Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 2009

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

कार्कन्युरमा जीविर्धार कार्यका

	For t	he 2009 calend	dar year,	or tax year beginning	, 200	9, and endin	g			1
В	Check	if applicable:		С				D Employ	er Ident	ification Number
	Па	ddress change	Please use IRS label	TENNESSEE JUSTICE (CENTER INC.			62-1	L630	417
	1	ame change	or print or type.	301 CHARLOTTE AVEN				E Telepho		
	\boldsymbol{H}	-	Şee	NASHVILLE, TN 3720:						-0331
	\vdash	itial return	specific instruc	·				013.	-233	-0331
	Щ	ermination	tions.							
		mended return						G Gross re		
	∐ ∧	pplication pending	F Name a	and address of principal officer: $ $	GORDON BONNYM			a group returi		iliates? Yes X No
			SAME A	AS C ABOVE				affiliates incl attach a list.		tructions) Yes No
1	Tax	c-exempt statu	s X 501	(c) (3) ◄ (insert no.)	4947(a)(1) or	527	11 110,	allacii a iist.	(300 111	5800(10113)
J				STICE.ORG			H(c) Group	exemplion nu	mber P	>
ĸ		n of organization:			Other ► L	Year of Formati		·		legat domicite: TN
				7330441011	Out.	- Tour of Formac		<u> </u>	1010 01	logal dolling.co.
644.9	1			ganization's mission or most si	anificant activities:	PEMMECCEI	r THET	ידרים רים	MTEE	/TIC) CEDVEC
	•									
စ္က				ILIES ACROSS TENNES						
Activities & Governance				INCOME FAMILIES THE						
Ş	_	Check this bo		VIL CASES WHICH AFE						
Ĝ	2 3			if the organization discontinue bers of the governing body (P						20
જ	4			it voting members of the gover					4	20
ig.	-			yees (Part V, line 2a)					5	13
Š	6			eers (estimate if necessary)					6	75
Ą	7 a			ousiness revenue from Part VII					7 a	0.
				s taxable income from Form 99					7b	0.
-		not uniciated	- Ousines.	taxable income from 1 orin 55	70 1, III O C				- , ,	
	_							rior Year	00	Current Year
单	8		-	its (Part VIII, line 1h)				559,0		531,345.
ē	9	-		ue (Part VIII, line 2g)					00.	500.
Revenue	10			art VIII, column (A), lines 3, 4,				-275,3		-2,967.
-	11			III, column (A), lines 5, 6d, 8c,					57.	5,413.
	12			nes 8 through 11 (must equal				291,4	JI.	534,291.
	13			ounts paid (Part IX, column (A						
	14	Benefits paid	to or for	members (Part IX, column (A)	, line 4)					
	15	Salaries, other	er comper	nsation, employee benefits (Pa	art IX, column (A), line	es 5-10)		563,8	86.	597,447.
9	16 a	Professional:	fundraisir	ig fees (Part IX, column (A), li	ne 11e)		.			
Expenses				nses (Part IX, column (D), line			\$2000 STATES			
ជ								391,6	O A	314,915.
		•		X, column (A), lines 11a-11d,						
•	18	•		nes 13-17 (must equal Part IX				955,5		912,362.
	19	Revenue less	expense	s. Subtract line 18 from line 12	<u> 2</u>		<u>. </u>	-664,0	89.	-378,071.
8							Begir	ning of Y	ear	End of Year
Net Assots Fund Balanc	20	Total assets (Part X, li	ne 16)			. 1	,603,6	75.	1,505,611.
₹9	21	Total liabilitie	s (Part X	, line 26)					0.	0.
25	22			ances, Subtract line 21 from lin			1	,603,6	75	1,505,611.
Pä	AU				10 201111111111111111111111111111111111		·	., 000, 0	, , ,	2/000/0221
1342	, as a second							14- 45- 5-A	c 1	and the state of the
		true, correct, a	s of perjury, nd complete	I declare that I have examined this return Declaration of preparer (other than office	n, including accompanying so er) is based on all information	chequies and stat on of which prepa	ements, and erer has any	knowledge.	rmy kn	owieage and belief, it is
Ci.		M	M.	Mr. Kenson			1	T.1.	19	7 4/0
Sig He	in L	Signature	100	Merchine Jules			Da	vwv7	1 1 1	2010
ne	re			V						_
				BONNYMAN			EXEC	UTIVE I	DIRE	<u>C</u>
		Type or pr	int name and	d title.						
						Date		heck if	P	reparer's identifying number see instructions)
Pai		Oranararia		11- 2			l e	elf- mployed	X	
Pr∈		Preparer's signature	► 1	1 N CPN		7-15-1	/3		N	I/A
	er's	Firm's name (c	" FRA	SIER, DEAN & HOWARD	, PLLC	.1				
Ųs		yours if self-			STE. 550			ın ► N	/A	
On	ıy	employed), address, and		-	DIE, 930					E) 202_6E02
		ZIP + 4		HVILLE, TN 37203					(61	
				with the preparer shown above		_				X Yes No
BAA	\ Fo	Privacy Act a	ınd Papeı	work Reduction Act Notice, s	ee the separate instru	actions.		TEEA0113L	12/29	9/09 Form 990 (2009)

