Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

Α	For th	e 2013 calendar year, or tax year beginning and endi	ng			
В	Check ii applicat	C Name of organization		D Employer identifi	cation number	
Γ	Addr	TENNESSEE ALLIANCE FOR LEGAL SERVICES				
	Nam	Doing Business As		62-0	979831	
	Initia retun Term ated	· · · · · · · · · · · · · · · · · · ·	n/suite	E Telephone number 615-627-0956		
	Amer	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	651,003.	
	Appli tion pend	MADITY IN 37220		H(a) is this a group re		
	pond	F Name and address of principal officer:ANN PRULTI		for subordinates		
		SAME AS C ABOVE		H(b) Are all subordinates li		
		empt status: X 501(c)(3)	527	1	list. (see instructions)	
***********		te: ► WWW.TALS.ORG		H(c) Group exemptio		
			_ Year (of formation: 1996 N	🖊 State of legal domicile: TN	
8.48	art I	Summary		mire berrie	DII AM ATTITI	
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO SUPF LEGAL HELP TO VULNERABLE TENNESSEANS	ORT	THE DELIVE	RY OF CIVIL	
ž	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	f more	than 25% of its net as		
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	33	
ଔ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	33	
è	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	7	
**	6	Total number of volunteers (estimate if necessary)		6	0	
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.	
				Prior Year	Current Year	
0	8	Contributions and grants (Part VIII, line 1h)		542,589.	590,717.	
E E	9	Program service revenue (Part VIII, line 2g)		73,761.	49,501.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		128.	52.	
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,419.	10,733.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		623,897.	651,003.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1·3)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	. L	0.	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		234,811.	303,591.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
χb	b	Total fundraising expenses (Part IX, column (D), line 25) 43,902.				
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		318,258.	281,094.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		553,069.	584,685.	
	19	Revenue less expenses. Subtract line 18 from line 12		70,828.	66,318.	
Net Assets or Fund Balances			Beg	ginning of Current Year	End of Year	
alar	20	Total assets (Part X, line 16)	. L	130,380.	225,359.	
id B	21	Total liabilities (Part X, line 26)		133,410.	162,071.	
***********	*******	Net assets or fund balances. Subtract line 21 from line 20	<u>. </u>	<3,030.	> 63,288.	
Pa	rt II	Signature Block				
		lties of perjury, I declare that I have examined this return, including accompanying schedules and			y knowledge and belief, it is	
true,	correc	t, and complete. Declaration of preparer (other)than officer) is based on all information of which pi	reparer	has any knowledge.		
		LAND PIMAR				
Sig	1	Signature of officer		Date	1111	
Her	е	ANN PRUITT, EXECUTIVE DIRECTOR		T()	//	
		Type or print name and title			<u> </u>	
_		Print/Type preparer's name WILLIAM M. FITZGERALD, II		tate Check	PTIN	
Paid			14	6 30 14 il self-employ		
Prep		Firm's name RAYBURN, BATES & FITZGERALD, P.C.		Firm's EIN ▶	62-1471522	
Use	Only	Firm's address 5200 MARYLAND WAY, SUITE 300				
		BRENTWOOD, TN 37027		Phone no. (6	15)661-7878	
Mari	tha 10	S discuss this raturn with the proparar shows above 2 (and instructions)			X Voc No	

4e Total program service expenses ▶

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(Expenses \$

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500,789.

Part IV Checklist of Required Schedules Yes Νo 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? Х 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II...... X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Х Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Х complete Schedule G, Part III 19 Х

