Form 990-EZ

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, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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. ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

_	Tau Ales	2006	ar year, or tax year beginning 1/1/2006, and ending	12/31/	2005	
				·		
T T	Check if at	1	Please C Name of organization use IRS		yer ident	ification number
닏	Address o	-	label or Tennessee Volunteer Lawyers for the Arts	20		3255129
닠	Name cha	- 1	print or Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Teleph	none nun	nber
	Initial retu		type. See 1130 8th Ave S	(615	.)	312-7224
님	Final retur Amended	li i	Specific City or town, state or country, and 7IP + 4	F Group	Evennt	ion
님		on pending	Instruc-	• .	er	
므			tions. Nashville, TN 37203-4724	<u> </u>		
	 Section 	ion 501 (c)(3) (-			Z Cash Accrual
			a completed Schedule A (Form 990 or 990-EZ). Othe	r (specify)	<u> </u>	
			H Chec	x ► 🔲	if the or	ganization
i	Websit	te: ► www	.tnvla.org is no	t required		-
				•		990-EZ, or 990-PF).
_			1.50x 5xx, 5xx, 5xx, 6xx, 6xx, 6xx, 6xx, 6xx		<u>_</u>	
			anization is not a section 509(a)(3) supporting organization and its gross receipts are no	rmally not i	more tha	n \$25,000. A retu m is
			e organization chooses to file a return, be sure to file a complete return.			
<u>L</u>	Add line		7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form		▶ \$	33,010
P	art I	Revenue,	Expenses, and Changes in Net Assets or Fund Balances (See page	ge 47 of	the ins	tructions.)
	1		ns, gifts, grants, and similar amounts received		1	33,010
	Į.				2	0
	2	•	ervice revenue including government fees and contracts		3	0
	3		ip dues and assessments			
	4	Investment	income		4	0
	5a	Gross amo	ount from sale of assets other than inventory 5a	0	15 GV 2-254	
	b		or other basis and sales expenses	0		
	1		ss) from sale of assets other than inventory (line 5a less line 5b) (attach sched	dule)	5c	0
<u>e</u>						
ᇎ	6	Special eve	ents and activities (attach schedule). If any amount is from gaming, check here			
Revenue	a	Gross reve	nue (not including \$ 0 of contributions	•		
ď		reported o	n line 1) <u>6a</u>	0		
	b	Less: direc	t expenses other than fundraising expenses 6b	0		
			e or (loss) from special events and activities (line 6a less line 6b)		6c	0
	7a		s of inventory, less returns and allowances	0	and the second	
	1 .		of inventory, less seturis and anowarious	0	27.15	
	b			<u>-</u>	70	0
	1	•	it or (loss) from sales of inventory (line 7a less line 7b)		7c	
	8		nue (describe ►		8	0
_	9	Total reve	nue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<u></u> ►	9	33,010
	10	Grants and	d similar amounts paid (attach schedule)		10	
	11		aid to or for members		11	0
G	1	•			12	21,064
enses	12		ther compensation, and employee benefits		13	0
en			al fees and other payments to independent contractors			<u>_</u>
Exp		-	y, rent, utilities, and maintenance		14	4,177
ш	15		ublications, postage, and shipping		15	431
	16		enses (describe See Statement 1)	16	1,592
	17	Total exp	enses (add lines 10 through 16)	_, , ▶	17	27,264
-,,	18		(deficit) for the year (line 9 less line 17)		18	5,746
Net Assets	10				983	
S.	19		s or fund balances at beginning of year (from line 27, column (A)) (must ag		40	0
۷		end-of-yea	ar figure reported on prior year's return)		19	
ā	20		nges in net assets or fund balances (attach explanation)		20	
_	21		or fund balances at end of year (combine lines 18 through 20)		21	5,746
E	art II	Balance	Sheets-If Total assets on line 25, column (B) are \$250,000 or more, file Fo	rm 990 in	stead o	f Form 990-EZ.
			(See page 51 of the instructions.)	eginning of	year	(B) End of year
^	0 0	ah aquinas	(Occ page of the monactions.)		0 22	5,746
2			and investments		0 23	0,7.45
2			ngs		0 24	0
2		•	escribe			
2	5 Tot	tal assets .			0 25	5,746
2	6 Tot	tal liabilities	(describe ►)	· · ·	0 26	0
2	7 Net	t assets or	fund balances (line 27 of column (B) must agree with line 21)		0 27	5,746

