Return or Organization Exempt From ...come Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury ► The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service

Open to Public Inspection

OMB No. 1545-0047

A F	or the 20	04 calendar year, or tax year beginning	a	nd en	ding				
В	heck if	Please C Name of organization				D Em	oloyer ide	ntification number	
d		use IRS LEGAL AID SOCIETY OF	MIDDLE TENNES	SSE	E	_			
	Address	label or print or AND THE CUMBERLANDS				 		00756	
<u> </u>	□Name □change □Initial	type. Number and street (or P.O. box if mail is no	ot delivered to street address)		Room/suite		phone nu		
<u>_</u>	return	specific 300 DEADERICK STREET						14-6610	
	Final return Amended	tions. City or town, state or country, and ZIP + 4					unting method Other (specify)	: Cash X Accrual	
<u> </u>	⊥lreturn ∏Appliৣcatio		1) nonexempt charitable trusts	; T	Hand lare not ann			n 527 organizations.	
L	_Jpending	must attach a completed Schedule A (Form 99			H(a) Is this a group				
G V	Vehsite: 1	►WWW.LAS.ORG			H(b) If "Yes," enter no				
		ion type (check only one) \triangleright X 501(c) (3)	t no.) 4947(a)(1) or	527	H(c) Are all affiliates	include		A Yes No	
-		e 🕨 🔲 if the organization's gross receipts are norm		ne	(If "No," attach a H(d) Is this a separat	ı list.)	n filad hy a	n or-	
c	rganizatio	on need not file a return with the IRS; but if the organiza	ition received a Form 990 Pack	age	ganization cove	red by	a group ru	ling? Yes X No	
i	n the mail	, it should file a return without financial data. Some sta t	tes require a complete return.		I Group Exemption	on Num	ber ►		
								n is not required to attach	
A		eipts: Add lines 6b, 8b, 9b, and 10b to line 12	5,407,043		Sch. B (Form 9	90, 990	-EZ, or 99	0-PF).	
Pa	1	Revenue, Expenses, and Changes in		Bala	nces		10000000000		
	1	Contributions, gifts, grants, and similar amounts receiv	1	i	2 114 6				
		Direct public support		1a	3,114,6				
	1	Indirect public support		1b	205,4				
	C	Government contributions (grants)	70.706	1 c	2,058,6		[F 270 706	
		Total (add lines 1a through 1c) (cash \$ 5, 3					1d 2	5,378,786.	
	1		ice revenue including government fees and contracts (from Part VII, line 93)						
	1		nbership dues and assessments						
			ings and temporary cash investments interest from securities						
	5		1	- 1		•••••	5		
		Gross rents		6a					
	1	Less: rental expenses		6b			6c		
	1		me or (loss) (subtract line 6b from line 6a)						
e		Other investment income (describe	(*) 0 '''		(B) OII)	7		
Revenue	1	Gross amount from sales of assets other	(A) Securities		(B) Other				
Re	1	than inventory		8a					
	1	Less: cost or other basis and sales expenses		8b 8c					
	1	Gain or (loss) (attach schedule)	211				04		
	1	Net gain or (loss) (combine line 8c, columns (A) and (E Special events and activities (attach schedule). If any a					8d		
	1	Gross revenue (not including \$		1616					
	1	reported on line 1a)		9a					
		Less: direct expenses other than fundraising expenses		9b					
	1	Net income or (loss) from special events (subtract line					9c		
	1	Gross sales of inventory, less returns and allowances		10a					
	1	Less: cost of goods sold							
		Gross profit or (loss) from sales of inventory (attach so			10a)		10c		
	1	Other revenue (from Part VII, line 103)					11	17,909.	
	1	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1)					12	5,407,043.	
		Program services (from line 44, column (B))					13	4,637,762.	
ses		Management and general (from line 44, column (C))					14	601,891.	
Expenses	1						15	97,914.	
EXT	1	Payments to affiliates (attach schedule)							
		Total expenses (add lines 16 and 44, column (A))					17	5,337,567.	
	18	Excess or (deficit) for the year (subtract line 17 from lin	ne 12)				18	69,476.	
Net ssets		Net assets or fund balances at beginning of year (from					19	1,646,325.	
Ass		Other changes in net assets or fund balances (attach e					20	0.	
4000		Net assets or fund balances at end of year (combine lin	ies 18, 19, and 20)				21	1,715,801.	
4230 01-1	001 3-05 L	.HA For Privacy Act and Paperwork Reduction Act	Notice, see the separate instru	iction	S .			Form 990 (2004)	