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20a

20b

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Commence and because the control of	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	0.4		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d		
Lou	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization fiquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	l l		47
05-	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
00	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					L
		F 4	_	1000000000	Yes	No
1a	The state of the s	1a	4	-		
b			0			
C	- , , , , , , , , , , , , , , , , , , ,					
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		-			
	filed for the calendar year ending with or within the year covered by this return		7	.		
b	, , , , , , , , , , , , , , , , , , ,			2b	X	2000000000
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
3a				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	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	account)?	*********	4a	C 0001000000	X
b	If "Yes," enter the name of the foreign country: ►		•••••			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					
5a				<u>5a</u>		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.			5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	• · · · · · · · · · · · · · · · · · · ·					
	any contributions that were not tax deductible as charitable contributions?			6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribute	-				
	were not tax deductible?		,,,,,,,,,,,	6b	33333333	20000000
7	Organizations that may receive deductible contributions under section 170(c).		_			•
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	=				v
-1	to file Form 8282?	1 1		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of multiplication that the property of the pro					
9	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D		090.01	7h		
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		voor2	8		200000000000000000000000000000000000000
9	Sponsoring organizations maintaining donor advised funds.	any time desing the	yearr			
а	Did the organization make any taxable distributions under section 4966?			9a	***************************************	20000000
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	******************		•		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1				
a	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	·		12a		-constant
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13ь				
¢	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		
				Form	990	(2013)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	the case of the control of the contr					
	Check if Schedule O contains a response or note to any line in this Part VI	********				X
Sec	tion A. Governing Body and Management		,		······	
		1 1		Barrana and	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	33			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any	y other			
	officer, director, trustee, or key employee?			_2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct s	upervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint on	e or			
	more members of the governing body?			7a		Х
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhold	ers, or			
	persons other than the governing body?			7b	***************************************	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
þ	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Ri	evenue C	ode.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters, a	ffiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $$			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before f	iling the form?	11a	2000000000	Χ
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		Х
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	in Schedule O how this was done			12c		X
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	X	0000000000
15	Did the process for determining compensation of the following persons include a review and approve	al by inde	pendent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	X	***********
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger					
	taxable entity during the year?			16a	NO CONTROL	X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its part	icipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's				
	exempt status with respect to such arrangements?			16b		
	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup TN$					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Section	501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request Other (explain		·	_		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	enflict of in	nterest policy, and	d finan	cial	
	statements available to the public during the tax year.			_		
20	State the name, physical address, and telephone number of the person who possesses the books a	nd record	s of the organizat	ion: 🕨	•	
	ANN PRUITT - 615-627-0956				·	
	50 VANTAGE WAY, SUITE 250, NASHVILLE, TN 37228					
	40.00			r	000	'0040\

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Charlethia have if noith as the expenientian new any related expenientian component of our guyrant officer director or trusted

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related (A) (B)				(C)				(D)	(E)	(F)
(A) Name and Title	Average hours per	(do	not c	Pos heck	itior more	than	one	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	uniterational trustes	ess per de a d		Highest compensated so og si employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) SEE ATTACHED LISTING	0.00	X	s	5	32	三名	2	0.	0.	0.
(2) ERIK COLE	40.00					 	-			
FORMER EXECUTIVE DIRECTOR				X				11,758.	0.	0.
(3) ANN PRUITT	40.00									
EXECUTIVE DIRECTOR				X				49,275.	0.	0.
(4) STEWART CLIFTON	40.00							7 500	_	
INTERIM EXECUTIVE DIRECTOR				X		-		7,500.	0.	0.
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Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)	
	(A) Name and title	(B) Average			Pos	C) sitior	ì		(D) Reportable	(E) Reportable	(F) Estimated
	realite and the	hours per week (list any hours for related organizations below line)	the or director of	c, unle	ess pe	erson	Highest compensated bars is a lightest compensated bars of the compensated bar	th an stee)	1	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
		1370)	,s	E	5		王 5	E			
				-	-	ļ-					
						ļ	-				
					<u> </u>		ļ				
			-								
					ļ		 				
	Sub-total								68,533.	0.	
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								68,533.	0.	
2	Total number of individuals (including but n							no re	1	,000 of reportable	
	compensation from the organization										Yes No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual	,.								3 X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule) J f	for such individual		4 X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com										5 X
Sec	tion B. Independent Contractors	piete scrieduit	301	OF ST	JUIT	pers	SOII .		***************************************		3 74
1	Complete this table for your five highest co										sation from
	the organization. Report compensation for (A)	the calendar y	ear e	endi	ng v	vith	or w	<u>ithir</u>	the organization's tax to (B)	year.	(C)
	Name and business	address	NC	INC	3				Description of s	services	Compensation

								_			
2	Total number of independent contractors (in \$100,000 of compensation from the organization)		ot lir	mite	d to		se lis	sted	d above) who received m	nore than	
	TO 3,000 OF COMPENSATION HOMERIE OF GAIN	-at/011 F				`				19000000	Earm 000 (2013)

