## Form **990-EZ**

Department of the Treasury

Internal Revenue Service

# Short Form 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) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000.000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2008

Open to Public Inspection

Α	For the	2008 calenda	ar year	, or tax year beginning	01/01 , 2008, and e	nding			12/31,20 08
В	Check if a		Please	C Name of organization			D Emplo	yer ide	entification number
Z	Address	Unitings II	use IRS label or	TENNESSEE VOLUNTEER LAWYERS	FOR THE ARTS		20	3255	129
	Name ch	iange .	print or	Number and street (or P.O. box, if mail is not o	delivered to street address)	Room/suite	E Telep	hone n	umber
	Initial retu	8 .	type. See	211 Commerce Street Suite 100	,		(61:		743-3055
님	Terminati	.01.	Specific	City or town, state or country, and ZIP + 4		***************************************			
	Amended	. ['	Instruc-	Nashville, TN 37201-1802			F Group		
			tions.		mariocoma de descrito sobra construcción de co	***************************************	&	er .	~ costcomstantantantantantantantantantantantantant
	<ul> <li>Section</li> </ul>	ion 501(c)(3) oi		ations and 4947(a)(1) nonexempt charitable	e trusts must attach				
			a con	npleted Schedule A (Form 990 or 990-EZ).		Other	r (specify)	<b>&gt;</b>	
		110000	6meda	CO MON		H Chec	k▶ []	if the	organization is not
		te: ▶ www.i			es des sessent des moneros como la proposición de mon maneros de mon maneros establicas e como maneros establicas e como maneros establicas e como maneros establicas en como maneros en como				nedule B (Form 990,
J	Organia	zation type (ch	neck or	nly one) 🛭 501(c) ( 3 ) ◀ (insert no.) 🔲	4947(a)(1) or 527	990-E	EZ, or 990	-PF).	
K	Check	▶☐ if the oras	anizatio	on is not a section 509(a)(3) supporting organi	zation and its gross rece	eipts are nor	mally not	more th	nan \$25,000. A return is
				zation chooses to file a return, be sure to file		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		1011 01110 000 11110
		***************************************		ne 9 to determine gross receipts; if \$1,000,000	~~~~	stead of Forn	n 990-EZ	<b>≯</b> \$	82,730
Margaria.		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~	nses, and Changes in Net Assets	<del></del>				
Di-785	1	41						1	76,245
	1			. •				***************************************	6,485
	2			revenue including government fees and				2	***************************************
	3	•						3	
	4	Investment i						4	0
	5a	Gross amou	unt fro	m sale of assets other than inventory .			0		
	b	Less: cost o	or othe	er basis and sales expenses			0	N. 7 A.	
41	С	Gain or (loss)	) from	sale of assets other than inventory (Subtra	ct line 5b from line 5a)	(attach sch	edule).	5c	0
Revenue	6	Special events a	and acti	vities (complete applicable parts of Schedule G). If ar	y amount is from gaming,	check here 🕨	· []		
ě	а	Gross reven	nue (no	ot including \$ 76,245 of co	ontributions				
E.		reported on					0		
	b			nses other than fundraising expenses			0		
	C			ss) from special events and activities (S	a a lanaron manazolaria	ine 6al		6c	0
			-	ventory, less returns and allowances .	1 1	mo ouj .	0		
	7a				7/2				
	b	Less: cost o	~					7c	0
	C			ss) from sales of inventory (Subtract line	e / b from line / a) .			8	0
	8	Other revenu		dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			io.		
						· · · · · · · · · · · · · · · · · · ·		9	82,730
	10			r amounts paid (attach schedule)				10	0
	11			r for members				11	0
šes	12	Salaries, oth	her co	mpensation, and employee benefits .				12	64,590
Expenses	13	Professional	I fees	and other payments to independent cor	ntractors , , , .			13	0
ă	14	Occupancy,	, rent,	utilities, and maintenance				14	8,449
ш	15	Printing, pub	blicatio	ons, postage, and shipping				15	894
	16	Other expen	nses (d	describe See Statement 2			}}	16	4,691
	17	Total expen	nses.	Add lines 10 through 16		, , ,	▶	17	78,624
Ø	18	Excess or (d	deficit)	for the year (Subtract line 17 from line				18	4,106
Net Assets	19	' <del>-</del> '		d balances at beginning of year (from	•			11,72	
Ąŝ	1.5			reported on prior year's return)				19	3,369
4	20			net assets or fund balances (attach exp				20	0
Ž	21			balances at end of year. Combine line				21	7,475
Ð				. If Total assets on line 25, column (B)					<u>-</u>
	TRACTIC	2010.100 0.			αιο ψεισσοίσσο οι πκ		ginning of y		(B) End of year
				ee the instructions for Part II.)				69 22	
22		h, savings, an					٠,٠	0 23	
23	Lanc	a and building	gs .						
24				<b>*</b>	<u> </u>		2.0	0 24	
25		al assets					3,3	69 25	
26	Tota	al liabilities (de	lescrib	e  lances (line 27 of column (B) must agre	)			0 26	
- 27	NAT	ARRATE OF THE	na na	iances line 27 of column (R) <b>must</b> agre	วด พกรท แทด 211	1	7.7	わいしつブ	7 475