P	art II Statement of A § Functional Expenses and (4) orga	ions must complete colum nizations and section 4947	(a)(1) nonexempt charitable	e trusts but optional for othe	1 501(c)(3) Page 2 ers.
	Do not include amounts reported on line	1	(A) Total	(B) Program	(C) Management	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of Part I.		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	services	and general	
22	Grants and allocations (attach schedule)	22				
22	(cash \$noncash \$ Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25	84,375.	67,500.	15,188.	1,687.
26	Other salaries and wages	26	3,242,858.	2,873,086.	310,170.	59,602.
27		27	141,800.	127,620.	11,344.	2,836.
28	Other employee benefits	28	381,308.	345,752.	30,360.	5,196.
29	Payroll taxes	29	243,868.	214,965.	24,294.	4,609.
30	Professional fundraising fees	30				
	Accounting fees	31				
	Legal fees	32				
33	Supplies	33	149,614.	95,434.	50,058.	4,122.
34	Telephone	34	102,732.	80,522.	22,185.	25.
35	Postage and shipping	35	49,355.	39,321.	5,156.	4,878.
36	Occupancy	36	308,086.	235,957.	71,879.	250.
37	Equipment rental and maintenance	37	62,019.	53,044.	8,497.	478.
38	Printing and publications	38	107,784.	92,958.	4,202.	10,624.
39	Travel	39	108,790.	101,811.	6,695.	284.
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	57 , 135.	57,135.		
43	Other expenses not covered above (itemize):					
â		43a				
t)	43b				
C		43c				
(1	43d	0.5.010		41.050	2 202
E	SEE STATEMENT 2	43e	297,843.	252,657.	41,863.	3,323.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.		5,337,567.	4,637,762.	601,891.	97,914.
	nt Costs. Check ► ☐ if you are following SOP 98					¬, ¬,
Are	any joint costs from a combined educational campai	gn and	d fundraising solicitation re	ported in (B) Program serv	ces?	Yes A No
	Yes," enter (i) the aggregate amount of these joint co					,
(111	the amount allocated to Management and general \$ art Statement of Program Servi	<u>ςο Λ</u>		(iv) the amount allocated to	Fundraising \$	
	at is the organization's primary exempt purpose?			3		
VVI	at is the organization's primary exempt purpose?		SE STATEMENT	<u> </u>		Program Service
All	organizations must describe their exempt purpose achievemen	ts in a c	lear and concise manner. State	the number of clients served, pu	iblications issued, etc. Discuss	Expenses
	ievements that are not measurable. (Section 501(c)(3) and (4) or cations to others.)	ganizat	ions and 4947(a)(1) nonexempt	charitable trusts must also enter	the amount of grants and	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	OPE OF THE A	<u> </u>				,
_					to the first tell to	
			W. W.			
			(Grants and allocations \$)	4,637,762.
b						
			(Grants and allocations \$)	
С						
			/	Grants and allocations \$)	
d						
d						
d						
d			(Grants and allocations \$.)	
	Other program services (attach schedule)		(Grants and allocations \$)	4 607 760
e f	Other program services (attach schedule)	line 44	(Grants and allocations \$)	4,637,762. Form 990 (2004)

Form 990 (2004)

Part IV Balance Sheets (B) Note: Where required, attached schedules and amounts within the description column (A) should be for end-of-year amounts only. Beginning of year End of year 506,618. 573,433. 45 Cash - non-interest-bearing 446,013. 448,425. 46 46 Savings and temporary cash investments 54,110. 47 a Accounts receivable 47a 16,372. 54,110. b Less: allowance for doubtful accounts 47c 47b 280,981. 48 a Pledges receivable 48a 236,860. 280,981. 48c b Less: allowance for doubtful accounts 48b 398,636. 290,032. 49 Grants receivable 49 50 Receivables from officers, directors, trustees, 50 and key employees 51 a Other notes and loans receivable 51a b Less: allowance for doubtful accounts 51b 51c 52 52 Inventories for sale or use 22,255. 31,665. 53 Prepaid expenses and deferred charges 54 54 Investments - securities 55 a Investments - land, buildings, and equipment: basis 55a b Less: accumulated depreciation 55b 55c 56 Investments - other 715,412. 57 a Land, buildings, and equipment: basis 57a 238,958. 527,954. 476,454. 57b 57c **b** Less: accumulated depreciation 3,289. 10,147. Other assets (describe ► CLIENT ESCROW FUNDS 58 58 2,207,036. 2,116,208. Total assets (add lines 45 through 58) (must equal line 74)..... 59 59 472,667. 460,280. 60 60 Accounts payable and accrued expenses 61 61 Grants payable 8,421. 6,314. 62 62 -iabilities 63 Loans from officers, directors, trustees, and key employees 63 64 a Tax-exempt bond liabilities 64a **b** Mortgages and other notes payable 64b Other liabilities (describe CLIENT ESCROW FUNDS 10,147. 3,289. 65 469,883. 491,235. Total liabilities (add lines 60 through 65) 66 Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74. Net Assets or Fund Balances 1,331,103. 1,296,793. 67 67 Unrestricted 315,222. 419,008. 68 Temporarily restricted 69 Permanently restricted Organizations that do not follow SFAS 117, check here and complete lines 70 Capital stock, trust principal, or current funds 70 71 71 Paid-in or capital surplus, or land, building, and equipment fund 72 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; 1,715,801. 1,646,325. 73 column (A) must equal line 19; column (B) must equal line 21) 2,116,208. 2,207,036. Total liabilities and net assets / fund balances (add lines 66 and 73) 74

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

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule.