					IANCE FO	R LEGAL SE	RVICES	62-0979	831 Page 9
Pa		///	200						[]
			Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Giffs, Grants and Other Similar Amounts	1	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	1b 1c 1d ions) 1e ts, and ve 1f 1a-1f: \$	518,355. 72,362.	590,717.			
Program Service C Revenue	2	a b c d	EQUAL JUSTIC CC TASK FORCE	ONF.	Business Code 900099 900099	******************************	48,378. 1,123.		
			All other program service reversed. Add lines 2a-2f			49,501.			
	3		Investment income (including other similar amounts)	dividends, intere	est, and	52.	52.		
	5 6	b	Gross rents Less: rental expenses	(i) Real	(ii) Personal				
	7	d a	Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory		(ii) Other				
		c d	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·					
Other Revenue	8		Gross income from fundraising including \$ contributions reported on line Part IV, line 18 Less: direct expenses	of 1c). See a					
	9	а	Net income or (loss) from fund Gross income from gaming ac Part IV, line 19	tivities. See a					
	10	c a	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	ing activities returns a	>				
	11	c	Net income or (loss) from sale Miscellaneous Revenu OTHER INCOME	s of inventory e		10,733.	10,733.		
	4-	c d e	All other revenue		>	10,733. 651,003.	60,286.	0.	0.
33200 10-29-	12 3 13		Total revenue. See instructions.		·····	001,003.	1 00,200.		Form 990 (2013)

Form 990 (2013) TENNESSEE ALL Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a response not include amounts reported on lines 6b,	nse or note to any line in (A)	this Part IX	(C)	(D)
	. 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	CO	22 222	0 620	25 600
	trustees, and key employees	68,532.	33,222.	9,630.	25,680
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	172 000	150 061	10 000	2 050
7	Other salaries and wages	173,809.	159,961.	10,898.	2,950
8	Pension plan accruals and contributions (include	E 701	E 100	369.	220
_	section 401(k) and 403(b) employer contributions)	5,721. 36,576.	5,122.		230 4,083
9	Other employee benefits		29,774. 15,227.		2 160
10	Payroll taxes	18,953.	13,227.	1,558.	2,168
11	Fees for services (non-employees):				
a	•				
b		15,238.	12,409.	1,222.	1,607
ب 0		13,230.	12,409.	1,222.	1,007
d					
e f	· · · · · · · · · · · · · · · · · · ·				
g	Other. (If line 11g amount exceeds 10% of line 25,				
У	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	27,643.	22,511.	2,217.	2,915
17	Travel	4,337.	4,289.	48.	
18	Payments of travel or entertainment expenses		·		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	30,783.	30,783.		
20	Interest	758.	· · · · · · · · · · · · · · · · · · ·	758.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,513.	8,561.	843.	1,109
23	Insurance	3,755.	3,162.	256.	337
24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	LEGAL ASSISTANCE	106,498.	106,498.		
b	CONSULTING	36,295.	33,775.	1,800.	720
c	COMPUTER AND WEBSITE	16,989.	13,447.	2,669.	8.73
d	STAFF COSTS	6,121.	4,776.	1,345.	
е	All other expenses	22,164.	17,272.	3,662.	1,230
25	Total functional expenses. Add lines 1 through 24e	584,685.	500,789.	39,994.	43,902
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	}			
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 58,251. 148,856. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 45,210. 36,685. 3 Pledges and grants receivable, net 3 7,412. 23,526. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 5,402. 5,933. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 91,355. basis. Complete Part VI of Schedule D ______ 10a 84,696. 10,405. 6,659. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 3,700. 3,700. 15 15 Other assets. See Part IV, line 11 130,380. 225,359. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 76,930. 65,258. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 25,000. 95,333. 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, -iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 30,000. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 1,480. Schedule D 1,480. 133,410. 162,071. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances $<3,030.>_{27}$ 63,288. 27 Unrestricted net assets 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 <3,030.>33 63,288. 33 Total net assets or fund balances 130,380. 225,359. Total liabilities and net assets/fund balances

