))..... 75,102. 42,717. Fundraising (from line 44, column (D))..... 15 Payments to affiliates (attach schedule)..... 16 956,922. Total expenses. Add lines 16 and 44, column (A)..... 17 Excess or (deficit) for the year. Subtract line 17 from line 12 ..... -279,442.18 Net assets or fund balances at beginning of year (from line 73, column (A)).... 2,826,239. 19 19 Other changes in net assets or fund balances (attach explanation).......SEE.STATEMENT.2..... 1,709. Form 990 (2007) TENNESSEE JUSTICE CENTER INC. 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 See instruct)

| E          | o not include amounts reported on line<br>6b, 8b, 9b, 10b, or 16 of Part I.   |             | (A) Total              | (B) Program services     | (C) Management<br>and general | <b>(D)</b> Fundraising |
|------------|---|-------------|------------------------|--------------------------|-------------------------------|------------------------|
| 22:        | Grants paid from donor advised  |             |                        |                          |                               |                        |
|            | funds (attach sch)  |             |                        | -                        |                               |                        |
|            | (cash \$  |             |                        |                          |                               |                        |
|            | non-cash \$)  |             |                        |                          |                               |                        |
|            | If this amount includes foreign grants, check here ►  | 22 a        |                        |                          |                               |                        |
| 221        | Other grants and allocations (att sch)  |             |                        |                          |                               |                        |
|            | (cash \$  |             |                        |                          |                               |                        |
|            | non-cash \$)  |             |                        |                          |                               |                        |
|            | If this amount includes   | ll          |                        |                          |                               | 100                    |
|            | foreign grants, check here.   | 22b         |                        |                          |                               |                        |
| 23         | Specific assistance to individuals  | 00          |                        |                          |                               |                        |
|            | (attach schedule)   | 23          |                        |                          |                               |                        |
| 24         | Benefits paid to or for members   | 0.4         |                        |                          |                               |                        |
|            | (attach schedule)   | 24          |                        |                          |                               |                        |
| 25         | a Compensation of current officers, directors, key employees, etc. listed   |             |                        |                          |                               | 4 455                  |
|            | in Part V-A   | 25 a        | 145,607.               | 131,048.                 | 13,104.                       | 1,455.                 |
|            | b Compensation of former officers,  |             |                        |                          |                               |                        |
|            | directors, key employees, etc. listed   | 25 b        | 0.                     | 0.                       | 0.1                           | 0.                     |
|            | in Part V-Bc Compensation and other distributions, not  | 250         | 0.                     |                          |                               |                        |
|            | included above, to disqualified persons (as   |             |                        |                          |                               |                        |
|            | defined under section 4958(f)(1)) and persons described in section  |             |                        | _                        | _                             | 0                      |
|            | 4958(c)(3)(B)   | 25 c        | 0.                     | 0.                       | 0.                            | 0.                     |
| 26         | Salaries and wages of employees not   |             |                        | 006 410                  | 12 220                        | 23,990.                |
|            | included on lines 25a, b, and c   | 26          | 343,722.               | 306,412.                 | 13,320.                       | 23,330.                |
| 27         | Pension plan contributions not  |             |                        | 1 € 000                  | 1,022.                        | 985.                   |
|            | included on lines 25a, b, and c   | 27          | 18,935.                | 16,928.                  | 1,022.                        | <u> </u>               |
| 28         | Employee benefits not included on lines 25a - 27.   |             | 45 601                 | 40 020                   | 2,466.                        | 2,376.                 |
|            |   |             | 45,681.                | 40,839.<br>30,269.       | 1,828.                        | 1,761.                 |
| 29         | -   | 29          | 33,858.                | 30,209.                  | 1,020.                        | 6,170.                 |
| 30         |   | 30          | 6,170.                 |                          | 5,450.                        | 0,1.0.                 |
| 31         | •   | 31          | 5,450.<br>1,392.       |                          | 1,392.                        |                        |
| 32         | - 3   |             | 5,381.                 | 4,810.                   | 291.                          | 280.                   |
| 33         | • •   | 1 1         | 14,746.                | 13,183.                  | 796.                          | 767.                   |
| 34         | •   |             | 6,922.                 | 6,189.                   | 373.                          | 360.                   |
| 35         | · · · · · · · · · · · · · · · · · · ·   | <del></del> | 45,507.                | 40,684.                  | 2,457.                        | 2,366.                 |
| 36         | Equipment rental and maintenance  |             | 12,052.                | 10,774.                  | 650.                          | 628.                   |
|            | Printing and publications   | 38          | 12,816.                | 11,458.                  | 692.                          | 666.                   |
| 39         |   | 1           | 1,036.                 | 1,036.                   |                               |                        |
| 40         |   | -           | 8,688.                 | 7,768.                   | 467.                          | 453.                   |
| 41         |   | 41          |                        |                          |                               |                        |
| 42         |   |             | 8,836.                 | 7,899.                   | 477.                          | 460.                   |
| 43         |   |             |                        |                          |                               |                        |
| _          | a SEE STATEMENT 3   | 43a         | 240,123.               | 209,806.                 | 30,317.                       |                        |
|            | b   | 43b         |                        |                          |                               |                        |
|            | c   | 43 c        |                        |                          |                               |                        |
|            | d   | 43 d        |                        |                          |                               |                        |
|            | e   | 43e         |                        |                          |                               |                        |
|            | f   | 43f         |                        |                          |                               |                        |
|            | g   | 43.g        |                        |                          |                               |                        |
| 4/         | Total functional expenses. Add lines 22a  |             |                        |                          |                               |                        |
| 7          | Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15) | 44          | 956,922.               | 839,103.                 | 75,102.                       | 42,717.                |
| 1-3        | - Cross Chook > if you are followin   | a SOP       | 98-2                   |                          |                               |                        |
| ٥          | inint and from a sambined adjusti   | onal ca     | mnaign and fundraising | solicitation reported it | (B) Program services?         | ► Yes X No             |
| Are<br>" H | Vac ' anter (i) the aggregate amount of the   | ese ioin    | t costs \$             | ; <b>(II)</b> the i      | amount anocated to Fig        | igratif scratces       |
| ''<br>\$   | ; (iii) the amount a  | allocate    | d to Management and    | general \$               | ; and (iv) th                 | ne amount allocated    |
|            | Fundraising \$  |             |                        |                          |                               | Form 990 (2007         |
|            |   |             |                        |                          |                               |                        |

62-1630417 TENNESSEE JUSTICE CENTER INC Form 990 (2007) Parellis Statement of Program Service Accomplishments (See the instructions.) Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information 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. Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.) What is the organization's primary exempt purpose? 
SEE STATEMENT 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) a SEE STATEMENT 5 839,103. (Grants and allocations ) If this amount includes foreign grants, check here (Grants and allocations

) If this amount includes foreign grants, check here

) If this amount includes foreign grants, check here

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

(Grants and allocations e Other program services......

(Grants and allocations

839,103. Form 990 (2007)