Pa	t III Statement of Program Service Accom	plishments (See page 51	of the instruction	ns.)		Expens	ses	
Wha	t is the organization's primary exempt purpose?	Provide legal services and	education to the	arts commi	(Rea	uired for (4) orga		
Des	ribe what was achieved in carrying out the organiz	ation's exempt purposes. In	a clear and conc	ise manner,	and	4947(z)(1) trus 	sts;
	ribe the services provided, the number of persons be	nefited, or other relevant info	rmation for each p	rogram title.	optio	nal for c	thers.	}
28	See Statement 2							
-								
-					00		22	045
	Grants \$) If this amount incl				28a			,045
	Grants \$) If this amount incl				29a			
					230			
30 .								
	Grants \$) If this amount inc	ludes foreign grants, check	here	. ▶ □	30a			
	Other program services (attach schedule)							
	Grants \$) If this amount inc				31a			
32	Total program service expenses (add lines 28a t	hrough 31a)		▶	32		22	,045
	rt IV List of Officers, Directors, Trustees, and Key	Employees (List each one eve	n if not compensate	d. See page 5		e instruc	tions.)
	(A) Name and address	(B) Title and average hours per week	(C) Compensation (If not paid,	(D) Contribution (D) Co	ons to plans &		Expense ount an	
		devoted to position	enter -0)	deferred compe			illowan	
Se	Statement 3	-						
				ļ				
		-						
		<u> </u>						
		-						
		-						
Pa	rt V Other Information (Note the stateme	nt requirement in Genera	al Instruction V.)	J		1	Yes	No
				h = d=4=1=d				
33	Did the organization engage in any activity not p description of each activity	· · · · · · · · · · · ·	·			33		1
34	Were any changes made to the organizing or go							
54		· · · · · · · · · · · · · · · · · · ·	•			34		1
35	If the organization had income from business activities,						- To	
-	reported on Form 990-T, attach a statement explaining	•		•		7 (44)		
a	Did the organization have unrelated business gro				and			
	proxy tax requirements?					35a		1
ŀ	If "Yes," has it filed a tax return on Form 990-T	for this year?				35b		
36	Was there a liquidation, dissolution, termination,				ch a	26		,
	statement.)					36	1,434	
	Enter amount of political expenditures, direct or in					37b		1
	Did the organization file Form 1120-POL for this	·				370		to an
388	Did the organization borrow from, or make any lo					38a	a. lada (14. 1	V
	any such loans made in a prior year and still unp	·	- 1	l l		300	(4.1), (45.4)	Ayora, Po
r	If "Yes," attach the schedule specified in the lin involved		er the amount 38	Bb		o		
39	involved							
	Initiation fees and capital contributions included	on line 9						
	Gross receipts, included on line 9, for public use		39					

Part	V	Other Information (Note the statement requirement in Ge	eneral instruc	tion V.) (Conti	nued)			
40a :	501(c) section	(3) organizations. Enter amount of tax imposed on the organization 4911 ►0; section 4912 ►0	on during the y . ; section 495	rear under: i5 ▶	0	5	7	Na
b	<i>501(c)(</i> year o	3) and (4) organizations. Did the organization engage in any section 4 r did it become aware of an excess benefit transaction from a prior y	958 excess ber year? If "Yes," a	iefit transaction (attach an explan	during the ation	40b	Yes	NO V
	the ye	amount of tax imposed on organization managers or disqualified ar under sections 4912, 4955, and 4958		. ▶				
đ	Enter	amount of tax on line 40c reimbursed by the organization		. •			1	
е.	All org	ganizations. At any time during the tax year, was the organization	a party to a p	rohibited tax sh	nelter			
	transa					40e		
		e states with which a copy of this return is filed. ► TN						
42a	The b	ooks are in care of ► Casey Gill		. Telephone n	U. F	15-312-		<u> </u>
	Locate	ed at ► 1130 8th Ave S, Nashville, TN		ZIP + 4		37203-4	724	
c 43	over a account f "Yes See the At any If "Yes Section	witime during the calendar year, did the organization have an integration for the foreign country (such as a bank account int)? s," enter the name of the foreign country: ne instructions for exceptions and filing requirements for Form They time during the calendar year, did the organization maintain ans," enter the name of the foreign country: on 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lies the the amount of tax-exempt interest received or accrued during Under penalties of perjury, I declare that I have examined this return, including a	D F 90-22.1. office outside out of Form 104 ng the tax year	of the U.S.?	r financial	42b 42c		No ✓ ✓
Plea	1	under penalties of perjury, I declare that I have examined this return, including a and belief, it is true, correct, and complete. Declaration of preparer (other than	officer) is based of	on all information of	nts, and to the which prepare 15/07	er has any	knov	vieage vledge.
Sign		Signature of officer		Date	701			
Here	9	Casey Gill, Executive Director						
		Type or print name and title.				-		
Paid Prens	arer's	Preparer's signature	Date	Check if self-employed ▶	Preparer's SSN	or PTIN (Se	e Gen.	inst. X)
Use (- 1	Firm's name (or yours) if self-employed),		EIN	>			
	Unity	address, and ZIP + 4 , , ,		Phone no), ▶ ()			
					F	om 990	-EZ	(2006)