POIN	1 990-62. (2000)					Page ∡
Œ	Statement of Program Service Accom					Expenses
Wh	at is the organization's primary exempt purpose? $^{ extstyle{ iny E}}$	Provide legal services and	l education to the	arts commi	(Rec	quired for 501(c)(3) (4) organizations
des	cribe what was achieved in carrying out the organiz cribe the services provided, the number of persons be	nefited, or other relevant info	ormation for each p	program title.	and	4947(a)(1) trusts; onal for others.)
	Legal Services: Assisted low-income artists and			nessee		A FALL A
	with over 650 legal matters since opening in 200 audiences)	6. (50000 Clients, their me	embers and			
1	Grants \$ \$29,230 ) If this amount incl	udes foreign grants, check	here	<u>, » O</u>	28a	\$29,230
29	Education: Presented educational programming	on numerous arts law an	d business matte	ers.	-	
	Grants \$ \$10,300) If this amount incl	udes foreign grants, check	here	<b>&gt;</b> 17	29a	\$10,300
30	Library/Resources: Created and provided a reso	urce library, website, pub	lications and oth	er educatic		
-	Grants \$ \$3,700) If this amount incl				30a	\$3,700
	Other program services (attach schedule)	udes foreign grants, check	11010	, P hJ	ova	
		udes foreign grants, check	here	. <b>▶</b> □	31a	
	<b>Total program service expenses</b> (add lines 28a th			🕦	32	43,230
Pa	List of Officers, Directors, Trustees, and Key		γ			ons for Part IV.)
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0)	(d) Contributio employee benefit deferred comper	Mans &	(e) Expense account and other allowances
See	Statement 3					
			# # 1 TO 1			
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						AND
			***************************************			AARPAN/ABAN/ABAN/ABAN/ABAN/ABAN/ABAN/ABAN/A
		NAMES AND ADDRESS OF THE PROPERTY OF THE PROPE				

Pa	Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		<b>√</b>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes." has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		<b>√</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		4,37	
	Did the organization file Form 1120-POL for this year?	37b		1
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		2.47	
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	-	3.35 35.55	
	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		/
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization ▶			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	*************	<b>√</b>
41	List the states with which a copy of this return is filed. ► TN			
42a	The books are in care of ► Casey Gill Summar  Located at ► 211 Commerce St Suite 100, Nashville, TN 37201-1802  ZIP + 4 ►	) 74 37201-	13-30 1802	55
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		·	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		
	If "Yes," enter the name of the foreign country: ▶ None	Third		*
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			}**** 1
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			<b>&gt;</b>
	and enter the amount of tax-exempt interest received or accrued during the tax year , , , , , , , , , , , , , , , , , , ,			
			Vac	NI~
	Del the second section and described to defect the second to describe a second to the		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44	a artis 1	1
AE	Form 990-EZ	1	Şaratı Şaratı	, 1 h.
45	"Yes," Form 990 must be completed instead of Form 990-EZ	45		1
		001	` pm my	