| Fa            |                  | Balance Sheets (See the Instructions.)  |                   |   |                          |      |                                       |
|---------------|------------------|---|-------------------|---|--------------------------|------|---------------------------------------|
| Not           | е: И<br><i>с</i> | /here required, attached schedules and amounts within<br>olumn should be for end-of-year amounts only.        | the de            | escription                              | (A)<br>Beginning of year |      | (B)<br>End of year                    |
| - 1           | 45               | Cash - non-interest-bearing   |                   |   | 31,560.                  | 45   | 18,444.                               |
|               |                  | Savings and temporary cash investments  |                   |   | 278,655.                 | 46   | 557,395.                              |
|               |                  |   |                   |   |                          |      |                                       |
|               | <i>1</i> 7 a     | Accounts receivable   | 47a               |   |                          |      |                                       |
|               |                  | Less: allowance for doubtful accounts   | 47 b              |   |                          | 47 c |                                       |
|               | IJ               | Less, allowance for doubtful decounts   |                   |   |                          |      |                                       |
|               | 40 -             | Pledges receivable  | 48a               | *************************************** |                          |      |                                       |
|               |                  | Less: allowance for doubtful accounts.  |                   |   |                          | 48 c |                                       |
|               |                  | Grants receivable   |                   |   |                          | 49   |                                       |
|               |                  |   |                   | 1                                       |                          |      |                                       |
|               |                  | Receivables from current and former officers, director employees (attach schedule)                            |                   |   |                          | 50 a |                                       |
|               | b                | Receivables from other disqualified persons (as defin and persons described in section 4958(c)(3)(B) (attack) | ed unde<br>h sche | er section 4958(f)(1))<br>dule)         |                          | 50 b |                                       |
| ASSETS        |                  | Other notes and loans receivable  |                   | -                                       |                          |      |                                       |
| E             |                  | (attach schedule)   |                   |   |                          |      |                                       |
| S             | b                | Less: allowance for doubtful accounts   | 51 b              |   |                          | 51 c |                                       |
|               | 52               | Inventories for sale or use   |                   |   |                          | 52   |                                       |
|               | 53               | Prepaid expenses and deferred charges   |                   |   |                          | 53   | 1 050 074                             |
|               | 54 a             | Investments - publicly-traded securities STMT6  | 5 ►               | Cost X FMV                              | 2,494,164.               | 54 a | 1,958,274.                            |
|               | b                | Investments - other securities (attach sch)   | , <b>&gt;</b>     | Cost FMV                                |                          | 54 b |                                       |
|               |                  | Investments - land, buildings, & equipment: basis   |                   |   |                          |      |                                       |
|               | b                | Less: accumulated depreciation (attach schedule)  | 55 b              |   |                          | 55 c |                                       |
|               | 56               | 4 4 4 4 4 4 4 4 4   |                   |   |                          | 56   |                                       |
|               |                  | Land, buildings, and equipment: basis   | 57 a              | 47,559.                                 |                          |      |                                       |
|               | }                | - · · · · · · · · · · · · · · · · · · ·   |                   |   |                          |      |                                       |
|               | b                | Less: accumulated depreciation (attach schedule)STATEMENT7  | 57b               | 33,166.                                 | 21,860.                  | 57 c | 14,393.                               |
|               |                  | Other assets, including program-related investments   |                   |   |                          |      |                                       |
|               |                  | (describe   |                   | )                                       |                          | 58   |                                       |
|               | 59               | Total assets (must equal line 74). Add lines 45 through   | gh 58             |   | 2,826,239.               | 59   | 2,548,506.                            |
|               | 60               | Accounts payable and accrued expenses   |                   |   |                          | 60   |                                       |
|               | 61               | Grants payable  |                   |   |                          | 61   |                                       |
| L             | 62               | Deferred revenue  |                   |   |                          | 62   |                                       |
| Ā             |                  |   |                   |   |                          |      |                                       |
| A<br>B<br>I   | 63               | Loans from officers, directors, trustees, and key employees (attach schedule)                                 |                   |   |                          | 63   |                                       |
| Ĺ             | 64 =             | Tax-exempt bond liabilities (attach schedule)   |                   |   |                          | 64 a | ·                                     |
| Ť             |                  | Mortgages and other notes payable (attach schedule)   |                   |   |                          | 64 b |                                       |
| Ė             | 65               |   |                   | )                                       |                          | 65   |                                       |
| -             | 66               | Total liabilities. Add lines 60 through 65  | <u></u>           | ,                                       | 0.                       | 66   | 0.                                    |
| _             |                  | anizations that follow SFAS 117, check here ► X a   | nd com            | plete lines 67                          |                          |      | •                                     |
| NE<br>T       | ", 9             | through 69 and lines 73 and 74.   |                   |   |                          |      |                                       |
|               | 67               | Unrestricted  |                   |   | 2,826,239.               | 67   | 2,548,506.                            |
| ANSET-S       | 68               | Temporarily restricted  |                   |   |                          | 68   |                                       |
| Ě             | 69               | Permanently restricted  |                   |   |                          | 69   |                                       |
|               |                  | anizations that do not follow SFAS 117, check here ▶  | П                 | and complete lines                      |                          |      |                                       |
| Q<br>R        | Jorg             | 70 through 74.  | ' لسسا            |   |                          |      |                                       |
| F             | 70               | Capital stock, trust principal, or current funds  |                   |   |                          | 70   |                                       |
| FUZD          | 70               | Paid-in or capital surplus, or land, building, and equi   | nment             | fund.                                   |                          | 71   |                                       |
|               | 71               | Retained earnings, endowment, accumulated income  | or Ath            | er funds                                |                          | 72   |                                       |
| ĩ             | 72               |   |                   |   |                          |      | -                                     |
| 別々 上々 太 ひ 単 の | 73               | Total net assets or fund balances. Add lines 67 through 72. (Column (A) must equal line 19 and column (B) is  | ugh 69            | or lines 70 through                     | 2,826,239.               | 73   | 2,548,506.                            |
| Š             |                  | 72. (Column (A) must equal line 19 and column (b) in Total liabilities and net assets/fund balances. Add li   | nac KK            | and 73                                  | 2,826,239.               |      | 2,548,506.                            |
|               | 74               | Total liabilities and fiet assets/fully balances. Add if  | ,,03 00           | /                                       |                          |      | · · · · · · · · · · · · · · · · · · · |

|  | CE CENTER INC.                              | Ctatamanta with  | Davania nev Dativ   | n (See the  |
|--|---|--|---|---|
| Partal V-A Reconciliation of Reven instructions.)                                      | ue per Audited Financia                     | i Statements with  | veseine het verni   | n (See nie  |
| mstructions.y  |   |  | La transfer de la companya de la co                    |   |
| a Total revenue, gains, and other suppor   | rt ner audited financial stateme            | ents   | a   | 679   |
| b Amounts included on line a but not on  |   |  |   | H. H  |
| 1 Net unrealized gains on investments.   |   | b1   | 1,709.  |   |
| 2Donated services and use of facilities.   |   |  |   |   |
| 3Recoveries of prior year grants   |   | .,,,,,   |   |   |
|  |   |  | ,   |   |
| 4Other (specify):  |   | انتا   |   |   |
|  |   | <del> </del>   | b   | 1   |
| Add lines <b>b1</b> through <b>b4</b>  |   |  |   | 677   |
|  |   |  |   |   |
| d Amounts included on Part I, line 12, but   | ut not on line a:                           | d1   |   |   |
| 1 Investment expenses not included on I  |   |  |   |   |
| 2Other (specify):  |   |  |   |   |
|  |   | d2   | -1  |   |
| Add lines d1 and d2  |   |  | . 1   | 677   |
| e Total revenue (Part I, line 12). Add lin   | es c and d                                  | 1.00.00.00.00.00.00.00.00.00.00.00.00.00   | P e   | - 0//   |
| Part IV B Reconciliation of Expen  | ses per Audited Financi                     | al Statements with   | <u>Expenses per Ret</u>   | urn   |
|  |   |  |   | 056   |
| a Total expenses and losses per audited  |   |  | a   | 956   |
| <b>b</b> Amounts included on line <b>a</b> but not on                                  | Part I, line 17:                            | 1.1  |   |   |
| 1 Donated services and use of facilities.  |   | b1   |   |   |
| 2Prior year adjustments reported on Pa   | rt I, line 20                               | b2   |   |   |
| 3Losses reported on Part I, line 20  |   |  |   |   |
| 4Other (specify):  |   |  |   |   |
|  |   | b4   |   |   |
|  |   |  |   |   |
| Add lines b1 through b4  |   | ,,   |   |   |
|  |   | ,,   |   | 956   |
| c Subtract line b from line a  |   | ,,   |   | 956   |
| c Subtract line <b>b</b> from line <b>a</b> d Amounts included on Part I, line 17, but | ut not on line <b>a:</b>                    |  |   | 956   |
| <ul> <li>c Subtract line b from line a</li></ul>                                       | ut not on line <b>a:</b><br>Part I, line 6b | d1   |   | 956   |
| c Subtract line b from line a  | ut not on line <b>a:</b><br>Part I, line 6b | d1   |   | 956   |
| c Subtract line b from line a  | ut not on line <b>a:</b><br>Part I, line 6b | d1<br>d2   | c   | 956   |
| c Subtract line b from line a  | ut not on line <b>a:</b><br>Part I, line 6b | d1 d2  | c   |   |
| c Subtract line b from line a  | ut not on line <b>a:</b> Part I, line 6b    | d1 d2  |   | 956   |
| c Subtract line b from line a  | ut not on line <b>a:</b> Part I, line 6b    | d1 d2  |   | ficer, director, t  |
| c Subtract line b from line a  | ut not on line a: Part I, line 6b           | d1 d2 mployees (List eacle not compensated.)                                     | d person who was an of (See the instructions.)  | 956<br>ficer, director, t                                     |
| c Subtract line b from line a  | ut not on line a: Part I, line 6b           | mployees (List eace not compensated.) (C) Compensation (If not paid,             | d person who was an of (See the instructions.)  (D) Contributions to employee benefit   | 956<br>ficer, director, t<br>( <b>E)</b> Exper<br>account and |
| c Subtract line b from line a  | ut not on line a: Part I, line 6b           | d1 d2 mployees (List eacle not compensated.)                                     | d person who was an of (See the instructions.)  | 956<br>ficer, director, t<br>( <b>E)</b> Exper<br>account and |
| c Subtract line b from line a  | ut not on line a: Part I, line 6b           | mployees (List eace not compensated.) (C) Compensation (If not paid,             | d person who was an of (See the instructions.)  (D) Contributions to employee benefit plans and deferred                          | 956<br>ficer, director, t<br>( <b>E)</b> Exper<br>account and |
| c Subtract line b from line a  | ut not on line a: Part I, line 6b           | mployees (List eace not compensated.) (C) Compensation (If not paid,             | d person who was an of (See the instructions.)  (D) Contributions to employee benefit plans and deferred                          | 956<br>ficer, director, t<br>( <b>E)</b> Exper<br>account and |
| c Subtract line b from line a  | ut not on line a: Part I, line 6b           | mployees (List eacre not compensated.) (C) Compensation (if not paid, enter -0-) | d d e h person who was an of (See the instructions.)  (D) Contributions to employee benefit plans and deferred compensation plans | 956<br>ficer, director, t<br>( <b>E)</b> Exper<br>account and |
| c Subtract line b from line a  | ut not on line a: Part I, line 6b           | mployees (List eace not compensated.) (C) Compensation (If not paid,             | d d e h person who was an of (See the instructions.)  (D) Contributions to employee benefit plans and deferred compensation plans | 956<br>ficer, director, t                                     |
| c Subtract line b from line a  | ut not on line a: Part I, line 6b           | mployees (List eacre not compensated.) (C) Compensation (if not paid, enter -0-) | d d e h person who was an of (See the instructions.)  (D) Contributions to employee benefit plans and deferred compensation plans | 956<br>ficer, director, t<br>( <b>E)</b> Exper<br>account and |
| c Subtract line b from line a  | ut not on line a: Part I, line 6b           | mployees (List eacre not compensated.) (C) Compensation (if not paid, enter -0-) | d d e h person who was an of (See the instructions.)  (D) Contributions to employee benefit plans and deferred compensation plans | 956<br>ficer, director, t<br>( <b>E)</b> Exper<br>account and |
| c Subtract line b from line a  | ut not on line a: Part I, line 6b           | mployees (List eacre not compensated.) (C) Compensation (if not paid, enter -0-) | d d e h person who was an of (See the instructions.)  (D) Contributions to employee benefit plans and deferred compensation plans | 956<br>ficer, director, t<br>( <b>E)</b> Exper<br>account and |
| c Subtract line b from line a  | ut not on line a: Part I, line 6b           | mployees (List eacre not compensated.) (C) Compensation (if not paid, enter -0-) | d d e h person who was an of (See the instructions.)  (D) Contributions to employee benefit plans and deferred compensation plans | 956<br>ficer, director, t<br>( <b>E)</b> Exper<br>account and |
| c Subtract line b from line a  | ut not on line a: Part I, line 6b           | mployees (List eacre not compensated.) (C) Compensation (if not paid, enter -0-) | d d e h person who was an of (See the instructions.)  (D) Contributions to employee benefit plans and deferred compensation plans | 956<br>ficer, director, t<br>( <b>E)</b> Exper<br>account and |
| c Subtract line b from line a  | ut not on line a: Part I, line 6b           | mployees (List eacre not compensated.) (C) Compensation (if not paid, enter -0-) | d d e h person who was an of (See the instructions.)  (D) Contributions to employee benefit plans and deferred compensation plans | 956<br>ficer, director, t<br>( <b>E)</b> Exper<br>account and |
| c Subtract line b from line a  | ut not on line a: Part I, line 6b           | mployees (List eacre not compensated.) (C) Compensation (if not paid, enter -0-) | d d e h person who was an of (See the instructions.)  (D) Contributions to employee benefit plans and deferred compensation plans | 956<br>ficer, director, t<br>( <b>E)</b> Exper<br>account and |
| c Subtract line b from line a  | ut not on line a: Part I, line 6b           | mployees (List eacre not compensated.) (C) Compensation (if not paid, enter -0-) | d d e h person who was an of (See the instructions.)  (D) Contributions to employee benefit plans and deferred compensation plans | 956<br>ficer, director, t<br>( <b>E)</b> Exper<br>account and |
| c Subtract line b from line a  | ut not on line a: Part I, line 6b           | mployees (List eacre not compensated.) (C) Compensation (if not paid, enter -0-) | d d e h person who was an of (See the instructions.)  (D) Contributions to employee benefit plans and deferred compensation plans | 956<br>ficer, director, t<br>( <b>E)</b> Exper<br>account and |
| c Subtract line b from line a  | ut not on line a: Part I, line 6b           | mployees (List eacre not compensated.) (C) Compensation (if not paid, enter -0-) | d d e h person who was an of (See the instructions.)  (D) Contributions to employee benefit plans and deferred compensation plans | 956<br>ficer, director, t<br>( <b>E)</b> Exper<br>account and |
| c Subtract line b from line a  | ut not on line a: Part I, line 6b           | mployees (List eacre not compensated.) (C) Compensation (if not paid, enter -0-) | d d e h person who was an of (See the instructions.)  (D) Contributions to employee benefit plans and deferred compensation plans | 956<br>ficer, director, t<br>( <b>E)</b> Exper<br>account and |
| c Subtract line b from line a  | ut not on line a: Part I, line 6b           | mployees (List eacre not compensated.) (C) Compensation (if not paid, enter -0-) | d d e h person who was an of (See the instructions.)  (D) Contributions to employee benefit plans and deferred compensation plans | 956<br>ficer, director, t<br>( <b>E)</b> Exper<br>account and |
| c Subtract line b from line a  | ut not on line a: Part I, line 6b           | mployees (List eacre not compensated.) (C) Compensation (if not paid, enter -0-) | d d e h person who was an of (See the instructions.)  (D) Contributions to employee benefit plans and deferred compensation plans | 956<br>ficer, director, t<br>( <b>E)</b> Exper<br>account and |
| c Subtract line b from line a  | ut not on line a: Part I, line 6b           | mployees (List eacre not compensated.) (C) Compensation (if not paid, enter -0-) | d d e h person who was an of (See the instructions.)  (D) Contributions to employee benefit plans and deferred compensation plans | 956<br>ficer, director, t<br>( <b>E)</b> Exper<br>account and |