Yes X No

Form **990** (2004)

AND THE CUMBERLANDS

Form	990 (2004) AND THE CUMBERLANDS 62-080	0756		Page 5
Pai	t VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?			X
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
	If "Yes," attach a statement			
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,			
00 u	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		Х
h	If "Yes," enter the name of the organization			
, ,	and check whether it is exempt or nonexempt			
R1 a	Enter direct or indirect political expenditures. See line 81 instructions 81 a 0	F00000000000		
b	Did the organization file Form 1120-POL for this year?		***********	X
82 a	Did the organization need to the receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than	015		
OL a	fair rental value?	82a	X	
h	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an	OLU		
n	expense in Part II. (See instructions in Part III.)			
83 2	Did the organization comply with the public inspection requirements for returns and exemption applications?	1	Х	000000000000000000000000000000000000000
oo a b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A			
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not	U Tu		
b	tax deductible?	84b	***********	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
D	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax	000		
	owed for the prior year.			
C	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures 85d N/A	_		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	-		
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	-		
a	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		20000000000
-	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues	Jog		
"	allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A	0011		
	Gross receipts, included on line 12, for public use of club facilities 86b N/A	-		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A	-		
b b	Gross income from other sources. (Do not net amounts due or paid to other sources	-		
	against amounts due or received from them.) 87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,		1	
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
	If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ►			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	-		
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?		1	
	If "Yes," attach a statement explaining each transaction	89b		X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed TENNESSEE			
b	Number of employees employed in the pay period that includes March 12, 2004 90b			84
91	The books are in care of ► ASHLEY WILTSHIRE Telephone no. ► 615-2	44 - 6	610	!
	Located at ► 300 DEADERICK STREET, NASHVILLE, TN ZIP+4 ►	3720) 1	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here			
4000	and enter the amount of tax-exempt interest received or accrued during the tax year 92	<u>N</u> /		·055
42304	I 05	Fo	rm 990	(2004)

Form 990 (2004)

Part VI	Analysis of Income-	Producing <i>A</i>			instructions.)		
Note: En	ter gross amounts unless other	vise		ted business income		ded by section 512, 513, or 514	(E)
indicated			(A)	(B)	(C) Exclu-	(D)	Related or exempt
93 Progr	ram service revenue:		Business code	Amount	sion	Amount	function income
•							
-							
е							
	care/Medicaid payments						
•	and contracts from government age						
94 Mem	bership dues and assessments					10 040	
95 Intere	est on savings and temporary cash	investments			14	10,348.	
96 Divid	ends and interest from securities						
97 Net re	ental income or (loss) from real esta	ate:					
a debt-	financed property						
	ebt-financed property						
	ental income or (loss) from persona						
	r investment income						
	or (loss) from sales of assets						
	than inventory						
	ncome or (loss) from special events						
	s profit or (loss) from sales of inven	itory					
	r revenue:						17 000
a MI	SCELLANEOUS						17,909.
b							
C							
d							
е							
	otal (add columns (B), (D), and (E))				0.	10,348.	17,909.
	I (add line 104, columns (B), (D), ar						28,257.
	e 105 plus line 1d, Part I, should						•
Dort V	Relationship of Acti	vities to the	Accomp	lishment of Ex	cempt Pu	rposes (See page 34 of th	e instructions.)
	Explain how each activity for wh						
Line No.	exempt purposes (other than by				mbutea impo	itality to the accomplishment	of the organization 5
1027	MISCELLANEOUS I	·			HE COL	IDCE OF DDOUTE	TNC TECAT
103A				TAED IN I	ne coc	ORSE OF PROVIL	TING TIEGATI
	SERVICES TO ELI	GIBLE CI	ILENTS				

Part IX	Information Regardi		Subsidia		garded E		
Name :	(A) address, and EIN of corporation,	(B) Percentage of		(C) Nature of activities	2	(D) Total income	(E) End-of-year
part	nership, or disregarded entity	ownership intere		Tractare or activities		, otal moonio	assets
			%				
	N/A		%				
			%				
			%				
Part X	Information Regardi	na Transfor		ated with Pers	onal Bon	efit Contracts (See na	ne 34 of the instructions \
							Yes X No
	the organization, during the year, re	=	-				
` '	the organization, during the year, p	,	•	•	netit contract	[?	Yes X No
Note: If	"Yes" to (b), file Form 8870 and	Form 4720 (see	e instruction	s).	uloo and ct-t-	cents, and to the heat of well-	dge and helief it is true
Please	Under penalties of perjury, I declare that correct, and complete. Declaration of p	ιτ ι nave examined th reparer (other than of	is return, includ fficer) is based o	ng accompanying sched n all information of which	uies and statem preparer has a	ients, and to the best of my knowle ny knowledge.	uge and belief, it is true,
Sign							
Here	Signature of officer			Date	Type or	print name and title.	
	Preparer's	AH		1	Date	Check if	Preparer's SSN or PTIN
Paid	signature	V \$1 A	ull	1	04/25	5/05 self- employed ► X	
Preparer's	Firm's name (or KRAFTC	PAS PLLO	:			EIN ►	
Use Only	I vours if			AD, SUITE	200	E114 P	
423161	address, and ZIP + 4 NASHVI		37228-			Dhone no	(615)242-7351
01-13-05	- TILLDII V I		J. L L U			i none no.	· / · · · · ·