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Pandill Statement of Program Se			
1 Briefly describe the organization's miss	sion:		
SEE SCHEDULE O			
			
2 Did the organization undertake any sig	nificant program services during the year whi	ch were not listed on the prior	
		1 1	X No
		165	M) NO
If 'Yes,' describe these new services or			FF
3 Did the organization cease conducting,	, or make significant changes in how it condu	cts, any program services? Yes	X No
If 'Yes,' describe these changes on Sci	hedule O.		
4 Describe the exempt purpose achieven	nents for each of the organization's three larg n 4947(a)(1) trusts are required to report the	est program services by expenses. Section	501(c)(3)
and 501(c)(4) organizations and section	n 4947(a)(1) trusts are required to report the	amount of grants and allocations to others,	the total
expenses, and revenue, if any, for eac	n program service reported.		
			.,
4a (Code: Expenses \$	812,930. including grants of \$) (Revenue \$	500.)
DDOUTDED CIVIL IECAL DEDI	RESENTATION TO 440 INDIVIDUAL		
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THE ORGANIZATION ALSO REA	PRESENTED 1.1 MILLION POOR AN	D ONINGORED INDIVIDUADO IN	
	INVOLVING ACCESS TO HEALTH CA	KR' LOK DELYTFED TULOKWYTTOU	A ZEE
SCHEDULE O.			
Ab (Code: European &	including grants of \$	\ (Revenue \ S	1
4n (Code:) (Expenses \$			
Ac (Code) Expanses \$	including grants of \$) (Revenue - \$	١
→ C (Cong. 「野家の歌歌」) (Exhellse? ち	including grants or \$) (1010100 Y	
4d Other program services. (Describe in S	Schedule O.)		
(Expenses \$	including grants of \$) (Revenue \$)
4e Total program service expenses ►	812,930.		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	х	
2		2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete	9	<u>.</u>	X
10	Schedule D, Part IV	10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable.	11	Х	20072
	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.			
	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
	 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. 			
	 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 			
	 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12	X	***************************************
	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	ŀ	$\Gamma_{\mathbf{V}}$

Form 990 (2009) TENNESSEE JUSTICE CENTER INC.

Rate Value Checklist of Required Schedules (continued)

- Annahit			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		Х
248	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
١	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>	25b		_X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
;	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
I	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV			<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		<u>X</u>
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2009)

Park V Statements Regarding Other IRS Filings and Tax Compliance

Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 1a Information Returns, Enter -0- if not applicable..... 0 1b **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable...... c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? . . 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return..... 2a 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X 3 a 3b b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q.... 4a 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 account)?..... X 4a b If 'Yes,' enter the name of the foreign country: > See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... Х 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?..... 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Χ solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible?.. Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a X provided to the payor?..... **7**b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?..... c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х Form 8282?..... e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal X 7 e benefit contract?..... 7f Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.... 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?.... 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?..... 92 b Did the organization make any distribution to a donor, donor advisor, or related person?..... 91 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12...... b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.... 11 Section 501(c)(12) organizations. Enter: 11 a a Gross income from other members or shareholders..... b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)..... 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year......