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Tennessee Volunteer Lawyers for the Arts 20 3255129 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 2 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (b) Title and average hours (a) Name and address of each employee paid more (c) Compensation mployee benefit plans & account and other than \$50,000 per week devoted to position deferred compensation allowances None Total number of other employees paid over \$50,000 . 0 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for professional services ▶ 0 Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of other contractors receiving over \$50,000 for other services 0

Par	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities S (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		V
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
а	Sale, exchange, or leasing of property?		~
b	Lending of money or other extension of credit?		~
С	Furnishing of goods, services, or facilities?		~
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	~	
е	Transfer of any part of its income or assets?		~
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		~
b	Did the organization have a section 403(b) annuity plan for its employees?		~
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 3c		~
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	1	~
	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	-	V
	bid the organization make any taxable distributions under section 4500%		V
C		1	
d	Enter the total number of donor advised funds owned at the end of the tax year		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year •		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		0

Pa	đΩ	Reason for Non-Private	Foundation S	itatus (See pages 4	through 7 of	the instruct	ions.)				
l cer	tify t	hat the organization is not a privat	e foundation beca	ause it is: (Please check	only ONE app	olicable box.)					
5		A church, convention of churches,	, or association o	f churches. Section 170	(b)(1)(A)(i).						
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)									
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).									
8		A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).									
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶									
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)									
11a		An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)									
11b		A community trust, Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)									
12		An organization that normally receives: (1) more than 33%% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)									
13		An organization that is not control requirements of section 509(a)(3).					and otherwise meets the				
		☐ Type I ☐ Type II	☐Type I	II-Functionally Integrate	ed []Type III-Othe	er				
		Provide the following infor	mation about th	e supported organizati	ions. (See pag	e 7 of the inst	ructions.)				
Na	ame	(a) (s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup organiz	d) upported upporting zation's documents?	(e) Amount of support				
					Yes	No					
Tota	al .	<u> </u>	<i></i>	<u> </u>		>	0				
14		An organization organized and op	erated to test for	public safety. Section 5	509(a)(4). (See	page 7 of the	instructions.)				