| Form 990 (2007) TENNESSEE JUSTICE CENT  | TER INC.  |  | 62-1630  | 417 Page 6                                     |  |  |  |  |
|---|---|--|--|--|--|--|--|--|
| Part VA Current Officers, Directors, Trustees, and Key Employees (continued)  Yes No  |   |  |  |  |  |  |  |  |
| 75 a Enter the total number of officers, directors, and trustees p  | ermitted to vote on organizati  | on business at board meeting   | s. <u>19</u>   |  |  |  |  |  |
| b Are any officers, directors, trustees, or key em<br>listed in Schedule A, Part I, or highest comper<br>A, Part II-A or II-B, related to each other throu<br>identifies the individuals and explains the relat | ployees listed in Form<br>sated professional and<br>gh family or business i<br>ionship(s)   | 990, Part V-A, or highed other independent correlationships? If 'Yes,' a | est compensated emplo<br>ntractors listed in Sched<br>ntrach a statement that        | 75b X  |  |  |  |  |
| A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the   | c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'. |  |  |  |  |  |  |  |
| If 'Yes,' attach a statement that includes the in   | formation described in  | the instructions.  |  | 75d X  |  |  |  |  |
| Pan VB Former Officers, Directors, Trus   | Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See   |  |  |  |  |  |  |  |
| (A) Name and address  | <b>(B)</b> Loans and Advances   | (C) Compensation<br>(if not paid,<br>enter -0-)                          | (D) Contributions to<br>employee benefit<br>plans and deferred<br>compensation plans | (E) Expense<br>account and other<br>allowances |  |  |  |  |
| NONE  |   |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |
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|   |   |  |  |  |  |  |  |  |
|   |   |  |  | Iv Iv  |  |  |  |  |
| Part VI Other Information (See the inst.  |   |  |  | Yes No   |  |  |  |  |
| 76 Did the organization make a change in its acti If 'Yes,' attach a detailed statement of each cl  | nange   |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | 76 X   |  |  |  |  |
| 77 Were any changes made in the organizing or If 'Yes,' attach a conformed copy of the change   | jes.  |  |  |  |  |  |  |  |
| 78a Did the organization have unrelated business b If 'Yes,' has it filed a tax return on Form 990-1  | gross income of \$1,000<br>f for this year?   | O or more during the yea   | ar covered by this retur   | n?   |  |  |  |  |
| 79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement   |   |  |  | 79 X   |  |  |  |  |
| 80 a Is the organization related (other than by asso<br>membership, governing bodies, trustees, office  | ers, etc, to arry other c   | e or nationwide organiz<br>xempt or nonexempt or                         | ation) through common ganization?  | 80a X  |  |  |  |  |
| b If 'Yes,' enter the name of the organization ▶  | N/A   | heck whether it is e   | xempt or nonexe  | <br>mot.                                       |  |  |  |  |
| 81 a Enter direct and indirect political expenditures   | and ci  | ons.)  | 81 a   | 0.   |  |  |  |  |
| b Did the organization file Form 1120-POL for the   | nis year?   |  |  | 81 b X   |  |  |  |  |
| BAA   |   |  |  | Form <b>990</b> (2007)                         |  |  |  |  |

| Form 990 (2007) TENNESSEE JUSTICE CENTER INC.  | 62-1630417   |              | age 7  |
|--|--|--------------|--------|
| Par VI Other Information (continued)   |  | Yes          | No     |
| 82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no classification substantially less than fair rental value?   | narge or at 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.)   | 2,571,337.   | Х            |        |
| 83 a Did the organization comply with the public inspection requirements for returns and exemption applic  | ations? 83a  |              |        |
| b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?.  | 830  | X            | 37     |
| 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 contribution not tax deductible?   | ons or gifts were 84b                                  | N/           |        |
| 85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?   |  | N/           |        |
| <b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?   | 85 D   | N/           | 'A     |
| If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organ waiver for proxy tax owed for the prior year.   | ization received a                                     |              |        |
| c Dues, assessments, and similar amounts from members  | N/A  |              |        |
| d Section 162(e) lobbying and political expenditures   | N/A  |              |        |
| e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices   | N/A  |              |        |
| f Taxable amount of lobbying and political expenditures (line 85d less 85e)  | N/A  |              |        |
| g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  | 85g  | N/           | 'A     |
| by Knowley coggrey(1)(A) dues retiges years cont. does the organization agree to add the amount on line 85f to its reasonable estin  | nate of  | N            | /7\    |
| dues allocable to nondeductible lobbying and political expenditures for the following tax years  | IICO   | TAY          | A      |
| 86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on   | N/A  |              |        |
| line 12  | N/A<br>N/A   |              |        |
| b Gross receipts, included on line 12, for public use of club facilities   | N/A<br>N/A   |              |        |
| 87 501(c)(12) organizations. Enter: a Gross income from members or shareholders  | 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 corporat or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 ar If 'Yes,' complete Part IX  |  |              | X      |
| b At any time during the year, did the organization, directly or indirectly, own a controlled entity within section 512(b)(13)? If 'Yes,' complete Part XI   | the meaning of > 88b                                   |              | X      |
| 89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:   | 0.   |              |        |
| section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ►   |  |              |        |
| b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess beneficiaring the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' a explaining each transaction  | itach a statement                                      |              | X      |
| c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  | 0.   |              |        |
| year under sections 4912, 4955, and 4958   | 0.   |              |        |
| d Enter: Amount of tax on line 89c, above, reimbursed by the organization.   | J.   |              | X      |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shift All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance   | e contract? 89f  |              | X      |
|  |  |              |        |
| g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the organization, or a fund maintained by a sponsoring organization, have excess business holdings at a the year?   |  |              | X      |
| 90 a List the states with which a copy of this return is filed >   |  |              |        |
|  |  |              |        |
| b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)  | 90 b   |              | 13     |
| 91 a The books are in care of ► GORDON BONNYMAN Telephone number ►   | 615-255-0331   |              |        |
| Located at > 301 CHARLOTTE AVENUE NASHVILLE TN   | $_{-}$ ZIP + 4 $\stackrel{\triangleright}{-}$ 37201-11 | 01           | 1      |
| b At any time during the calendar year, did the organization have an interest in or a signature or other   | authority over a                                       | 103          | No     |
| <ul> <li>b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial If 'Yes,' enter the name of the foreign country.</li> </ul> | account)? 91 b   |              | X      |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign   |  |              |        |
| Financial Accounts.  | BANKS AN   | 1 <b>990</b> | (2007) |