Form 990 (2009)

62-1630417 Form 990 (2009) TENNESSEE JUSTICE CENTER INC. Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. **Governing Body and Management** Yes No 20 1a Enter the number of voting members of the governing body..... b Enter the number of voting members that are independent..... 1b 20 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?..... Х 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?..... 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?.... 5 Did the organization become aware during the year of a material diversion of the organization's assets?..... 6 Does the organization have members or stockholders?..... 6 X 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the Х governing body?..... X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?..... 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X b Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a 10a Does the organization have local chapters, branches, or affiliates?..... b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?..... 10b X Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?..... 11 ADescribe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O are the same X 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13...... b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Х X Х 13 Does the organization have a written whistleblower policy?..... 13 X 14 Does the organization have a written document retention and destruction policy?..... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official. SEE. SCHEDULE.Q...... Х b Other officers of key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)

Section C. Disclosures

List the states with which a copy of this Form 990 is required to be filed TN

entity during the year?.....

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

X Another's website X Upon request Own website

Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► GORDON BONNYMAN 301 CHARLOTTE AVENUE NASHVILLE TN 37201-1101 615-255-0331

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable

b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?......

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours per week		,	check Officer	a Key employee	hat app Highest employ	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization
		Individual trustee or director	Institutional trustee		tployee	Highest compensated employee				and related organizations
DAVID R. ESQUIVEL		,,		х				0.	0.	0.
CHAIRMAN CONTRULA D MODICE	1	X	-	^			-	0.	0.	0.
CYNTHIA R. WYRICK VICE-CHAIR	0.25	x		Х				o.	0.	0.
VIC ALEXANDER	0.23	<u> </u>	-		_	 		· · ·		<u></u> ,
TREASURER	0.25	х		X	ļ			0.	0.	0.
GAIL VAUGHN ASHWORTH	0.23	1 **	-		-					
PAST-CHAIR	0.25	X		x				0.	0.	0.
MARY BUFWACK	<u> </u>						_			
BOARD MEMBER	0.25	X						0.	0.	0.
REV. HENRY BLAZE	1	 								
BOARD MEMBER	0.25	X						0.	0.	0.
JIMMY KIMBALL, M.D.	1 **-*		!							
BOARD MEMBER	0.25	X						0.	0.	0.
BILL FARMER										
BOARD MEMBER	0.25	X						0.	0.	0.
BARBARA DALE HOLMES										
BOARD MEMBER	0.25	X						0.	0,	0.
NANCY FRAAS MACLEAN										
BOARD MEMBER	0.25	X						0.	0.	0.
DR. ROBERT F. MILLER		1			ŀ					
BOARD MEMBER	0.25	X	ļ					0.	0.	0.
JOSHUA WILLIAMS, PH.D.										
BOARD MEMBER	0.25	X		ŀ			i	0.	0.	0.
A. GREGORY RAMOS		-								
BOARD MEMBER	0.25	X						0.	0.	0.
DAVID CANAS										
BOARD MEMBER	0.25	X						0.	0.	0.
SANDRA ROBERTS					ŀ					
BOARD MEMBER	0.25	X	1					0.	0.	0.
MARILYN ROBINSON			1							
BOARD MEMBER	0.25	Х				<u> </u>		0.	0.	0.
ELLEN B. VERGOS										
BOARD MEMBER	0.25	X						0.	0.	0.
BAA		-	TEEA	0107	L 11	/10/09				Form 990 (2009)

Part VIII Section A. Officers, Directors, Trust	tees, F	(ey	En	ıplo	ye	es,	an	<u>d Highest Con</u>	npensated Emp	loyees (cont.)
(A)	(B)			(((D)	(E)	(F)
Name and Title	Average hours per week	Individual trust or director	S Institutional trustee	Officer		Mighest compen		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensations related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		8	ıstee			nsated				
MATTHEW A. WILTSHIRE BOARD MEMBER	0.25	х						0.	0.	0.
MS. ALEX MACKAY	0.05	v						0.	0.	0.
BOARD MEMBER DAVID L. MANNING	0.25	1				-		0.	<u> </u>	
BOARD MEMBER	0.25	Х						0.	0.	0.
G. GORDON BONNYMAN EXECUTIVE DIREC	40			х				84,968.	0.	5,100.
1 b Total				<u></u>		<i>.</i>	>	84,968.	0.	
2 Total number of individuals (including but not limite from the organization ► 0	d to the	se l	isted	d ab	ove) wh	o re	eceived more than	\$100,000 in repor	table compensation Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such i	ndividu	al								3 X
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater individual	portabl than \$1!	e co 50,0	mpe 00?	nsa ול' ו	tion 'es'	and con	d oth nple	ner compensation te Schedule J for	from such	4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sc	ompen hedule	satio <i>J for</i>	n fr suc	om ch p	any <i>ersc</i>	unr n	elate	ed organization fo	r services	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensa	ted inde	nen	den	t cor	ntra	ctor	s tha	at received more t	han \$100,000 of	
compensation from the organization.		-						1		
(A) Name and business addres	ss			··				Description		(C) Compensation
2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶		t lim	ited	to t	hos	e lis	ted	above) who receiv	ved more than	