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

	Too may bee the womeneet in the metreotene	10. 00/1/0/11/19 1/	5.77 676 doorba. 10	1.10 040.7 717011701	0, 40004,111	· · · ·	
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002		(e) Total
15	Gifts, grants, and contributions received. (Do						
	not include unusual grants. See line 28.).	0	0	0		0	0
16	Membership fees received	0	0	0		0	0
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose.	0	0	0		0	0
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	0	0	0		0	0
19	Net income from unrelated business activities not included in line 18	0	0	0		0	0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0		0	0
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the						
	public without charge	0	0	0		0	0
22	include gain or (loss) from sale of capital assets	. 0	0	0		0	0
23	Total of lines 15 through 22	0	0	0		0	0
24	Line 23 minus line 17	0	0	0		0	0
25	Enter 1% of line 23	0	0			0	
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	n (e) line 24	<u> </u>	26a	0
	Prepare a list for your records to show the nar governmental unit or publicly supported organizamount shown in line 26a. Do not file this list w	ne of and amoun zation) whose tota	t contributed by al gifts for 2002 th	each person (oth	er than a	26b	0
С	Total support for section 509(a)(1) test: Enter li	_				26c	0
d	Add: Amounts from column (e) for lines: 18		19				0
			26b			26d	0
e	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera					26e	
f						26f	0 %
27 b	Organizations described on line 12: a Forgerson," prepare a list for your records to show Do not file this list with your return. Enter the (2005) (2004) (2004) For any amount included in line 17 that was receishow the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year: (2005) (2004)	the name of, and e sum of such ar wed from each per year, that was mo 5 through 11b, as the larger amoun	total amounts recondunts for each year. (2003) reson (other than "core than the larger well as individuals. to described in (1)	ceived in each year, disqualified person of (1) the amount of (2), enter the s	ar from, each (2002) ss"), prepare a on line 25 for st with your r um of these o	"dis list the etur liffer	for your records to year or (2) \$5,000. n. After computing rences (the excess
С	Add: Amounts from column (e) for lines: 15 17 20					27c	***
d			ıl		• • • •	27d	
e	Public support (line 27c total minus line 27d to				ì	27e	
f	Total support for section 509(a)(2) test: Enter a						
g	Public support percentage (line 27e (numera		, ,		1	27g	%
_	Investment income percentage (line 18, cold		•	• • • • • • • • • • • • • • • • • • • •		27h	1
	Unusual Grants: For an organization describe						

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	* . .	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	makabe Listan		
32 a	Does the organization maintain the following:	32a		
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c 32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		-
f	Use of facilities?	33f 33g		
g h	Athletic programs?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		in Sec.		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		
	of Nov. 1166. 10 50, 1010 2 6.D. 501, 5010 ing taola nonalisation in 190, according to application	1 22		

Par	t VI-A Lobbying Expenditures by E (To be completed ONLY by a	lecting Public n eligible organ	Charities (See ization that file	page 10 of d Form 576	the 8)	instructio	ons.)	
Chec	ck ▶ a ☐ if the organization belongs to an affili					"limited cor	itro!"	provisions apply.
	Limits on Lobby	•				(a) Affiliated gro totals	oup	(b) To be completed for all electing
	(The term "expenditures" mea	ans amounts paid	or incurred.)			- totals		organizations
36	Total lobbying expenditures to influence public	opinion (grassro	ots lobbying) .		6			
37	Total lobbying expenditures to influence a leg			• • • -	37			
38	Total lobbying expenditures (add lines 36 and	37)		· · · ⊢	88			
39	Other exempt purpose expenditures				9			
40	Total exempt purpose expenditures (add lines	38 and 39) , ,		4	10		_	The state of the s
41	Lobbying nontaxable amount. Enter the amou	nt from the follow	ing table—	l.				
		lobbying nontaxa		I .				
	Not over \$500,000 20%] [
	Over \$500,000 but not over \$1,000,000 . \$100	•				22.0		
	Over \$1,000,000 but not over \$1,500,000 . \$175			00,000	11	y Jestinia. Tur		Structure of the second
	Over \$1,500,000 but not over \$17,000,000. \$225			1 1:0				
		00,000		• • •	تكاد وأورد			
42	Grassroots nontaxable amount (enter 25% of			• • •	12			
43	Subtract line 42 from line 36. Enter -0- if line			· · · ⊢	13			
44	Subtract line 41 from line 38. Enter -0- if line	41 is more than lir	ne 38	4	14	Arab Maria da S		
	Caution: If there is an amount on either line 4	3 or line 44 your	must file Form 47	20			보위이 선 14 10 개발	
								최고원(대통령 1원 V - 포스크)
	4-Year Av (Some organizations that made a secti	veraging Perion on 501(h) election			f the t	five colum	ns be	elow.
	See the instructions	for lines 45 through	gh 50 on page 13	of the instruc	ctions)		
		Lob	bying Expenditu	res During 4	-Year	Averagin	ıg Pe	eriod
		1						
	Calendar year (or	(a)	(b)	(c)		(d)		(e)
	Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004		(d) 2003		(e) Total
45	- ·		1 ' '	` '				
45	fiscal year beginning in) ► Lobbying nontaxable amount		1 ' '	` '				
45 46	fiscal year beginning in) ▶	2006	1 ' '	` '				
	fiscal year beginning in) ► Lobbying nontaxable amount	2006	1 ' '	` '				
46 47	fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures	2006	1 ' '	` '				
46	fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e))	2006	1 ' '	` '				
46 47	fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures	2006	1 ' '	` '				
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Schedule	A (Form 990 or 990-EZ)	2006					Page 7		
Part \		n Regarding Tr ganizations (See	ransfers To and Transace page 13 of the instruction	ctions and	Relationships	With Non	charitable		
			indirectly engage in any of the 1(c)(3) organizations) or in sections				ed in section		
	` '		to a noncharitable exempt orga		9 ,		Yes No		
			to a monocialitation and inperiorga	anzanon on		51a(i) /		
	ii) Other assets .					a(ii)	V		
•	ther transactions:								
		ies of assets with a	noncharitable exempt organiza	tion		b(i)	1		
	(ii) Purchases of assets from a noncharitable exempt organization								
-	•		er assets			b(iii)	V		
	-	• •				b(iv)	V		
•						b(v)	V		
	-		ship or fundraising solicitations			b(vi)	V		
-	•		sts, other assets, or paid emplo	vees		С	V		
d lf g	the answer to any of oods, other assets, o	the above is "Yes," or services given by	complete the following schedule the reporting organization. If t column (d) the value of the good	. Column (b) sh he organization	received less that	an fair market			
(a) Line no	(b) Amount involved	Name of nonc	(c) haritable exempt organization	Description of	(d) f transfers, transaction	ns, and sharing a	rrangements		
_									
									