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 Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2004

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization LEGAL AID SOCIETY OF MIDDLE TENNESSEE

Employer identification number 62: 0800756

AND THE CUMBERLANDS			62 08007	756
Part I Compensation of the Five Highest Paid Employ (See page 1 of the instructions. List each one. If there are none, enter	None.")	icers, Director		
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NEIL_G. MCBRIDE	GEN COUNSEL			
300 DEADERICK STREET , NASHVILLE, TN	40	80,375.	10,639.	0.
DAVID J. TARPLEY	MANG ATTRNY			
300 DEADERICK STREET , NASHVILLE, TN	40	78,500.	12,191	0.
LENNY L. CROCE	ATTORNEY			
300 DEADERICK STREET, NASHVILLE, TN	40	76,935.	12,104	0.
DAVID KOZLOWSKI	MANG ATTRNY			
300 DEADERICK STREET , NASHVILLE, TN	40	71,375.	8,368	0.
D. DRAKE HOLLIDAY	ATTORNEY			
	40	68,937.	4,245	. 0.
Total number of other employees paid over \$50,000	17			
Part II Compensation of the Five Highest Paid Independent (See page 2 of the instructions. List each one (whether individuals or the page 2) of the instructions.			al Services	
(a) Name and address of each independent contractor paid more th	an \$50,000	(b) Type of s	service	(c) Compensation
NONE				
		418.418.418.418.418.418.418.418.418.418.		
Total number of others receiving over \$50,000 for professional services	0			

	Till Statements About Activities (See page 2 of the instructions.)	1	Yes	No
	ouring the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence ublic opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	bbbying activities \$ (Must equal amounts on line 38, Part VI-A,			
	r line i of Part VI-B.)	1		X
	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.			
	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, rustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such			
	erson is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes,"			
	ttach a detailed statement explaining the transactions.)			
a	ale, exchange, or leasing of property?	2a		X
b I	ending of money or other extension of credit?	2b		X
c i	urnishing of goods, services, or facilities?	20		Х
4 1	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	Х	
				1,7
	ransfer of any part of its income or assets?	2e		X
3 a l	ou determine that recipients qualify to receive payments.)	3a	Х	
b i	ou determine that recipients qualify to receive payments.) Ou you have a section 403(b) annuity plan for your employees?	3b	X	
4 a l	olid you maintain any separate account for participating donors where donors have the right to provide advice	4a		X
	on the use or distribution of funds? On you provide credit counseling, debt management, credit repair, or debt negotiation services?			X
	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
1he (rganization is not a private foundation because it is: (Please check only ONE applicable box.) A church, convention of churches, or association of 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 1/3% 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 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). (Also complete the Support Schedule in Part IV-A.)			
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described by any disqualified persons (other than foundation managers) and supports organizations described by any disqualified persons (other than foundation managers) and supports organizations described by any disqualified persons (other than foundation managers) and supports organizations described by any disqualified persons (other than foundation managers) and supports organizations described by any disqualified persons (other than foundation managers) and supports organizations described by any disqualified persons (other than foundation managers).	ribed in	•	
	(1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).) Provide the following information about the supported organizations. (See page 5 of the instructions.)			
	(a) Name(s) of supported organization(s)		ne nur rom at	
	5		ul	
	As experientian experiend and experted to tact for public catchy. Section 500(a)/4). (See page 5 of the instructions.)			

Par	t IV-A Support Schedule (C Note: You may use the	omplete only if you che e worksheet in the instr	ecked a box on line 10 auctions for converting	, 11, or 12.) Use cast from the accrual to th	n method of accounting the cash method of acco	n g. ounting.
Calen begin	dar year (or fiscal year ning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	5,355,928.	4,610,907.	3,098,968.	2,569,967.	15,635,770.
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	13,233.	17,113.	26,055.	34,990.	91,391.
19	Net income from unrelated business					
20	activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	5,969.	42,521.	SEE STATEME 36,813.		85,303.
23	Total of lines 15 through 22	5,375,130.	4,670,541.	3,161,836.	2,604,957.	15,812,464.
24	Line 23 minus line 17	5,375,130.	4,670,541.	3,161,836.	2,604,957.	15,812,464.
25	Enter 1% of line 23	53,751.		31,618.	26,050.	
26	Organizations described on lines 1	0 or 11: a Enter 2% of	amount in column (e), lir	ne 24	► 26a	316,249.
b	Prepare a list for your records to sh		•	·	P000000000	
	unit or publicly supported organizat					0
	Do not file this list with your return					15,812,464.
C	Total support for section 509(a)(1)				▶ 26c	15,012,404.
d	Add: Amounts from column (e) for		$\frac{91,391}{85,303}$ 19 26b		26d	176,694.
_	Dublic support (line OCs minus line					15,635,770.
e f	Public support (line 26c minus line Public support percentage (line 26					98.8826%
<u>'</u> _ 27	Organizations described on line 12	2: a For amounts included	in lines 15, 16, and 17 th	nat were received from a	"disqualified person," prep	
	records to show the name of, and to					
	such amounts for each year:	N/A	•			
	(2003)					
b	For any amount included in line 17 to					
	and amount received for each year,					
	described in lines 5 through 11, as	well as individuals.) Do no	t file this list with your r	eturn. After computing t	he difference between the	amount received and
	the larger amount described in (1)					
	(2003)					
C	Add: Amounts from column (e) for	20			▶ 27c	N/A
d	Add: Line 27a total	20 <u></u> ar	nd line 27b total		27d	/-
u e	Public support (line 27c total minus	s line 27d total)				2-/-
f	Total support for section 509(a)(2)				N/A	
g	Public support percentage (lin				▶ 27g	N/A %
h	Investment income percentag			by line 27f (denomin	ator)) ► 27h	
					000 through 0000 propor	a a link familially was and a