| Form 990 (2007) TENNESSEE JUSTICE (  | CENTER INC.                                |                                    |                           | 62-16304                              | 117                   | Page 8             |
|--|--|------------------------------------|---------------------------|---------------------------------------|-----------------------|--------------------|
| Part VI Other Information (continue  | d)   |                                    |                           |                                       |                       | Yes No             |
| c At any time during the calendar year, did  | the organization m                         | aintain an offic                   | e outside of the Uni      | ted States?                           | 91 c                  | X                  |
| If 'Yes,' enter the name of the foreign country  92 Section 4947(a)(1) nonexempt charitable  and enter the amount of tax exempt inter  | y ►  |                                    |                           |                                       |                       |                    |
| 92 Section 4947(a)(1) nonexempt charitable   | trusts filing Form 9                       | 190 in lieu of <b>F</b> o          | orm 1041 - Check h        | ere                                   | N/I                   | A >                |
| and enter the amount of tax-exempt mice  | COLICOCHOG C. GCC                          | ,                                  |                           | ▶ 92                                  |                       | N/A                |
| Part VII Analysis of Income-Produci  | ng Activities (S                           | See the instr                      | uctions.)                 | · · · · · · · · · · · · · · · · · · · | <u> </u>              |                    |
|  | Unrelated busin                            | ness income                        | Excluded by sect          | ion 512, 513, or 514                  | (E                    | Ð                  |
| Note: Enter gross amounts unless otherwise indicated.  | (A)<br>Business code                       | <b>(B)</b><br>Amount               | (C)<br>Exclusion code     | ( <b>D)</b><br>Amount                 | Related o<br>function | r exempt<br>income |
| 93 Program service revenue: a HONORARIA  |  |                                    |                           |                                       |                       | 500.               |
| b  |  |                                    |                           |                                       |                       |                    |
| d  |  |                                    |                           |                                       |                       |                    |
| e  |  |                                    |                           |                                       |                       |                    |
| f Medicare/Medicaid payments   |  |                                    |                           |                                       |                       |                    |
| g Fees & contracts from government agencies  |  |                                    |                           |                                       |                       |                    |
| 94 Membership dues and assessments.  |  |                                    |                           |                                       |                       |                    |
| 95 Interest on savings & temporary cash invmnts .  |  |                                    | 14                        | 839.                                  |                       |                    |
| 96 Dividends & interest from securities.   |  |                                    | 14                        | 74,586.                               |                       |                    |
| 97 Net rental income or (loss) from real estate:   |  |                                    |                           |                                       |                       | 22 (40.2 )         |
| a debt-financed property   |  | ·                                  |                           |                                       |                       |                    |
| <b>b</b> not debt-financed property  |  |                                    |                           |                                       |                       |                    |
| 98 Net rental income or (loss) from pers prop  |  |                                    |                           |                                       |                       |                    |
| 99 Other investment income   |  |                                    |                           |                                       |                       |                    |
| 100 Gain or (loss) from sales of assets other than inventory   |  |                                    | 18                        | 170,047.                              |                       |                    |
| 101 Net income or (loss) from special events   |  |                                    |                           |                                       |                       |                    |
| 102 Gross profit or (loss) from sales of inventory   |  |                                    |                           |                                       |                       |                    |
| 103 Other revenue: a   |  |                                    |                           | C 001                                 |                       | 20.00              |
| b MISCELLANEOUS  |  |                                    | 1                         | 6,881.                                |                       |                    |
| c  |  |                                    |                           |                                       |                       |                    |
| . d  |  |                                    |                           |                                       |                       |                    |
| e  |  |                                    |                           | 252,353.                              |                       | 500.               |
| Subtotal (add columns (B), (D), and (E))   |  |                                    |                           |                                       | 2                     | 52,853.            |
| 105 Total (add line 104, columns (B), (D), a   | ind (E))                                   | 12 Port I                          |                           |                                       |                       | <u> </u>           |
| Note: Line 105 plus line 1e, Part I, should equipment   Relationship of Activities to  | al the Assemblic                           | hmont of F                         | vemnt Purnoses            | See the instruc                       | tions.)               |                    |
| Part VIII Relationship of Activities to  | the Accomplis                              | Similar Oi E.                      | Actinper arposos          | stad importantly to the               | accomplis             | hment              |
| Line No. Explain how each activity for which of the organization's exempt purpo  | n income is reported<br>ses (other than by | a in column (E,<br>providing fund: | s for such purposes       | ).                                    | decomplie             | ·                  |
| SEE STATEMENT 9  |  |                                    |                           |                                       |                       |                    |
| SEE STRIBBERT  |  |                                    |                           |                                       |                       |                    |
|  |  |                                    |                           |                                       |                       |                    |
|  |  |                                    |                           |                                       |                       |                    |
| PartilX Information Regarding Tax  | able Subsidiari                            | es and Disre                       | garded Entities           | (See the instruct                     | ions.)                |                    |
| (A)  | (B)  |                                    | (C)                       | (D)                                   | (                     | E)                 |
| Name, address, and EIN of corporation,   | Percentage of                              | Nature o                           | of activities             | Total                                 |                       | of-year            |
| partnership, or disregarded entity   | ownership interest                         | ,                                  |                           | income                                | ass                   | sets               |
| N/A  | %  |                                    |                           |                                       |                       |                    |
| 1  | %  |                                    |                           |                                       |                       |                    |
|  | %  |                                    |                           |                                       |                       |                    |
| Name of the last o | %  | 1                                  | annal Panalit C           | antracts (See the                     | instructi             | ons )              |
| Part X Information Regarding Tra   | nsters Associat                            | tea with Per                       | sonai Benefit Co          | ortiauts (See IIIe                    | Yes                   | X No               |
| a Did the organization, during the year, receive any fu  | nds, directly or indirectly                | , to pay premiums                  | on a personal penerit cor | fit contract?                         | Yes                   | X No               |
| b Did the organization, during the year, pa  | y premiums, directl                        | y or indirectly,                   | он а регѕонат вепе        | in Contract:                          | . L 163               |                    |
| Note: If 'Yes' to (b), file Form 8870 and Fo   | rm 4/20 (see instri                        | uctions).                          |                           |                                       | - Fa                  | 000 (2007)         |

62-1630417

Page 8

| Par                  | XII      | Information Regarding Transfers To an organization is a controlling organization  | d From Controlled E  | ntities. Comp                                    | lete only if the                                    | <b>}</b>                                  |                  |         |
|----------------------|----------|---|--|--|---|---|------------------|---------|
|                      |          | organization is a controlling organization  | n as acmica in sceno   | 5.2(2)(10):                                      |   |   | Yes              | No      |
| 106                  | Did t    | the reporting organization make any transfers to a complete the schedule below for each controlled  | controlled entity as defined entity  | ed in section 512                                | 2(b)(13) of the Co                                  | de? If                                    | ·                | Χ_      |
|                      |          | (A)<br>Name, address, of each<br>controlled entity  | (B)<br>Employer Identification<br>Number   | Descri   | C)<br>ption of<br>isfer                             | (E<br>Amount o                            | )<br>f tran      | sfer    |
| а                    |          |   |  |  |   |   |                  |         |
| b                    |          |   |  |  |   |   |                  |         |
| С                    |          |   |  |  |   |   |                  |         |
| k                    |          | Totals  |  |  |   |   | Vac              | No      |
| 107                  | Did 'Yes | the reporting organization <b>receive</b> any transfers <b>f</b><br>,' complete the schedule below for each controlle   | rom a controlled entity as   | defined in section                               | n 512(b)(13) of th                                  | e Code? If                                | Yes              | X       |
|                      | . 103    | (A) Name, address, of each controlled entity  | (B)<br>Employer Identification<br>Number   | Descri   | C)<br>ption of<br>nsfer                             | (I<br>Amount o                            | O)<br>of tran    | ısfer   |
| а                    |          |   |  |  |   |   |                  |         |
| b                    |          |   |  |  |   |   |                  |         |
| С                    |          |   |  |  |   |   |                  |         |
|                      |          | Totals  |  | 10 10 10   |   |   |                  |         |
| 108                  | Did      | the organization have a binding written contract in uities described in question 107 above?   | n effect on August 17, 200   | 6, covering the in                               | nterest, rents, roy                                 | alties, and                               | Yes              | No<br>X |
| Plea<br>Sigr<br>Here | se       | Under penalties of perjury, I declare that I have examined this ret true, correct, and complete. Declaration of preparer (other than of Signature of officer  Type or print name and title. | urn, including accompanying sched fficer) is based on all information of the company of the comp | ules and statements, a<br>f which preparer has a | and to the best of my knowledge.    (a / 31)   Date | owledge and bo                            |                  |         |
| Paic<br>Pre-         |          | Preparer's signature > St N > C' n  |  | 6 3 ·· . 7                                       |   | reparer's SSN<br>General Instructi<br>I/A | or PTIN<br>on X) | (See    |
| pare<br>Use<br>Only  | er's     | Firm's name (or yours if self-employed), address, and ZIP + 4  NASHVILLE, TN 37203  | D, PLLC<br>STE. 550  |  | EIN ► N/A Phone no. ► (61                           |   |                  |         |
| BAA                  |          | ZIP+4 NASHVILLE, IN 372US   | AND THE PROPERTY OF THE PROPER |  |   | Form                                      | 990              | (2007   |