			_						
d		501(c) of the Code (affiliated with, or related to, or other than section 501(c)(3)) or :				es 🗹 No		
	(a) Name of organ	ization	(b) Type of organization		(c) Description of re	elationship			
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			l .	1					

Statement 1 Form: 990 EZ Page: 1 Part: I

Question: 16

Tennessee Volunteer Lawyers for the Arts 20-3255129

Attachment listing other expenses for Part II

Description	Total:	Pgm Services	Mgt and General	Fundrasing
Professional Liability Insurance	\$718.00			
Office Supplies	\$324.00			
Website	\$550.00			
Total:	\$1,592.00			

Statement 2 Form: 990 EZ Page: 2 Part III

Question:

Tennessee Volunteer Lawyers for the Arts 20-3255129

Program Services

Achievement

Legal & Judicial Services Programs, General/Other. Provided free legal services to low-income artists and nonprofit arts organizations in Tennessee. Presented educational programming on numerous arts law and business matters. Created and provided a resource library, website, publications and other educational tools for the arts community. (50000 Clients, their members and audiences)

Grants and Allocations:

\$0.00 This amount includes foreign grants: N/A

Total:

\$22,045.00

Tennessee Volunteer Lawyers for the Arts 20-3255129

Statement 3 Form: 990 EZ Page: 2 Part: IV Question:

Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Hrs	Comp.	Benefits	Expenses
Casey Gill 1500 South St Nashville, TN 37212-2431 United States	Exec Director/CEO	50	\$20,000.00	\$0.00	\$0.00
Robert Spessard 1910 21st Ave S Nashville, TN 37212 United States	Chairman	2	\$0.00	\$0.00	\$0.00
James Cheek 1700 Hayes St Suite 304 Nashville, TN 37203 United States	Treasurer	1	\$0.00	\$0.00	\$0.00
Michael Bressman 131 21st Ave S Nashville, TN 37203 United States	Secretary	1	\$0.00	\$0.00	\$0.00
Michael Aurbach 2700 Hawthorne Place Nashville, TN 37212 United States	Board Member	1	\$0.00	\$0.00	\$0.00
David Bennett 312 8th Ave N 9th FI Nashville, TN 37243 United States	Board Member	1	\$0.00	\$0.00	\$0.00
Hank Adam Locklin 1 Music Circle S Nashville, TN 37203 United States	Board Member	1	\$0.00	\$0.00	\$0.00
Michael Milom 29 Music Square E Nashville, TN 37203 United States	Board Member		\$0.00	\$0.00	\$0.00
Robert Sullivan 1906 Acklen Ave Nashville, TN 37212 United States	Board Member	1	\$0.00	\$0.00	\$0.00
Vaniese Tucker 111 10th Ave S Suite 400	Board Member	1	\$C.00	\$0.00	\$0.00

Name and Address Nashville, TN 37203	Title	Hrs	Comp.	Benefits	Expenses
United States					
TOTALS			\$20,000.00	20.00	
			\$20,000.00	\$0.00	\$0.00