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Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. NONE

2-0800756 Page 4	2-	6 Page 4	56	7	0 (8	-0	2
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N/A Part V Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No 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 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 31 to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? 32a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student 32c admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) 33 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 33a Admissions policies? 33b Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? 33d Educational policies? 33e Use of facilities? 33f Athletic programs? 33g h Other extracurricular activities? 33h If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

34 a Does the organization receive any financial aid or assistance from a governmental agency?

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

If you answered "Yes" to either 34a or b, please explain using an attached statement.

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

Has the organization's right to such aid ever been revoked or suspended?

Schedule A (Form 990 or 990-EZ) 2004

34a

34b

35

35

Sch	nedule A (Form 990 or 990-EZ)		SOCIETY OF I	MIDDLE	TEN		2-0800756 Page 5
5.5.5.5.5	art VI-A Lobbying E		ecting Public Char		ge 9 of		N/A
Che	eck 🕨 a 🔃 if the organiza	ation belongs to an affiliated	group. Check	▶ b	you che	ecked "a" and "limited contro	ol" provisions apply.
		mits on Lobbying E	-			(a) Affiliated group totals	(b) To be completed for ALL electing organizations
						N/A	
36	Total lobbying expenditures to	o influence public opinion (g	rassroots lobbying)		36		
37	Total lobbying expenditures to	o influence a legislative body	(direct lobbying)		37		
38					38		
39					39		
40			40				
41	Lobbying nontaxable amount	. Enter the amount from the					
	If the amount on line 40 is -	The lobbyin	g nontaxable amount is -				
	Not over \$500,000	20% of the am	nount on line 40				
	Over \$500,000 but not over \$1,000	,000 \$100,000 plus	15% of the excess over \$500,0	000			
	Over \$1,000,000 but not over \$1,50	00,000 \$175,000 plus	10% of the excess over \$1,000	,000	41		
	Over \$1,500,000 but not over \$17,0	000,000 \$225,000 plus	5% of the excess over \$1,500,0	000			
	Over \$17,000,000						
42	Grassroots nontaxable amour	nt (enter 25% of line 41)			42		
43			***************************************		43		
44	Subtract line 41 from line 38.	Enter -0- if line 41 is more th	han line 38		44		
	Caution: If there is an amo	unt on either line 43 or lir	ne 44, you must file Forn	n 4720.			
	(Some organizations that ma	Averaging Period dide a section 501(h) election tructions for lines 45 throu	n do not have to	o comp	lete all of the five columns	
			Lobbying Exp	enditures Durir	ng 4-Ye	ar Averaging Period	N/A
	lendar year (or cal year beginning in)	(a) 2004	(b) 2003	(c) 2002		(d) 2001	(e) Total
45	Lobbying nontaxable amount						0.
46	Lobbying ceiling amount						0

		Lobbying Exp	oenditures During 4-Year A	veraging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

	ing the year, did the organization attempt to influence national, state or local legislation, including any attempt to vence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
а	Volunteers		Х	
	Paid staff or management (Include compensation in expenses reported on lines c through h .)		Х	
C	Media advertisements		X	
	Mailings to members, legislators, or the public		X	
	Publications, or published or broadcast statements		X	
	Grants to other organizations for lobbying purposes		X	
	Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
İ	Total lobbying expenditures (Add lines c through h.)			0.
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

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Schedule A (Form 990 or 990-EZ) 2004