Ρa	rt XI Reconciliation of Net Assets			ı ag	C I See
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,00	
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,68	
3	Revenue less expenses. Subtract line 2 from line 1	3		5,31	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<3	3,03	<u>30.</u> :
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
,	column (B))	10	63	3,28	38.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audite, explain why in Schedule O and describe any stone taken to undergo such audite		36		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number TENNESSEE ALLIANCE FOR LEGAL SERVICES 62-0979831 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d ____ Type III - Non-functionally integrated **b** Type II c Type III - Functionally integrated __ Type I e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) h Provide the following information about the supported organization(s). (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (iii) Type of organization (vii) Amount of monetary (ii) EIN organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the (i) of your support? above or IRC section governing document? U.S.? (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ection A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	695,050.	721,162.	751,278.	542,589.	518,355.	3228434.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	695,050.	721,162.	751,278.	542,589.	518,355.	3228434.				
	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)										
6	Public support. Subtract line 5 from line 4.						3228434.				
	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
	Amounts from line 4	695,050.	721,162.	751,278.	542,589.	518,355.	3228434.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar sources	1,387.	1,361.	299.	128.	52.	3,227.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part IV.)	1,415.	1,972.	3,345.	7,419.	10,733.	24,884.				
11	Total support. Add lines 7 through 10	i					24,884. 3256545.				
	* '	etc. (see instruction	ons)	***************************************		12	374,456.				
	First five years. If the Form 990 is for					n 501(c)(3)					
	organization, check this box and stop						.				
Sec	tion C. Computation of Publ	ic Support Pe	rcentage								
14	Public support percentage for 2013 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	99.14 %				
	Public support percentage from 2012					15	99.41 %				
16a	33 1/3% support test - 2013. If the c	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and				
	stop here. The organization qualifies						. (47)				
b	33 1/3% support test - 2012. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box				
	and stop here. The organization qual						. 1 1				
17a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,				
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization										
b	10% -facts-and-circumstances tes										
	more, and if the organization meets the										
	organization meets the "facts-and-circ				- '		,,,,,, >				
18	Private foundation. If the organization		=				<u> </u>				
						dule A (Form 990					

332022

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-				<u> </u>		
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
16	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
*	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)					<u>1</u>	
		(-) 0000	(1.) 0040	(-) 0044	(-D 0040	(+) 0040	/O T-+-I
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
100	dividends, payments received on	I					
	securities loans, rents, royalties						
	and income from similar sources					-	
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		.,				· · · · · · · · · · · · · · · · · · ·
	Add lines 10a and 10b					-	
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>	
14	First five years. If the Form 990 is for	=			=		. —
	check this box and stop here						<u> </u>
	tion C. Computation of Publication					ТТ	
	Public support percentage for 2013 (I		=	* * * * * * * * * * * * * * * * * * * *		15	%
	Public support percentage from 2012					16	%
	tion D. Computation of Inves					T [
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2013. If the						,
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2012. If the	~					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	>

Schedule A	(Form 990 or 990-E	Z) 2013 TENNESSEE Information. Provide th	ALLIANCE	FOR I	EGAL	SERVICES	62-0979831	Page 4
Part IV	Supplemental	Information. Provide th	e explanations req	uired by P	art II, line	10; Part II, line 17a	or 17b; and Part III, line 1	2.
	Also complete this	part for any additional infor	mation. (See instru	ctions).				

	***************************************							***************************************
								
					······································			

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.
 ► Information about Schedule C (Form 990 or 990-EZ) and its

2013
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

instructions is at www.irs.gov/form990.