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

# Organization Exempt Under Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)

2007

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.

| Employer identification number

| TENNESSEE JUSTICE CENTER INC.  |  |                                      | 62-1630417   |  |
|--|--|--------------------------------------|--|--|
| Compensation of the Five High  | hest Paid Employees Oth  | er Than Officers                     | , Directors, and   | d Trustees                               |
| (See instructions. List each one  (a) Name and address of each employee paid more than \$50,000        | (b) Title and average<br>hours per week<br>devoted to position | (c) Compensation                     | (d) Contributions<br>to employee benefit<br>plans and deferred<br>compensation | (e) Expense account and other allowances |
| NONE   |  |                                      |  |  |
|  |  |                                      |  |  |
|  |  |                                      |  |  |
|  |  |                                      |  |  |
|  |  |                                      |  |  |
|  |  |                                      |  |  |
| Total number of other employees paid over \$50,000   | 0  |                                      | Constituted Cons   |  |
| Parell A Compensation of the Five Hig<br>(See instructions. List each on                               | <b>hest Paid Independent Co</b><br>e (whether individuals or f | irms). If there ar                   | e none, enter '  | None.')                                  |
| (a) Name and address of each independent contra  |  | 1                                    | of service   | (c) Compensation                         |
| NONE   |  |                                      |  |  |
|  |  |                                      |  |  |
|  |  |                                      |  |  |
|  |  |                                      |  |  |
|  |  |                                      |  |  |
| Total number of others receiving over \$50,000 for professional services                               |  |                                      |  |  |
| Part II B Compensation of the Five Hig<br>(List each contractor who performs. If there are none, enter | ormed services other than                                      | ontractors for O<br>professional ser | ther Services<br>vices, whether  | individuals or                           |
| (a) Name and address of each independent contra  |  | <b>(b)</b> Type                      | of service   | (c) Compensation                         |
| NONE   |  |                                      |  |  |
|  |  |                                      |  |  |
|  |  | -                                    |  |  |
|  |  |                                      |  |  |
|  |  |                                      |  |  |
|  |  |                                      |  |  |
| Total number of other contractors receiving over \$50,000 for other services                           |  |                                      |  |  |

| ch  | nedule A (Form 990 or 990-EZ) 2007 TENNESSEE JUSTICE CENTER INC. 62-   | -1630417           | F           | age 2 |
|-----|--|--------------------|-------------|-------|
| *** | Statements About Activities (See instructions.)  |                    | Yes         | No    |
| 1   | including any  |                    |             | Х     |
|     | Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of lobbying activities.  | the                |             |       |
| 2   | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with an substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.) | with any principal |             |       |
|     | a Sale, exchange, or leasing of property?  | 2a                 |             | X     |
|     | <b>b</b> Lending of money or other extension of credit?  | 2b                 |             | X     |
|     | c Furnishing of goods, services, or facilities?  |                    |             | X     |
|     | d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?  | l l                |             | -     |
|     | e Transfer of any part of its income or assets?  | 2e                 | 1           | X     |
| 3   | Ba Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)   | За                 |             | X     |
|     | <b>b</b> Did the organization have a section 403(b) annuity plan for its employees?  | 3t                 |             | X     |
|     | c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement   | 30                 | -           | X     |
|     | d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?  | 30                 | 1           | X     |
| 4   | 4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' comple<br>4f and 4g   | te lines 4a        | 3           | X     |
|     | <b>b</b> Did the organization make any taxable distributions under section 4966?   | 41                 | o N         | A     |
|     | c Did the organization make a distribution to a donor, donor advisor, or related person?   | 40                 | e N         | Ι/A   |
|     | d Enter the total number of donor advised funds owned at the end of the tax year   | >                  |             | N/A   |
|     | e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year   |                    | <del></del> | N/A   |
|     | f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advis funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts.  | ed<br>►            |             | 0     |
|     | g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year   | r >                |             | 0.    |

Page 3

BAA

|        | Reason for Non-Private F  |   |   |  |   |                             |
|--------|---|---|---|--|---|-----------------------------|
| l cert | ify that the organization is not a private t  | oundation because it is: (                                      | Please check only <b>ONE</b> ap   | plicable box   | .)  |                             |
| 5      | A church, convention of churches, o   | r association of churches.                                      | Section 170(b)(1)(A)(i).  |  |   |                             |
| 6      | A school. Section 170(b)(1)(A)(ii). (A  | Also complete Part V.)  |   |  |   |                             |
| 7      | A hospital or a cooperative hospital  | service organization. Sec                                       | tion 170(b)(1)(A)(iii).   |  |   |                             |
| 8      | A federal, state, or local governmen  | t or governmental unit. Se                                      | ection 170(b)(1)(A)(v).   |  |   |                             |
| 9      | A medical research organization operand state ►   | erated in conjunction with                                      | a hospital. Section 170(b)  | (1)(A)(iii). <b>E</b> i  | nter the hospi  | tal's name, city,           |
| 10     | An organization operated for the be (Also complete the <b>Support Schedu</b>  | nefit of a college or universite in Part IV-A.)                 | rsity owned or operated by  | a governme   | ental unit. Sec   | tion 170(b)(1)(A)(iv)       |
| 11 a   | An organization that normally receive Section 170(b)(1)(A)(vi). (Also compared)   | res a substantial part of its<br>lete the <b>Support Schedu</b> | s support from a governme<br>le in Part IV-A.)                                  | ntal unit or   | from the gene   | ral public.                 |
| 11 b   | A community trust. Section 170(b)(1   | )(A)(vi). (Also complete t                                      | he Support Schedule in Pa   | art IV-A.)   |   |                             |
| 12     | An organization that normally received from activities related to its charitable from gross investment income and organization after June 30, 1975. See | ile, etc, functions — subject                                   | o income (less section 511  | tax) from b  | usinesses acqu  |                             |
| 13     | An organization that is not controlle requirements of section 509(a)(3).  | neck the box that describ                                       | les the type of supporting t  | ngamzanon  | •   | meets the                   |
|        | Type I Type II  | Type III-Function   | onally integrated out the supported organiz                                     | Type III   |   |                             |
|        | (a) Name(s) of supported organization(s)  | (b) Employer identification number (EIN)                        | (c) Type of organization (described in lines 5 through 12 above or IRC section) | Is the su<br>organizati<br>the sup<br>organiz<br>gove<br>docur | d) upported on listed in oporting zation's rning nents? | (e)<br>Amount of<br>support |
|        |   |   |   | Yes  | No  |                             |
|        |   |   |   |  |   |                             |
|        |   |   |   |  |   |                             |
|        |   |   |   |  |   |                             |
|        |   |   |   |  |   |                             |
|        |   |   |   |  |   |                             |
|        |   |   |   |  |   |                             |
| Tota   | 1   |   | <u> </u>  |  |   | 0.                          |
| 14     | An organization organized and ope   | rated to test for public saf                                    | ety. Section 509(a)(4). (Se   | e instruction  | ns.)  | 990 or 990-EZ) 200          |

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)).