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Part		garding Transfers To and zations (See page 11 of the instr		Relationships With Noncharit	table	
50	id the reporting organization d 01(c) of the Code (other than s	irectly or indirectly engage in any of section 501(c)(3) organizations) or in	the following with any other n section 527, relating to po	•		1
a T	ransfers from the reporting or	ganization to a noncharitable exempt	organization of:		Ye	
,					51a(i)	X
					a(ii)	X
	ther transactions:				1	
					1	X
						X
						X
					h/val	X
•			X			
(vi) Performance of services or membership or fundraising solicitations						
		mailing lists, other assets, or paid er		the state of the s	<u>C</u>	X
g	oods, other assets, or services	e is Yes, complete the following scr s given by the reporting organization. nent, show in column (d) the value of	If the organization received		N/	Α
(a)	(b)		i the goods, other assets, or	(d)		
Line no.	Amount involved	Name of noncharitable exe	empt organization	Description of transfers, transactions, and	sharing arrang	ements
					· · · · · · · · · · · · · · · · · · ·	
		197				
						•
С)(3)) or in section 527?		anizations described in section 501(c) of the	Yes [X No
	(a Name of or) ganization	(b) Type of organization	(c) Description of relations	hip	

			1	1		

FOOTNOTES	STATEMENT 1
FORM 990, PART II, LINE 42 - "DEPRECIATION"	
LAND BUILDINGS AND IMPROVEMENTS OFFICE FURNITURE AND COMPUTER EQUIPMENT	83,000. 434,825. 197,587.
LESS ACCUMULATED DEPRECIATION	715,412. <238,958.>
	476,454.

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

FORM 990	OTHER	E EXPENSES		STATEMENT 2
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISING
COURT COSTS AND				
LITIGATION	55,809.	55,809.		
DUES AND FEES	30,507.	27,107.	3,145.	255.
INSURANCE PROFESSIONAL FEES	40,696.	36,813.	3,588.	295.
AND CONTRACT				
SERVICES	133,246.	102,942.	28,899.	1,405.
TRAINING	37,585.	29,986.	6,231.	-
TOTAL TO FM 990, LN 43	297,843.	252,657.	41,863.	3,323.
FORM 990 STATEMENT OF	ORGANIZATION' PART		MPT PURPOSE	STATEMENT 3

EXPLANATION

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

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE ONE

ACTIVITIES CARRIED OUT TO FULFILL THE ORGANIZATION'S MISSION TO PROVIDE LEGAL SERVICES FOR THE INDIGENT OF 48 COUNTIES IN MIDDLE TENNESSEE AND THE CUMBERLANDS. THE ORGANIZATION LEVERAGES RESOURCES BY COOPERATION AND COORDINATION WITH BAR ASSOCIATION SPONSORED PRO BONO PROGRAMS AND WITH OTHER LEGAL ASSISTANCE RESOURCES. THE ORGANIZATION PLACES A HIGH PRIORITY ON SUPPORTING THE INTEGRITY, SAFETY, AND WELL-BEING OF FAMILY BY PROVIDING ASSISTANCE WITH PRESERVING THE HOME, OBTAINING HOUSING, MAINTAINING ECONOMIC STABILITY, PREVENTING DOMESTIC VIOLENCE, OBTAINING HEALTH CARE, AND ENCOURAGING FAMILY STABILITY. DURING 2004, UTILIZING STAFF AND 491 VOLUNTEERS THAT CONTRIBUTED 13,985 LABOR HOURS, THE ORGANIZATION HANDLED 6112 CASES AND ASSISTED 5311 INDIVIDUALS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		4,637,762.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 5
PART III, LINE 3

LEGAL AID SOCIETY PROVIDES A STUDENT LOAN REPAYMENT PROGRAM FOR ATTORNEY EMPLOYEES WITH EDUCATION DEBT. WE PAY THE EMPLOYEE UP TO \$200 PER MONTH AFTER THE EMPLOYEE PAYS THE FIRST \$75 PER MONTH ON LOANS. WE REQUIRE PROOF OF PAYMENTS TO ASSURE THAT RECIPIENTS QUALIFY TO RECEIVE REPAYMENT ASSISTANCE.

SCHEDULE A	OTHER INC	S	TATEMENT 6	
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
MISCELLANEOUS	5,969.	42,521.	36,813.	0.
TOTAL TO SCHEDULE A, LINE 22	5,969.	42,521.	36,813.	0.

LEGAL AID SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERLANDS BOARD OF DIRECTORS – 2005