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

		01(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nam	e of orga				•	oyer identification number
1000000000	000000000000000000000000000000000000000	TENNESS	EE ALLIANCE FOR	LEGAL SERVI	CES	62-0979831
Pa	rt I-A	Complete if the org	ganization is exempt und	ler section 501(c)	or is a section 527 o	rganization.
2	Political e	expenditures	zation's direct and indirect politic		> \$	
Pa	rt I-B	Complete if the ord	ganization is exempt und	ler section 501(c)	(3).	
		amount of any excise tax	incurred by the organization und	der section 4955	▶ s	
2	Enter the	amount of any excise tax	incurred by organization manag	ers under section 495	5 ▶\$	
			n 4955 tax, did it file Form 4720			
	-		,	•		
b	If "Yes."	describe in Part IV.				
Pa	rt I-C	Complete if the org	janization is exempt und	ler section 501(c)	, except section 501(c)(3).
1	Enter the	amount directly expended	by the filing organization for se	ction 527 exempt fund	ction activities	
			ization's funds contributed to ot			
	exempt fi	unction activities			▶\$	
			. Add lines 1 and 2. Enter here a			
	line 17b	*******************************	.,,,	***************************************	▶\$	
4	Did the fil	ing organization file Form	1120-POL for this year?			Yes No
5	Enter the	names, addresses and er	nployer identification number (El	N) of all section 527 pe	olitical organizations to whic	h the filing organization
			tion listed, enter the amount pai			
			omptly and directly delivered to			ite segregated fund or a
	political a	ction committee (PAC). If	additional space is needed, prov	/ide information in Pan	t IV.	
		(a) Name	(b) Address	(c) EiN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2013

LHA

332041 11-08-13

Schedule C (Form 990 or 990-EZ) 2013

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2013 TENNESSEE ALLIANCE FOR LEGAL SERVICES 62-0979831 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Fore	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(1	a)	(b)
	e lobbying activity.	Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а		******************************			
b	, , , , , , , , , , , , , , , , , , , ,				
¢	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	, , , , , , , , , , , , , , , , , , , ,				
	Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?	***************************************	***************************************		
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	FO4(a)	/E\		
Hal	till-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on out(c)	(5), or se	ction	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? IIIB Complete if the organization is exempt under section 501(c)(4), section 501 (c)(4).				
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	-		t III-A, Iii	ne 3, Is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures).				
_	expenses for which the section 527(f) tax was paid).	, ui			
а	Current year		2a		
	Carryover from last year				
c	Total		1		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)				
Par					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	(ist): Part II	-A. line 2: a	nd Part II-F	B. line 1.
	complete this part for any additional information.	,,			,
				<u> </u>	

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TENNESSEE ALLIANCE FOR LEGAL SERVICES

Employer identification number 62-0979831

Pa	organizations Maintaining Donor Advis		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		·····
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	rganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizar	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or		istorically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		
b			
c	Number of conservation easements on a certified historic st		
ď		- · · · · · · · · · · · · · · · · · · ·	
	listed in the National Register		I I
3	Number of conservation easements modified, transferred, re		
_	year ►	,	· ·
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe		
-	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
•	and section 170(h)(4)(B)(ii)?		,
9	In Part XIII, describe how the organization reports conservat		
•	include, if applicable, the text of the footnote to the organiza		
	conservation easements.	ation a finaricial statements that describes	the organization o accounting for
Pai	rt III Organizations Maintaining Collections of	of Art. Historical Treasures, or C	Other Similar Assets.
0.0000T.	Complete if the organization answered "Yes" to Form		
1 2	If the organization elected, as permitted under SFAS 116 (A		ment and halance sheet works of art
	historical treasures, or other similar assets held for public ex	·	
	the text of the footnote to its financial statements that described		arioc or paolio sorvico, provido, irri arc villi
b			at and halance sheet works of art, historical
ນ	treasures, or other similar assets held for public exhibition,	•	
	,	succation, or research in futilities ance of pr	abito service, provide the following amounts
	relating to these items: (i) Revenues included in Form 990, Part VIII, line 1		•
^	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		ai gairi, provide
	the following amounts required to be reported under SFAS		. *
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Vos" to Form 900, Part IV, line 11a, See Form 900, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		91,355.	84,696.	6,659
e Other				
Total, Add lines 1a through 1e. (Column (d) must equi	al Form 990 Part X colur	mn (R), line 10(c).)	>	6,659