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► 27g

| <b>a</b> j | Private School Questionnaire (See instructions.)  (To be completed ONLY by schools that checked the box on line 6 in Part IV)  | N/A   |              |         |
|------------|--|-------|--------------|---------|
|            | (10 De Completed ONE i by schools that chooked the best of the complete of the |       | Yes          | No      |
| 29         | 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.)   |       |              |         |
|            |  |       |              |         |
| 32         | Does the organization maintain the following:  a Records indicating the racial composition of the student body, faculty, and administrative staff?   | 32 a  |              |         |
|            | b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  | 32 b  |              |         |
|            | c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing   | 32 c  | 1            |         |
|            | d Copies of all material used by the organization or on its behalf to solicit contributions?   | 320   |              |         |
|            | If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)   |       |              |         |
|            |  | -     |              |         |
| 33         | •  |       |              |         |
|            | a Students' rights or privileges?  | 332   |              |         |
|            | <b>b</b> Admissions policies?  |       | <del> </del> |         |
|            | c Employment of faculty or administrative staff?   | 1     |              |         |
|            | d Scholarships or other financial assistance?  | . 330 |              |         |
|            | e Educational policies?  |       |              |         |
|            | f Use of facilities?   | . 331 |              |         |
|            | g Athletic programs?   | . 331 | -            |         |
|            | h Other extracurricular activities?  | . 331 | 1            |         |
|            | If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)  |       |              |         |
|            |  | _     |              |         |
|            |  |       |              |         |
| 34         | 4a Does the organization receive any financial aid or assistance from a governmental agency?   |       |              |         |
|            | b Has the organization's right to such aid ever been revoked or suspended?   | . 54  |              |         |
| 3          | 5 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  | . 35  |              |         |
|            | nondiscrimination: 11 No., attach an explanation   | 90 or | 990-EZ       | () 2007 |

| Scho         | dule A (Form 990 or 990-                               | FZ) 2007 TENNESS   | SEE JUSTICE CENT  | ER INC.                                     | 62-1                             | 6304.      | L/ Page 6  |
|--------------|--|--|---|---|----------------------------------|------------|--|
| Pan          | Lobbying Ex<br>(To be complete                         | penditures by Election of the control of the contro | ting Public Charitie<br>organization that filed Fo                      | S (See instructions.)<br>orm 5768)          |                                  |            |  |
|              |  | ation belongs to an affi   |   | b if you checke                             | d 'a' and 'limited               | control    | provisions apply.                                  |
| Chec         | Li   | mits on Lobbying   |   |   | (a)<br>Affiliated grou<br>totals |            | (b) To be completed for all electing organizations |
|              |  |  |   |   |                                  |            |  |
| 36           | Total lobbying expenditu                               | res to influence public  | opinion (grassioois lobby   | ng) 37                                      |                                  |            |  |
| .37          | Total lobbying expenditu                               | ires to influence a legis  | lative body (direct lobby)  | 9/  |                                  | 0.         | 0.   |
| 38           | Total lobbying expenditu                               | ires (add lines 36 and 3   | 3/)   | 39  |                                  |            |  |
| 39           | Other exempt purpose e                                 | xpenditures  |   |   |                                  | 0.         | 0.   |
| 40           | Total exempt purpose ex                                | xpenditures (add lines   | 38 and 39)  |   |                                  |            |  |
| 41           | Lobbying nontaxable am                                 |  | t from the following table  | . –   |                                  |            |  |
|              | If the amount on line 40                               |  | lobbying nontaxable am  |   |                                  |            |  |
|              | Not over \$500,000                                     | 20%  | of the amount on line 40  | ),  | E.                               |            |  |
|              | Over \$500,000 but not over \$1,                       | 000,000 \$100,0  | 000 plus 15% of the excess ove  | r \$500,000                                 |                                  |            |  |
|              | Over \$1,000,000 but not over \$                       | 1,500,000 \$175,0  | 000 plus 10% of the excess ove  | r \$1,000,000 — 41                          |                                  | 250500 FIE |  |
|              | Over \$1,500,000 but not over \$                       | 17,000,000\$225,0  | 000 plus 5% of the excess over  | \$1,500,000                                 |                                  |            |  |
|              | Over \$17,000,000                                      | \$1,0  | 00,000 ,  |   |                                  | 0          | . 0.   |
| 42           | Grassroots nontaxable a                                | mount (enter 25% of li   | ne 41)  | 42  |                                  | 0.         | 0.   |
| 43           | Subtract line 42 from lin                              | e 36. Enter -0- if line 4  | 2 is more than line 36  | 43  |                                  | 0.         | 0.   |
| 44           | Subtract line 41 from lin                              | e 38. Enter -0- if line 4  | 1 is more than line 38  |   |                                  | 0.         | U.   |
|              | Caution: If there is an a                              | amount on either line 43   | 3 or line 44, you must file   | Form 4720.                                  |                                  |            |  |
| ·            | . (Some organi   | trations that made a se  | Averaging Period U ction 501(h) election do e the instructions for line | not have to complete                        | all of the five con              |            | elow.  |
|              | Calendar year<br>(or fiscal year                       | <b>(a)</b><br>2007   | <b>(b)</b> 2006   | <b>(c)</b><br>2005                          | ( <b>d</b> )<br>2004             |            | <b>(e)</b><br>Total                                |
| 45           | beginning in) ►  Lobbying nontaxable                   |  |   | 100.05                                      | 126.6                            | 71         | 488,269.   |
| 73           | amount   |  | 157,331.  | 193,967.                                    | 136,9                            | /1.        | 400,203.   |
| 46           | Lobbying ceiling amount (150% of line 45(e)).          | 2 Sul  |   |   |                                  |            | 732,404.   |
| 47           | Total lobbying expenditures                            |  | 704.  | 670.  | 1,3                              | 91.        | 2,765.   |
| 48           | Grassroots non-taxable amount                          |  | 39,333.   | 48,492.                                     | 34,2                             | 43.        | 122,068.   |
| 49           | Grassroots ceiling amount (150% of line 48(e))         |  |   | 1000  |                                  |            | 183,102.   |
|              | Grassroots lobbying expenditures                       |  | 281.  | 202.  | . 8                              | 99.        | 1,382.   |
|              |  | only by organizations th   | at did not complete Part  | VI-A) (See Histraction                      |                                  |            |  |
| Duri<br>atte | ng the year, did the orga<br>mpt to influence public o | nization attempt to influ<br>pinion on a legislative r   | uence national, state or l<br>matter or referendum, thr                 | ocal legislation, included ough the use of: | Yes                              | No         | Amount   |
|              | a Volunteers   |  |   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,     |                                  | X          |  |

 ${f b}$  Paid staff or management (Include compensation in expenses reported on lines  ${f c}$  through  ${f h.}$ ). . . . . . . . c Media advertisements ..... d Mailings to members, legislators, or the public Х Χ f Grants to other organizations for lobbying purposes..... Х X g Direct contact with legislators, their staffs, government officials, or a legislative body..... X

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.

Schedule A (Form 990 or 990-EZ) 2007

0.

| Schedule A                               | (Form 990 or 990-EZ) 20   | 007 TEN                                   | NESSEE                             | JUSTICE  | CENTER I  | NC.  | 62-1630  | 417                                      | P           | age <b>7</b> |
|--|---|---|------------------------------------|--|---|--|--|--|-------------|--------------|
| ParadWillia                              | Information Regard<br>Exempt Organization   | ling Trans<br>ons (See                    | sfers To<br>instructi              | and Transions)                                 | sactions an                                       | d Relationships V  | · · · · · · · · · · · · · · · · · · ·                      |  |             |              |
| <b>51</b> Did th                         | e reporting organization<br>Code (other than section  | directly or in                            | ndirectly e                        | engage in any                                  | of the followi                                    | ng with any other org  | anization describe   | ed in secti                              | on 50       | 1(c)         |
| of the                                   | Code (other than section<br>fers from the reporting or  | 1 501(c)(3) (                             | organizati<br>to a nonc            | ons) or in sec<br>baritable ever               | otion 52/, reia<br>mpt organizati                 | ting to political organi   | zations?   |  | Yes         | No           |
| a trans                                  | rers from the reporting or<br>ash   | ganization                                | to a nonc                          | Haritable exe                                  | npi organizati                                    | on on  |  | 51 a (i)                                 |             | X            |
| (i)C                                     | ther assets   |   |                                    |  |   |  |  | a (ii)                                   |             | X            |
|  | transactions:   |   |                                    |  |   |  |  |  |             |              |
|  | ales or exchanges of ass  | ets with a n                              | oncharita                          | ble exempt o                                   | rganization                                       |  |  | b (i)                                    |             | <u>X</u> _   |
|  | urchases of assets from a   |   |                                    |  |   |  |  | b (ii)                                   |             | X            |
| (iii)R                                   | ental of facilities, equipm   | ent, or othe                              | er assets.                         |  |   |  |  | b (iii)                                  |             | X            |
| (iv)R                                    | eimbursement arrangeme  | ents                                      |                                    |  |   |  |  | b (iv)                                   |             | X            |
| <b>(v)</b> Lo                            | oans or loan guarantees.  |   |                                    |  |   |  |  | b (v)                                    |             | X            |
|  | erformance of services or   |   |                                    |  |   |  |  |  |             | <u>X</u>     |
| c Sharir<br>d If the<br>the go<br>any tr | ng of facilities, equipmen<br>answer to any of the abo<br>oods, other assets, or ser<br>ansaction or sharing arra | ve is 'Yes,'<br>vices given<br>ngement, s | complete<br>by the re<br>how in co | the following<br>porting organ<br>lumn (d) the | schedule. Co<br>ization. If the<br>value of the g | olumn (b) should alway<br>organization received<br>oods, other assets, or  | s show the fair n<br>less than fair ma<br>services receive | c  <br>narket value<br>arket value<br>d: | ue of<br>in | <u> </u>     |
| (a)<br>Line no.                          | <b>(b)</b><br>Amount involved   | Name of                                   | noncharit                          | (c)<br>able exempt                             | organization                                      | The state of the s | (d)<br>ers, transactions, and                              |  |             | ts           |
| N/A                                      |   |   |                                    |  |   |  |  |  |             |              |
|  |   |   |                                    |  |   |  |  |  |             |              |
|  |   |   |                                    |  |   |  |  |  |             |              |
|  |   |   |                                    |  |   |  |  |  |             |              |
| <u></u>                                  |   |   |                                    |  |   |  | -  |  |             | <del></del>  |
|  |   |   |                                    |  |   |  |  |  |             |              |
|  |   |   |                                    |  |   |  |  |  |             |              |
|  |   |   |                                    |  |   |  |  |  |             |              |
|  |   |   |                                    |  |   |  |  |  |             |              |
|  |   |   |                                    |  |   |  |  |  |             |              |
|  |   |   |                                    |  |   |  |  |  |             |              |
|  |   |   |                                    |  |   |  |  |  |             |              |
|  |   |   |                                    |  | ·   |  |  |  |             |              |
|  |   |   |                                    |  |   |  |  |  |             |              |
|  | organization directly or i<br>ibed in section 501(c) of   |   | filiated wit<br>ther than          | th, or related<br>section 501(c                | to, one or mo                                     | re tax-exempt organization 527?  | ations   | ► Ye                                     | s X         | No           |
| <b>b</b> If 'Yes                         | s,' complete the following  | schedule:                                 | T :                                | /h)  |   |  | (c)  |  |             |              |
|  | (a)<br>Name of organization   |   |                                    | ype of organ                                   | zation  | Desc   | (c)<br>cription of relation                                | nship                                    |             |              |
| N/A                                      |   |   | <u> </u>                           |  |   |  |  |  |             |              |
|  |   |   |                                    |  |   |  |  |  |             |              |
|  |   |   |                                    |  | - AMP   |  |  |  |             |              |
|  |   |   | -                                  |  |   |  |  |  |             |              |
|  |   |   | <del> </del>                       |  |   | <del> </del>   |  |  |             |              |

| N/A |                                  |
|-----|----------------------------------|
|     |                                  |
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|     |                                  |
|     | <br>C 1 1 1 5 (F 000 000 FT) 000 |