Seneral Sessions Court Nashville TN 3728-1317 Nashville TN 3728-1317 1000 Waterford PI Ste 200 Kingston TN 37763-2674 PO Box 777 Kingston TN 37763-0777 Kingston TN 37763-0777 Smith Hirsch Blackshear & 1 Vanlage Way Ste B105 Harris Nashville TN 37238-1528 1010 E Main St	al Sessions Court Berry & Sims Hirsch Blackshear &	eneral Sessions Court ass Berry & Sims mith Hirsch Blackshear & larris	eneral Sessions Court ass Berry & Sims mith Hirsch Blackshear & larris	eneral Sessions Court ass Berry & Sims larris larris tramer Rayson Leake	eneral Sessions Court ass Berry & Sims mith Hirsch Blackshear	eneral Sessions Courl ass Berry & Sims arris	Stokes Bartholomew Evans & Petree Evans & Petree General Sessions Co	Silles & Harbison Slokes Bartholomev Evans & Petree Evans & Petree Evans & Sessions (General Sessions (General Sessions (General Sessions (General Sessions (General Sessions (General Sessions (General Sessions (General Sessions (General Sessions (General Sessions (General Sessions (General Sessions (General Sessions (General Sessions (General Sessions (General Sessions (General Sessions (Vanderbilt Univ Clinic Stiles & Harbiso Stokes Bartholo Evans & Petree Evans & Petree General Sessio General Sessio General Sessio General Sessio	nderbilt Unic les & Hart les & Hart les & Pet	nderb nic les & ans & ass B ass B	fram land ss en		framile ass ene
shvill on the shvill of the sh	, 이번 기도 이의 귀로 이고 엄마 귀로 있	903 903 903 903 903 903 903 903 903 903	186 903 903 100 100 100 100 100 100 100 100 100 1	Muli Muli Muli Muli Muli Muli Muli Muli		70	7 8	ourt Shear &	ourt out	ourt &	shear &	Legal ns Court ims	Nk 2000 100 100 100 100 100 100 100 100 10	Legal ns Court ns Court lims
at Circle Rd le TN 37228 le TN 37228 n TN 37763 n TN 37763 aderick St S aderick St S le TN 3723 le TN 3723 alls Hill Pk ssboro TN 3	io S College St inchester TN 373 in Great Circle Rd 31 Great Circle Rd 31 Great Circle Rd 31 Great Circle Rd 31 Great Circle Rd 32 St 30 Waterford PI S 30 O Box 77 0 Box 77 0 Box 77 16 Deaderick St S 15 Deaderick St S 18 Insthulle TN 3723 18 30 Halls Hill Pk 14 Unfreesboro TN 3 17 Vanlage Way Ste 15 Vanlage Way Ste	903 E End St Apt C-1 Columbia TN 38401-3821 300 S College St Winchester TN 37398-1570 501 Great Circle Rd Ste 142 Nashville TN 37228-1317 1000 Waterford PI Ste 200 Kingston TN 37763-2674 PO Box 777 Kingston TN 37763-0777 315 Deaderick St Ste 2700 Nashville TN 37238-3001 2830 Halls Hill Pk Muffressboro TN 37130-3213 1 Vanlage Way Ste B105	185 Calvert Ridge R Westmoreland TN 3 903 E End St Apt C- Columbia TN 3840; 300 S College St Winchester TN 373 501 Great Circle Rd Nashville TN 3723; 1000 Waterford Pt S Kingston TN 37763 PO Box 777 Kingston TN 37763 90 Box 177 Kingston TN 37763 315 Deaderick St 5 Nashville TN 3723; 2830 Halls Hill Pk Murfreesboro TN 3 1 Vanlage Way Ste Nashville TN 37279	Murfreesboro TN 37 PO Box 330940 Murfreesboro TN 37 185 Calvert Ridge R Westmoreland TN 37 903 E End St Apt C- Columbia TN 3840: 300 S College St Winchester TN 37328 Mashwille TN 37228 1000 Waterford PI S Kingston TN 37763 PO Box 777 Kingston TN 37763 315 Deaderick St S Nashwille TN 37238 11 Vaniage Way Ste Murfreesboro TN 3		2	2	ourt &	ourt &	hear &	hear &	Legal ns Court ims	Legal Legal ns Court ns Court	Legal ns Court ns Court
et Circle Rd Ste 142 le TN 37228-1317 letford PI Ste 200 n TN 37763-2674 ; 777 n TN 37763-0777 aderick St Ste 2700 let TN 37238-3001 alls Hill Pk seboro TN 37130-32	io S College St inchester TN 37398-1570 inchester TN 37398-1570 inchester TN 37398-1570 inchester TN 37298-1317 ashville TN 37228-3117 boo Waterford PI Ste 200 ingston TN 37763-2674 O Box 777 ingston TN 37763-0777 ingston TN 37763-0777 15 Deaderick St Ste 2700 1ashville TN 37238-3001 B30 Halls Hill Pk B30 Halls Hill Pk	903 E End St Apt C-1 Columbia TN 38401-3821 300 S College St Winchester TN 37398-1570 501 Great Circle Rd Ste 142 Nashville TN 37228-1317 1000 Waterford PI Ste 200 Kingston TN 37763-2674 PO Box 777 Kingston TN 37763-0777 315 Deaderick St Ste 2700 Nashville TN 37238-3001 2830 Halls Hill Pk Murtreesboro TN 37130-32	185 Calvert Ridge Rd Westmoreland TN 37186-54 Westmoreland TN 37186-54 903 E End St Apt C-1 Columbia TN 38401-3821 300 S College St Winchester TN 37398-1570 501 Great Circle Rd Ste 142 Nashwille TN 37228-1317 1000 Waterford PI Ste 200 Kingston TN 37763-2674 PO Box 777 