<u>Irai</u>	it VIIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	A THE RESERVE OF THE SECOND SE			revenue	10,011.00	512, 513, or 514
ξĒ	1a Federated campaigns 1a					
OUN	b Membership dues	·				
TS,	c Fundraising events					
E SE	e Government grants (contributions) 1e					
R SIII						
PET	f All other contributions, gifts, grants, and similar amounts not included above 1 f	531,345.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	g Noncash contribns included in Ins 1a-1f: \$	5,026.	196			
	h Total. Add lines 1a-1f	The state of the s	531,345.			
PROGRAM SERVICE REVENUE	<u> </u>	Business Code 3	500.	500.		
₹EVE		0099	300.	500.		
IZE I	b					
ĚŘ	d	****				
AMS	e					
OGR	f All other program service revenue					
- K	g Total. Add lines 2a-2f	>	500.			
	3 Investment income (including dividends, in other similar amounts)	terest and	35,387.	-		35,387.
	4 Income from investment of tax-exempt bor		30,3071			
	5 Royalties	· ·				
	(i) Real	(ii) Personal	30.000			
	6a Gross Rents					Transition of the second
	b Less: rental expenses.					
	c Rental income or (loss)	>	*			
	(A) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory. 2, 526, 232.					
	b Less; cost or other basis					
	and sales expenses 2, 564, 586.				10 N 10 10 10 10 10 10 10 10 10 10 10 10 10	
	c Gain or (loss)38, 354.		20 254			-38,35 4 .
	d Net gain or (loss)		-38,354.			30,334.
핅	8a Gross income from fundraising events (not including \$					
VEN	of contributions reported on line 1c).					
88	See Part IV, line 18 a					
OTHER REVEN	b Less: direct expenses b					
_	c Net income or (loss) from fundraising ever	nts	earte a la la company			
	9a Gross income from gaming activities. See Part IV, line 19 a			Manager Front	and the contract	110
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities	s			•	
	10 a Gross sales of inventory, less returns					
	and allowancesa					
	b Less: cost of goods sold b					O RAS VERTICAL VERTICAL
	c Net income or (loss) from sales of inventor Miscellaneous Revenue	ry Business Code				ACCOUNT OF THE
	11a MISCELLANEOUS		5,413.	CONTRACTOR OF THE PROPERTY OF	Providence of the state of the	5,413.
	b					
	с					
	d All other revenue			CONTRACTOR OF THE PROPERTY OF	SAMPLY TO A TOTAL SAMPLE AND A S	######################################
	e Total. Add lines 11a-11d		5,413.			
	12 Total revenue. See instructions		534,291.	500.	0.	2,446.

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	1111	· · · · · · · · · · · · · · · · · · ·	
All other organizations must complete of	olumn (A) but are not r	required to complete columns	(B), (C), and (D).