(a) Description of security or category (including name of security)	(b) Book value	e 11b. See Form 990, Part X, line (c) Method of valuation: Co	st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" to	Earm 000 Part IV lin	a 11c See Form QQN Part X line:	3
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1)	(-, -		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" to		a 11d. See Form 990, Part X, line	
(a) De	intinn		I IN Rook value
	escription		(b) Book value
(1)	escription		(b) Book value
(1) (2)	escription		(b) Book value
(1) (2) (3)	escription		(b) Book value
(1) (2) (3) (4)	escription		(b) Book value
(1) (2) (3) (4) (5)	escription		(b) Book value
(1) (2) (3) (4) (5) (6)	escription		(b) Book value
(1) (2) (3) (4) (5) (6) (7)	escription		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	escription		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 1			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 1	75.)	e 11e or 11f. See Form 990, Part X	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" to	75.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" to 1. (a) Description of liability (1) Federal income taxes	15.) Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part 2 (b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" to 1. (a) Description of liability	15.) Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" to 1. (a) Description of liability (1) Federal income taxes	15.) Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part 2 (b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" to 1. (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS REFUNDAB	15.) Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part 2 (b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" to 1. (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS REFUNDAB.	15.) Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part 2 (b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" to 1. (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS REFUNDAB: (3) (4)	15.) Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part 2 (b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" to 1. (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS REFUNDAB (3) (4) (5) (6) (7)	15.) Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part 2 (b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" to 1. (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS REFUNDAB. (3) (4) (5) (6) (7) (8)	15.) Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part 2 (b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" to 1. (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS REFUNDAB (3) (4) (5) (6) (7)	(5.)	e 11e or 11f. See Form 990, Part 2 (b) Book value	

332053 09-25-13

TALS BOARD OF DIRECTORS

Name Allshouse, Cathy Barbee Jr., Larry Beckman, Sydney		Nas	Nashville, TN 37228
Name Allshouse, Cathy Barbee Jr., Larry Beckman, Sydney	***************************************		
Allshouse, Cathy Barbee Jr., Larry Beckman, Sydney	Representing	Title	(615) 627-0956
Barbee Jr., Larry Beckman, Sydney Bernstein, Barri	SE TN Legal Services	Attomey/Program Manager	
Beckman, Sydney	WTLS Client	Family Readiness Support Assistance	
Bernefein Barri	Duncan School of Law, LMU	Dean	
בסוומנייו, חמוו	IN Bar Foundation	Executive Director	
Blaze, Doug	UT College of Law	Dean	
Cantrell, Frank	MALS	Deputy Director/General Counsel	
Covington, Emma	WTLS	Project Administrator & Paralegal	
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Henry, Jeffrey	District Public Defenders Conf.	Executive Director	
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Housepian, Gary	LASMTC	Executive Director	
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Johnson, Michele	Tennessee Justice Center	Staff Attorney	
Jones, Meg	Community Legal Clinic	Executive Director	
Kay, Susan	VU School of Law	Asso. Dean, VU School of Law	
Schlichtemier, Adrienne	Tennessee Justice for Our Neighbors	Representative	
McBride, Neil	LASMTC	General Counsel	
McIver, Harrison	MALS	Executive Director/CEO	
McKanders, Karla	UT College of Law	Professor	
O'Neal, Linda	TN Commission on Children & Youth	Executive Director	
Pellegrin, John	TN Trial Lawyers	Attorney	
Plunk, LaFran	TN Paralegal Association	WTLS paralegal	
Primm, Lisa	Disability Law and Advocacy Center	Executive Director	
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Summar, Casey Gill	Volunteer Lawyers & Professionals for the Arts	Director	
Todaro, Liz	TN Bar Association	Access to Justice Coordinator	
Townzen, Virginia	Nashville School of Law	Associate Dean	
Seely, Linda Warren	TN Law Asso, Women	Attorney, MALS	
Wirthlin, Anne-Louise	Adm. Office of Courts	Access to Justice Coordinator	
Xanthopoulos, Steve	WTLS	Executive Director	
Yoder, Dave	LAET	Executive Director	

Tennessee Alliance for Legal Services [2827] Depreciation Expense

Sorted: General - GL asset acct.