Kingston TN 37763-0777 315 Deaderick St Ste 2700 Nashville TN 37238-3001 2830 Halls Hill Pk	Murfreesboro TN 37130-5973 PO Box 330940 Murfreesboro TN 37135-0940 Murfreesboro TN 37186-540 PO Box 330940 185 Calvert Ridge Rd Westmoreland TN 37186-540 903 E End St Apt C-1 Columbia TN 38401-3821 300 S College St Winchester TN 37398-1570 501 Great Circle Rd Ste 142 Nashville TN 3728-1317 1000 Walerford PI Ste 200 Kingston TN 37763-2674 PO Box 777 Kingston TN 37763-0777 315 Deaderick St Ste 2700 Nashville TN 37238-3001 2830 Halls Hill Pk Murfreesboro TN 37130-321	Ido7 Wall St Murfreesboro TN 37130-597 PO Box 330940 Murfreesboro TN 37133-094 185 Calvert Ridge Rd Westmoreland TN 37186-54 903 E End St Apt C-1 Columbia TN 38401-3821 300 S College St Winchester TN 37398-1570 501 Great Circle Rd Ste 142 Nashville TN 3728-1317 1000 Waterford PI Ste 200 Kingston TN 37763-2674 PO Box 777 Kingston TN 37763-0777 315 Deaderick St Ste 2700 Nashville TN 37238-3001 2830 Halls Hill Pk			Ourt	ount	out 2	OUT I	Legal no Court nos Court n	Legal ns Court	ns Court ns Court
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						973 9740 940 940 940 940 940 940 940 940 940 9	973 940 940 940 940 940 940 940	9973	9973 9973 9940 940 940 940 940 940 940 940 940 94	5405	973 973 973 970 940 940 940 940 940 940 940 940 940 94	7 7 9940 9940 9940 9940 9940 9940 9940 9	973	26 26 27 27 27 27 27 27 27 27 27 27 27 27 27
615-880-3683 615-880-3 865-376-5353 865-376-1 615-742-6224 615-742-2						4 3 3 3 5 5		4 3 3 3 5 5 5		4 3 3 3 5 5				
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1241						921 368 368 241		921 921 9368 3682	562 1185 470 921 921 9368	562 1185 470 921 921 988	921 921 921 921 921	726-3073 343-6562 726-3185 259-1470 735-1921 735-1921 -967-4368 -967-4368	180-8328 126-3073 143-6562 1726-3185 259-1470 735-1921 735-1921 -967-4368 -880-3682	326-307 326-307 343-656 343-656 726-316 7259-147 735-167 735-167
682						921 368 368 241		921 921 9368	562 1185 1470 921 921 9368	562 1185 470 921 921 921	921 921 9368	931-526-3073 615-343-6562 615-726-3185 615-259-1470 615-735-1921 615-880-3682 885-376-1241	931-380-8328 931-526-3073 615-343-6562 615-726-3185 615-259-1470 615-735-1921 615-880-3682	931-526-307 931-526-307 931-526-307 931-526-307 931-526-318 615-726-318 615-735-193 615-880-36
615-880-3682	931-967-4368	931-967-4368 615-880-3682	931-967-4368	931-967-4368	931-967-4368	615-/35-1921 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	615-259-1470 615-735-1921 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	615-726-3185 615-259-1470 615-735-1921 615-735-1921 931-967-4368	615-343-6562 615-726-3185 615-259-1470 615-735-1921	615-343-6562 615-726-3185 615-259-1470 615-735-1921	931-526-3073 615-343-6562 615-726-3185 615-259-1470 615-735-1921 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9			3 3 0 0 0 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7
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																						Office
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		Hollins Wagster & Yarbrough															Directions	Healthcare Mgmt				Firm
PO Box 63 Clairfield TN 37715-0063	1012 W Forest St Lafollette TN 37766	424 Church St Ste 2200 Nashville TN 37219-2374		331 Franklin St Ste One Clarksville TN 37040-3225	McMinnville TN 37111-0869	PO Box 869B	107 College St	Shelbyville TN 37160-2715	1027 Morton St	231 Jarnigan Chapel Rd Clinton TN 37716-5796	Nashville TN 37208-1928	1720 21st Ave N	Franklin TN 37064-3291	400 Chesterfield PI	Clarksville TN 37042-4466	83 Cedar Crest Dr Apt 30	Brentwood TN 37027-5272	7101 Executive Ctr Dr Ste 160		Bloomington Spgs TN 38545-5512	3180 Edwards Ln	Address
		615-256-6666		931-647-1299			931-473-3622		931-684-8941	865-457-4106		615-244-6347		615-794-6033		931-552-9597		615-312-3031	3369(C)	1325(W)	931-525-	Phone
		615-254-4254		931-647-2850			931-473-8766							615-790-0314				615-312-4666				Fax
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	Model Valley Economic Dev Corp	Nashville Bar Assn	Five-Cty Bar Assn	Montgomery Cty Bar Assn			Warren Cty Bar Assn		S Central Human Resource Agy	Anderson Cty Comm Action Agy		Bethlehem Ctr		Williamson Cty Bar Assn		NAACP Clarksville		Nashville Bar Assn			Habitat for Humanity	Appointing Organization
	12/05	12/05	12/06	12/07			12/06		12/06	12/07		12/05		12/06		12/07		12/07			12/07	lerm