# Form **8868** (Rev April 2007)

Ap. .cation for Extension of Time To 1 ..e an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

| If you are  | e filing for an Automatic 3-Monti   | n Extension, complete only Part I and check this box  |  |   | ► 🗓  |
|---|---|---|--|---|--|
| •   | • •   | tomatic) 3-Month Extension, complete only Part II (or   |  | •   |  |
| Do not comp   | <i>plete Part II unless</i> you have alre   | ady been granted an automatic 3-month extension or  | a previously   | filed Form 8868.  |  |
| Parkli  | Automatic 3-Month Exten   | <b>sion of Time.</b> Only submit original (no copie   | s needed).   |   |  |
|   |   | 90-T and requesting an automatic 6-month extension — che  | ck this box and  | complete Part   | ► □  |
| All other corpincome tax r  | porations (including 1120-C filers  | s), partnerships, REMICS, and trusts must use Form 7  | 004 to reques  | t an extension of tin   | ne to file                                       |
| Electronic Fi<br>returns noted<br>(1) you want<br>consolidated<br>electronic fili | ling (e-file). Generally, you can a below (6 months for section 50 the additional (not automatic) 3 Form 990-T. Instead, you musting of this form, visit www.irs.go   | electronically file Form 8868 if you want a 3-month au 1(c) corporations required to file Form 990-T). However month extension or (2) you file Forms 990-BL, 6069, submit the fully completed and signed page 2 (Part II) wiefile and click on e-file for Charities & Nonprofits. | tomatic extens<br>er, you cannot<br>or 8870, group<br>of Form 8868 | sion of time to file or<br>t file Form 8868 elec<br>o returns, or a comp<br>g. For more details o | ne of the<br>tronically if<br>osite or<br>n the  |
|   | Name of Exempt Organization   |   |  | Employer identification i   | number   |
| Type or   |   |   |  |   |  |
| print   | TENNESSEE JUSTICE CI  | ENTER INC.  |  | 62-1630417  |  |
| File by the due date for  | Number, street, and room or suite number  | . If a P.O. box, see instructions.  |  | ·   | <del>,</del> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| filing your   | 301 CHARLOTTE AVENUE  |   | •  |   |  |
| filing your<br>return. See<br>instructions.                                       |   | de. For a foreign address, see instructions.  | · · · · · · · · · · · · · · · · · · ·                              |   |  |
|   | NASHVILLE, TN 37201-  | -1101   |  |   |  |
| Check type o  | of return to be filed (file a separa  |   |  |   | <del></del>                                      |
| X Form 990  | · .   | Form 990-T (corporation)  | Form 472   | ρÒ  |  |
| Form 990  |   | Form 990-T (section 401(a) or 408(a) trust)   | Form 522   |   |  |
| Form 990  | . "}  | Form 990-T (trust other than above)   | Form 606   |   |  |
| Form 990  | · · · .   | Form 1041-A   | Form 887   |   |  |
| If the org If this is to check this the exten I request until _ The ext           | or a Group Return, enter the orgs box.    . If it is for part of sion will cover.  It an automatic 3-month (6 mont 8/15, 2008, to file ension is for the organization's realendar year 2007 or tax year beginning |   | m 990-T) external amed above.                                      | this is for the whole<br>nd EINs of all memb  | group,<br>bers                                   |
|   |   | 90-PF, 990-T, 4720, or 6069, enter the tentative tax, le  |  | 3a \$   | 0.   |
| <b>b</b> If this a made. I  | pplication is for Form 990-PF or<br>nclude any prior year overpayme   | 990-T, enter any refundable credits and estimated taxent allowed as a credit  | payments   | 3b \$   | 0.   |
| deposit<br>See ins  | with FTD coupon or, if required, tructions  | 3a. Include your payment with this form, or, if require by using EFTPS (Electronic Federal Tax Payment Sy   | stem).   | 3c \$   | 0.   |
| navment insti   | ructions  | ic fund withdrawal with this Form 8868, see Form 845  | 3-EO and For   |   |  |
| DAA Ear Driv  | and Act and Dananyark Daduct  | ion Act Notice, see instructions  |  | Earm 0060 /   | Day 4:2007                                       |

2007

### FEDERAL STATEMENTS

PAGE 1

TENNESSEE JUSTICE CENTER INC.

62-1630417

STATEMENT 1 FORM 990, PART I, LINE 8 NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: COST OR OTHER BASIS: 3,262,020. 3,091,973.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 170,047.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 170,047.

STATEMENT 2 FORM 990, PART I, LINE 20 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

1,709. 1,709.

**STATEMENT 3** FORM 990, PART II, LINE 43 OTHER EXPENSES

|  |          | (Å)   | (B)<br>PROGRAM                              | (C)<br>MANAGEMENT   | (D)         |
|--|----------|---|---|---|-------------|
|  |          | TOTAL   | SERVICES                                    | & GENERAL   | FUNDRAISING |
| CONTRACT SERVICES DUES INSURANCE LAW LIBRARY LITIGATION EXPENSES MISCELLANEOUS PUBLIC RELATIONS TAXES AND LICENSES | TOTAL \$ | 173,344.<br>5,562.<br>7,540.<br>3,063.<br>15,197.<br>12,128.<br>20,224.<br>3,065.<br>240,123. | 3,063.<br>15,197.<br>18,202.<br>\$ 209,806. | 5,562.<br>7,540.<br>12,128.<br>2,022.<br>3,065.<br>\$ 30,317. | \$ 0.       |

STATEMENT 4 FORM 990, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE FREE OR BELOW-COST CIVIL LEGAL SERVICES TO INDIGENT TENNESSEANS THROUGH ADVOCACY OF ALL TYPES.

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| STATEMENT 5                |                         |  |
|----------------------------|-------------------------|--|
| FORM 990, PART III, LINE A |                         |  |
| STATEMENT OF PROGRAM       | SERVICE ACCOMPLISHMENTS |  |

GRANTS AND ALLOCATIONS DESCRIPTION

**PROGRAM SERVICE EXPENSES** 

PROVIDED CIVIL LEGAL REPRESENTATION TO APPROXIMATELY 160 INDIVIDUAL LOW-INCOME TENNESSEE FAMILIES. THE ORGANIZATION ALSO REPRESENTED 1.1 MILLION POOR AND UNINSURED INDIVIDUALS IN CERTIFIED CLASS ACTIONS INVOLVING ACCESS TO HEALTH CARE. SEE ADDITIONAL STATEMENT A.

839,103.

INCLUDES FOREIGN GRANTS: NO

839,103.

### STATEMENT 6 FORM 990, PART IV, LINE 54A INVESTMENTS - PUBLICLY TRADED SECURITIES

VALUATION METHOD AMOUNT CORPORATE STOCKS MARKET VALUE \$ 1,566,071. COMMON STOCKS

TOTAL \$ 1,566,071.

VALUATION METHOD AMOUNT CORPORATE BONDS 392,203. MARKET VALUE BONDS

> TOTAL \$ 392,203.

> > DOOM

PUBLICLY TRADED SECURITIES \$ 1,958,274.

### STATEMENT 7 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

| CATEGORY               |         | BASIS              | DEPREC.                  | VALUE                    |
|------------------------|---------|--------------------|--------------------------|--------------------------|
| FURNITURE AND FIXTURES | TOTAL § | 47,559.<br>47,559. | \$ 33,166.<br>\$ 33,166. | \$ 14,393.<br>\$ 14,393. |

# STATEMENT A Form 990, Page 3, Part III, Line a – Statement of Program Service Accomplishments

During 2007, the Tennessee Justice Center assisted 160 low-income families in the informal resolution of their legal problems, some of which involved administrative appeals procedures outside the judicial system. In addition to those services, the organization litigated the following cases in the judicial system in 2007:

Doe v. Word, No. 3-84-1260 (M.D. Tenn.) — In this certified class action, the Tennessee Justice Center represents the approximately10,000 elderly and disabled Tennesseans each year who seek nursing home care under the auspices of TennCare. TennCare is Tennessee's Medicaid program for the poor and uninsured. A 1984 agreed order in the case provides due process and financial protections for this vulnerable population by requiring the state to comply with federal Medicaid regulations and constitutional guarantees. During 2007, the state violated a provision in the agreed order that prohibits the involuntary discharge of a nursing home resident pending appeal of TennCare coverage. As a result of negotiations, the state corrected the violation and agreed to honor its obligations in the future. This case benefits not only those seeking nursing home care but the larger public, because:

- · enforces the constitution and federal law; and
- ensures the public accountability of government contractors that operate nursing homes with Medicaid funds.