Form	990-EZ (2008)						F	age 4
Par		y. All section 501(c)(3) o	rganiz	ations mu	st answer questi	ons 46		490
	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete S Did the organization engage in lobbying activities Is the organization operating a school as describ Did the organization make any transfers to an ex If "Yes," was the related organization(s) a section Complete this table for the five highest compense each received more than \$100,000 of compensations.	political campaign activities Schedule C, Part I	dule C, )? If "Y d organ 	Part II es," comple nization? rs, director	ete Schedule E .	46 47 48 49a 49b	Yes oyees	√ √ √
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) C	ompensation	(d) Contributions to employee benefit plans & deferred compensation		expens ount an	nd
Non		-						
Total <b>51</b>	number of other employees paid over \$100,000 Complete this table for the five highest compensation from the organization. If there is no	ated independent contracte	ors wh	o each rece	 vived more than \$1	00,000	of	
***************************************	(a) Name and address of each independent contractor	paid more than \$100,000	T	<b>(b)</b> Typ	pe of service	(c) Com	pensa	tion
Non	>							
Sign	number of other independent contractors each re Under penalties of perjury, I declare that I have exami and belief, it is true, correct, and complete. Declarat	ined this return, including accomp						
Here	Casey Gill, Executive Director			C	ate			

Preparer's Identifying Number (See instructions)

Check if self- employed ▶ □

EIN

Phone no. ▶ (

Date

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

May the IRS discuss this return with the preparer shown above? See instructions

Paid Preparer's

Use Only

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

Department of the Treasury

### Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization TENNESSEE VOLUNTEER LAWYERS FOR THE ARTS 3255129 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: None 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 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 33½% 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% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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. c Type III-Functionally integrated a Type I **b** Type II 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). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes and (iii) below, the governing body of the supported organization? . . . . . 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? . . . (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. h (ii) EIN (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9) in col. (i) listed in your the organization in organization in col. support above or IBC section. governing document? col. (i) of your (i) organized in the U.S.? (see instructions)) support? Yes No Yes Yes None

Schedule A (Form 990 or 990-EZ) 2008 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.) Part II Section A. Public Support

Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
~~	ionaa yoa (or noozi yozi zogiining ii) z	(0)00	(2) 2000			(0)	11) 10100
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	33,010	78,532	82,730	194,272
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1-3	0	0	33,010	78,532	82,730	194,272
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						20,000
6	shown on line 11, column (f)						174,272
	tion B. Total Support		<u> </u>		<u> </u>	L	
	lendar year (or fiscal year beginning in) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	0	0	33,010	78,532	82,730	194,272
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	Ó	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10 .						194,272
12	Gross receipts from related activities, etc	. (see instructio	ns) , , .			12	0
13	First five years. If the Form 990 is for organization, check this box and stop he	re					n 501(c)(3) 
	tion C. Computation of Public Su	· . •					^/
14	Public support percentage for 2008 (line		-			14	<u>%</u> %
15 16a	Public support percentage from 2007 Sci 33% % support test—2008. If the organization qualification than the companies to the property of the companies of the companies to the companies of the c	zation did not d	check the box o	on line 13, and	line 14 is 33% 9	% or more, che	ck this box
b	and stop here. The organization qualifies 33% % support test—2007. If the organization are	zation did not d	heck a box on	line 13 or 16a,	and line 15 is	33½ % or more,	check this
17a	box and stop here. The organization qua 10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstant"	08. If the organ	ization did not d nstances" test,	check a box on check this box	line 13, 16a, or and stop here.	16b, and line 1- Explain in Part	4 is 10% or IV how the
	10%-facts-and-circumstances test-2007 more, and if the organization meets the "facts-and-circumstant organization meets the "facts-and-circumstant organization meets the "facts-and-circumstant organization meets the "facts-and-circumstant organization	acts-and-circum inces" test. The	istances" test, c organization qua	heck this box a diffes as a public	and <b>stop here.</b> dy supported or	Explain in Part ganization	IV how the
1 Q	Private foundation If the organization did	not chack a ba	v an lina 12 16	a 165 17a or 1	17h chock thic	hay and eas inci	tructione 🐎

Complete only if you checked the box on line 9 of Part I.)