62-0979831 01/01/2013 - 12/31/2013

Federal 01/01/2013 - 12/31/2013

			0	01/01/2013 - 12/31/2013	31/2013					
System No. S	Description	Date In Method / Conv. Service	/. Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
1810										
-	Fumiture & Equi	1/1/1993 St / N/A	5 0000	00 000 6	0000	Ó	6			
6	3 Dell computer	12/27/2002 St / N/A	3,000	5,000.00	100.000	0.00	0.00	2,000.00	0.00	2,000.00
11	Dell Computer -	12/31/2003 SL / N/A	3 0000	1 444 00	100.0000	0.00	0.00	5,020.65	0.00	5,020.65
12	Dell Latitude D6	11/8/2006 SL / N/A	3.0000	1,845,00	100.000	00:0	9.0	1,444.00	0.00	1,444.00
13	2 dell Desktops	6/27/2006 SL / N/A	3.0000	2,229.54	100.000	800	9.00	1,045,00	0.00	1,845.00
14	Dell monitor - 19		3.0000	300.00	100.0000	0.00	000	300.00	0.00	2,229.54
17	Tenn Help Displ:	ਨ	5.0000	2,105.73	100.0000	0.00	000	2.105.73	8.0	2 105 73
	Desk for Admin	SF/	5.0000	289.98	100.0000	0.00	0.00	289,98	00.0	289 98
19	Wood storage c	성	2.0000	140.00	100.0000	0.00	0.00	140.00	000	140.00
	Training chairs		5.0000	1,400.00	100.0000	0.00	00.00	1,400.00	000	1.400.00
C	Dell optiplex 74.	징:	3.0000	1,000.00	100.0000	00.00	00.00	1,000.00	0.00	1,000.00
77	I raining table //		5.0000	900.00	100.0000	0.00	0.00	600.00	0.00	600.00
57 0	Server rack, rou	당	3.0000	1,801.05	100.0000	0.00	0.00	1,801.05	0.00	1,801.05
GZ 30	MediaSite Video	200	5.0000	27,776.00	100.0000	0.00	00.00	25,461.33	2,314.67	27,776.00
20	MediaSite nostir	6/3/2008 St. / N/A	1.0000	10,837.00	100.0000	0.00	00.00	10,837.00	0.00	10,837.00
20	Website Directo	6/25/2009 SL / N/A	2.0000	729.96	100.0000	0.00	0.00	510.97	145.99	656.96
\$ X	Computer for in		3.0000	560.48	100.0000	0.00	00:0	560.48	0.00	560.48
ري د د	2 netbook comp	당	3.0000	655.48	100.0000	0.00	0.00	582.64	72.84	655.48
32	2 Dell Servers fc	7/16/2010 SL / N/A	3.0000	5,736.72	100.000	0.00	0.00	4,780.60	956.12	5,736.72
, 33 33 33 33 33 33 34 34 34 34 34 34 34 3	2 lpads - Erik an		3.0000	1,226.13	100.0000	0.00	00.0	1,055.83	170.30	1,226.13
	Website redesig	ਨੂੰ :	3.0000	20,198.60	100.0000	0.00	0.00	14,587.89	5,610.71	20,198.60
35 D	Dell dimension ²	6/24/2002 SL / N/A	3.0000	920.11	100.000	0.00	00:0	920.11	0.00	920.11
36	Dell Optiplex 38		3.0000	727.99	100.0000	0.00	0.00	465.10	242.66	707.76
3/	Dell Optiplex 38		3.0000	508.99	100.0000	0.00	00.00	325.18	169.66	494.84
, c	Laptop to replac	4/13/2011 SL / N/A	3.0000	1,476.35	100.0000	00.00	0.00	861.21	492.12	1,353.33
D, C	Dell computer fc	7/26/2013 SL / N/A	3.0000	707.55	100.000	0.00	0.00	0.00	98.27	98.27
40	Dell computer fc	7/26/2013 SL / N/A	3.0000	707.55	100.0000	0.00	0.00	00:00	98.27	98.27
41	Dell server	S	2.0000	671.62	100:0000	0.00	0.00	00'0	11.19	11.19
42	Server/Hard Driv	11/26/2013 SL / N/A	3.0000	4,679.61	100:0000	0.00	0.00	00.0	129.99	129.99
Subtotal: 1810				98,296.09		00:0	0.00	81,124.29	10,512,79	91,637,08
Less dispositions and exchanges:	exchanges:			6,940.76		00.00	0.00	6,940.76	0.00	6,940.76
Net for: 1810				91,355.33	l	0.00	0.00	74,183.53	10,512,79	84,696.32
					II					
Subtotal:				98,298.09		00.0	0.00	81,124.29	10,512.79	91,637.08
Less dispositions and exchanges;	exchanges;		•	6,940.76		0.00	0.00	6,940.76	0.00	6,940.76
Grand Totals;				91,355.33		00.00	00.0	74,183.53	10,512.79	84,696.32