Grier v. Goetz, Doc. No. 79-3107 (M.D. Tenn.) – The Tennessee Justice Center represented 1.1 million low-income and uninsured Tennesseans of all ages in this certified class action. The case enforces federal due process regulations that protect low-income and uninsured Medicaid beneficiaries when TennCare managed care contractors deny or terminate medically necessary health services. The litigation benefits the public generally, because it:

- vindicates constitutional due process standards established by the Supreme Court;
- implements and enforces longstanding federal statutes and regulations, protects the health of thousands of members of the public from the adverse consequences of wrongful denials of needed medical care; and
- prevents the TennCare program from incurring unnecessary costs associated with the treatment of injuries caused by such wrongful denials.

During 2007, the Center monitored and enforced compliance with standing orders in the case. During 2007, the Center applied under the Civil Rights Attorneys' Fees Award Act for attorneys' fees and expenses in this case totaling \$2,841,979 for work done on behalf of the plaintiff class during the period from November 1, 2003 through January 31, 2007. The court has not ruled on the request, and the Center received no attorneys' fees during 2007 in this or any other case.

John B. v. Neel, Doc. No. 3-98-0168 (M.D. Tenn.) – The Tennessee Justice Center represented over 650,000 low-income and uninsured children in this certified class action. The case involves compliance by the State of Tennessee and its private managed care contractors with federal legal requirements dealing with the provision of early and periodic screening, diagnosis and treatment (EPSDT) to low-income and uninsured children on TennCare, Tennessee's Medicaid managed care program. The case also involves the enforcement of additional legal protections for children in Tennessee's foster care system. The suit benefits the public generally, because it seeks to implement a children's health mandate that Congress has reaffirmed and strengthened over a 30-year period and that reflects accepted pediatric practice standards. During 2007, the Center continued to work for

implementation of a 1998 settlement in which TennCare agreed to implement EPSDT requirements, a goal which has yet to be achieved. That settlement was designed by the Center and state officials to improve the health and mental health status of thousands of Tennessee children, including at risk children in the foster care system. During 2007, the Tennessee Justice Center did not apply for or receive any attorney's fees in this case.

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#### STATEMENT 8 FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS      | TITLE AND<br>AVERAGE HOURS<br>PER WEEK DEVOTED | · | COMPEN-<br>SATION | CONTRI-<br>BUTION TO<br>EBP & DC | EXPENSE<br>ACCOUNT/<br>OTHER |
|-----------------------|--|---|-------------------|----------------------------------|------------------------------|
| VIC ALEXANDER         | TREASURER 0.25                                 |   |                   | \$ 0.                            |                              |
| NASHVILLE, TN,        | 0.23   |   |                   |                                  | ÷                            |
| HON. RILEY ANDERSON   | BOARD MEMBER<br>0.25                           |   | 0.                | 0.                               | 0.                           |
| KNOXVILLE, TN         | 0.20   |   |                   |                                  |                              |
| GAIL VAUGHN ASHWORTH  | CHAIRMAN<br>1.00                               |   | 0.                | 0.                               | 0.                           |
| NASHVILLE, TN         | · ·  |   |                   |                                  |                              |
| REV. HENRY BLAZE      | BOARD MEMBER                                   |   | 0.                | 0.                               | 0.                           |
| NASHVILLE, TN         | <del>-</del>                                   |   |                   |                                  |                              |
| MARY BUFWACK          | BOARD MEMBER 0.25                              |   | 0.                | 0.                               | 0.                           |
| NASHVILLE, TN         |  |   |                   |                                  |                              |
| CHRISTOPHER COLEMAN   | BOARD MEMBER 0.25                              |   | 0.                | 0.                               | 0.                           |
| NASHVILLE, TN         | -<br>-   |   |                   |                                  |                              |
| DAVID R. ESQUIVEL     | BOARD MEMBER 0.25                              |   | 0.                | 0.                               | 0.                           |
| NASHVILLE, TN         |  |   |                   |                                  |                              |
| BILL FARMER           | BOARD MEMBER 0.25                              |   | 0.                | 0.                               | 0.                           |
| NASHVILLE, TN         |  |   |                   |                                  |                              |
| BARBARA DALE HOLMES   | BOARD MEMBER<br>0.25                           |   | 0.                | 0.                               | 0.                           |
| NASHVILLE, TN         |  |   |                   |                                  |                              |
| NANCY FRAAS MACLEAN   | BOARD MEMBER 0.25                              |   | 0.                | 0.                               | 0.                           |
| BRENTWOOD, TN         |  |   |                   |                                  |                              |
| DR. ROBERT F. MILLER  | BOARD MEMBER<br>0.25                           |   | 0.                | 0.                               | 0.                           |
| NASHVILLE, TN         |  |   |                   |                                  |                              |
| DR. DWIGHT MONTGOMERY | BOARD MEMBER<br>0.25                           |   | 0.                | 0.                               | 0.                           |
| MEMPHIS, TN           |  |   |                   |                                  |                              |

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# STATEMENT 8 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS         | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN-<br>SATION | CONTRI-<br>BUTION TO<br>EBP & DC | EXPENSE<br>ACCOUNT/<br>OTHER |
|--------------------------|--|-------------------|----------------------------------|------------------------------|
| A. GREGORY RAMOS         | BOARD MEMBER 0.25                        | \$ 0.             | \$ 0.                            | \$ O.                        |
| NASHVILLE, TN            | 0.20                                     |                   |                                  |                              |
| ARTHUR J. REBROVICK, JR. | VICE CHAIR<br>0.25                       | 0.                | 0.                               | 0.                           |
| NASHVILLE, TN            | V.20                                     |                   |                                  |                              |
| SANDRA ROBERTS           | BOARD MEMBER                             | 0.                | 0.                               | 0.                           |
| NASHVILLE, TN            | 0.20                                     |                   |                                  |                              |
| MARILYN ROBINSON         | BOARD MEMBER 0.25                        | 0.                | 0.                               | 0.                           |
| NASHVILLE, TN            | U  |                   |                                  |                              |
| ELLEN B. VERGOS          | BOARD MEMBER 0.25                        | 0.                | 0.                               | 0.                           |
| MEMPHIS, TN              | 0.22                                     |                   |                                  |                              |
| MATTHEW A. WILTSHIRE     | BOARD MEMBER                             | 0.                | 0.                               | 0.                           |
| NASHVILLE, TN            | 0,20                                     |                   |                                  |                              |
| DR. TAYLOR WRAY          | BOARD MEMBER                             | 0.                | 0.                               | 0.                           |
| NASHVILLE, TN            | 0.20                                     |                   |                                  |                              |
| CYNTHIA R. WYRICK        | BOARD MEMBER 0.25                        | 0.                | 0.                               | 0.                           |
| SEVIERVILLE, TN          | 0.20                                     |                   |                                  |                              |
| G. GORDON BONNYMAN       | EXECUTIVE DIREC 65.00                    | 74,210.           | 6,222.                           | 0.                           |
| NASHVILLE, TN            | 03.00                                    |                   |                                  |                              |
| MICHELE M. JOHNSON       | MANAGING ATTORN 50.00                    |                   | 6,063.                           | 0.                           |
| NASHVILLE, TN            | 30,00                                    |                   |                                  |                              |
|                          | TOTAL                                    | \$ 145,607.       | <u>\$ 12,285.</u>                | \$ 0.                        |

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STATEMENT 9 FORM 990, PART VIII RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #

EXPLANATION OF ACTIVITIES

93A

THESE REVENUES WERE RECEIVED TO COMPENSATE THE ORGANIZATION FOR STAFF TIME PRESENTING LECTURES OR PARTICIPATING IN THE PROGRAMMATIC ACTIVITIES OF OTHER EXEMPT ORGANIZATIONS. THESE ACTIVITIES FURTHER THE TENNESSEE JUSTICE CENTER'S WORK BY PROVIDING TECHNICAL ASSISTANCE TO OTHER SERVICE ORGANIZATIONS THAT SERVE SIMILAR CONSTITUENCIES, AND BY RAISING THE PUBLIC AWARENESS OF THE TENNESSEE JUSTICE CENTER AND THE WORK THAT IT DOES.

STATEMENT 10 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

| DESCRIPTION   |       | _(2 | A) 2006            | _(B)     | 2005             | (C)      | 2004             | _(D) | 2003     | <u>(E</u> | ) TOTAL            |
|---------------|-------|-----|--------------------|----------|------------------|----------|------------------|------|----------|-----------|--------------------|
| MISCELLANEOUS | TOTAL | \$  | 13,537.<br>13,537. | \$<br>\$ | 5,352.<br>5,352. | \$<br>\$ | 6,224.<br>6,224. | \$   | 0.<br>0. | \$<br>\$  | 25,113.<br>25,113. |

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FORM 990, PART II, LINE 42

OFFICE FURNITURE AND EQUIPMENT ARE RECORDED AT COST. DEPRECIATION IS COMPUTED OVER THE ESTIMATED USEFUL LIVES OF DEPRECIABLE ASSETS USING THE STRAIGHT-LINE METHOD. THE ESTIMATED USEFUL LIVES OF OFFICE FURNITURE AND EQUIPMENT IS THREE TO SEVEN YEARS.