	(Oompiete only if you offcome	ACCEPTED BOOK OF	11 1810 0 01 1 0	41 1 1 1 1 1	****				_
	tion A. Public Support	harman manara manara manara manara manara ma	ergan anne versione en avere		***************************************				
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							······································	<b></b>
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							19 PH PROPOSITION AND AND AND TO LAND SAN	
5	The value of services or facilities furnished by a governmental unit to the organization without charge	MA miles in November 1 and 1 a						TTT TOTAL OLD COMMISSION COLON STORE	
6	Total. Add lines 1-5		-			ļ		·	
	Amounts included on lines 1, 2, and 3 received from disqualified persons .							En 1; h Million de Malde de de la combactica de Million de Andréa de Million de La Combactica de Andréa de Million de Mil	
d	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000								
c	Add lines 7a and 7b					ļ		***************************************	
8	Public support (Subtract line 7c from line 6.)								_
	tion B. Total Support	paroesan manus pamanasan mananasan mananasan mananasan mananasan mananasan mananasan mananasan mananasan manana		·		·γ			
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total	
9 10a	Amounts from line 6	1141419 # 1741414 11414 11414 11414 11414 11414							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			Anna and a street					,
с 11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								,,,,
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
13	Total support. (Add lines 9, 10c, 11,	·				1			
14	First five years. If the Form 990 is for toganization, check this box and stop I			nd, third, fourth	•			, , , , , , , , , , , , , , , , , , ,	
Sec	tion C. Computation of Public Sur			· · · · · · · ·			<u> </u>		-
15 16	Public support percentage for 2008 (line Public support percentage from 2007 S	e 8, column (f	) divided by lin		(f))	15 16		% %	-
	tion D. Computation of Investmen			· · · · · · · · · · · · · · · · · · ·		1. 19. L	Tell-117eto11electo1ele		.,
17	Investment income percentage for 2008			d by line 13. co	olumn (f)) .	17		%	
18	Investment income percentage from 20			-		18		%	
19a	33½ % support tests—2008. If the orga 17 is not more than 33½ %, check this bo	anization did n	ot check the b	ox on line 14, a					)
b	331/3 % support tests—2007. If the organiline 18 is not more than 331/3 %, check this	ization did not	check a box or	line 14 or line	19a, and line 1	6 is mo	re than 3	33½ %, and	
20	Private foundation, if the organization	-	_				_		

ParkIV	form 990 or 990-EZ) 2008  Supplemental Information. Complete this part to provide the explanation required by	Page 4
	Supplemental Information. Complete this part to provide the explanation required by Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see	instructions)
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None		
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	** ** ** ** ** ** ** ** ** ** ** ** **	

Statement 1: Reasonable Cause Explanations

Statement 2 : Other Expenses Schedule

Statement 3 : Officers, Directors, Trustees and Key Employees Compensation

Statement 1 TENNESSEE VOLUNTEER LAWYERS FOR THE ARTS
Form: 990-EZ 20-3255129

Form: 990-EZ Page: 1 Line Number:

ReasonableCauseExplanation

Reasonal	ble Cause	Expl	lanat	ions
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#### Explanation

The IRS accepted a Form 8868 (Request for Extension) for this filing per Notice Number CP211A, dated June 1, 2009.

#### Statement 2

#### TENNESSEE VOLUNTEER LAWYERS FOR THE ARTS

Form: 990-EZ 20-3255129

Page: 1

Line Number: Part I Line 16 OtherExpensesSchedule2

#### Other Expenses Schedule

Description	Amount
Marketing	\$1,695
Professional and General Liability Insurance	\$1,054
Miscellaneous	\$1,942
Total:	\$4,691

## TENNESSEE VOLUNTEER LAWYERS FOR THE ARTS 20-3255129

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Line Number: Part IV
OfficersDirectorsEtcStatement

#### Officers, Directors, Trustees and Key Employees Compensation

Name	Title and Hrs	Compensation	Benefits	Expense
Thor Urness 1600 Division Street Suite 700 Nashville, TN 37203	Board Member 5	\$0	\$0	\$0
Michael Milom 3310 West End Ave Suite 610 Nashville, TN 37203	Board Member 5	\$0	\$0	\$0
Robert Spessard 2120 8th Ave S Nashville, TN 37204	Chairman 10	\$0	\$0	\$0
Carolyn Schott 211 Commerce St Suite 1000 Nashville, TN 37201	Board Member 5	\$0	\$0	\$0
Casey Gill Summar 1500 South St Nashville, TN 37212-2431	Exec Director/CEO 50	\$60,000	\$0	\$0
Michael Bressman 131 21st Ave S Nashville, TN 37203	Secretary 5	\$0	\$0	\$0
Robert Sullivan 1906 Acklen Ave Nashville, TN 37212	Board Member 5	\$0	\$0	\$0
Vaniese Tucker 111 10th Ave S Suite 400 Nashville, TN 37203	Board Member 5	\$0	\$0	\$0
Sharon Reavis 101 Winners Circle Brentwood, TN 37027	Board Member 5	\$0	\$0	\$0
Nancy VanReece 161 Rains Avenue Nashville, TN 37203	Board Member 5	\$0	\$0	\$0
Total:		\$60,000	\$0	\$0