	All other organizations must comp	nete commin (A) nut ai			
Do 1 6b, 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				<u> 1885 (1881) 2000 (1881)</u>
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	84,968.	76,472.	7,647.	849.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	406,909.	363,266.	18,914.	24,729.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	21,221.	18,971.	1,146.	1,104.
9	Other employee benefits	44,341.	39,641.	2,394.	2,306.
10	Payroll taxes	40,008.	35,767.	2,160.	2,081.
11					
	Management				
	Legal				
	: Accounting.			6,104.	
	- r			0/2021	
	Lobbying.				
	Prof fundraising svcs. See Part IV, In 17				
	Investment management fees				
	Other				
	Advertising and promotion		56,956.	3,441.	3,317.
13	Office expenses		30, 930.	3,441.	3,311.
14	Information technology				!
15	Royalties		40 725	2 501	2,486.
16	Occupancy		42,735.	2,581.	2,400.
17	Travel	4,102.	4,102.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				010
19	Conferences, conventions, and meetings	4,192.	3,748.	225.	219.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,319.	6,543.	395.	381.
	Insurance	5,692.		5,692.	
24	Other expenses, Itemize expenses not				
	covered above. (Expenses grouped together and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
	CONTRACT SERVICES	127,488.	127,488.		THE PARTY OF THE P
	PUBLIC RELATIONS	29,684.	26,716.	2,968.	
	: LITIGATION EXPENSES	9,330.	9,330.	2,3001	
			<u> </u>	3,759.	
	DUES MISCELLANGUIS	3,759. 2,385.		2,385.	
	MISCELLANEOUS	3,344.	1,195.	2,149.	
	All other expenses		812,930.	61,960.	37,472.
	Total functional expenses. Add lines 1 through 24f	912,362.	012,930.	01,300.	31,414.
26	Joint costs. Check here \(\subseteq \subseteq \subseteq \frac{1}{2} \) if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
BAA			<u> </u>	I	Form 990 (2009)

Form 990 (2009)

BAA

Balance Sheet (B) End of year (A) Beginning of year 25,240. 18,884 1 Cash — non-interest-bearing 2 52,614. Savings and temporary cash investments 595,928 2 3 Pledges and grants receivable, net Accounts receivable, net..... 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L..... 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L... 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use..... 9 Prepaid expenses and deferred charges..... 10a Land, buildings, and equipment: cost or other basis. | 10a Complete Part VI of Schedule D 12,899. 7,591. 10b 43,550. 10 c b Less: accumulated depreciation..... 1,420,166. Investments — publicly-traded securities 975,964. 11 Investments - other securities. See Part IV, line 11..... 12 Investments - program-related. See Part IV, line 11..... 13 13 14 Intangible assets Other assets. See Part IV, line 11..... 15 15 1,505,611 1,603,675 16 16 Accounts payable and accrued expenses..... 17 17 18 18 Grants payable..... Deferred revenue..... 19 19 20 Tax-exempt bond liabilities..... 20 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 22 of Schedule L..... 23 Secured mortgages and notes payable to unrelated third parties..... 23 Unsecured notes and loans payable to unrelated third parties..... 24 25 Other liabilities. Complete Part X of Schedule D...... 0. 0 26 Total liabilities. Add lines 17 through 25 X and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 1,603,675 1,505,611. 27 27 Unrestricted net assets..... 28 28 Permanently restricted net assets..... 29 29 o R Organizations that do not follow SFAS 117, check here

and complete F UND lines 30 through 34. 30 Capital stock or trust principal, or current funds..... Paid-in or capital surplus, or land, building, and equipment fund..... 31 31 32 Retained earnings, endowment, accumulated income, or other funds..... 32 1,505,611. 1,603,675. 33 Total net assets or fund balances..... 33 1,505,611. 1,603,675 34 34 Total liabilities and net assets/fund balances.....

TEEA0111L 01/30/10

Pe	Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u>X</u>
	b Were the organization's financial statements audited by an independent accountant?	2b	X	
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	За		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
BA			1 990 ((2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

/19/7/aV1) =

OMB No. 1545-0047

2009 Opento Public dispection

Department of the Treasury Internal Revenue Service

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

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

Employer identification number Name of the organization TENNESSEE JUSTICE CENTER INC. 62-1630417 Radis Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part il.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33·1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33·1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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. 11 Type II c | Type III - Functionally integrated Type III— Other h By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than controlled directly or indirectly by one or more disqualified persons other than controlled directly or indirectly by one or more disqualified persons other than controlled directly or indirectly by one or more disqualified persons other than controlled directly or indirectly by one or more disqualified persons other than controlled directly or indirectly by one or more disqualified persons other than controlled directly or indirectly by one or more disqualified persons other than controlled directly or indirectly by one or more disqualified persons other than controlled directly or indirectly by one or more disqualified persons other than controlled directly or indirectly by one or more disqualified persons other than controlled directly or indirectly by one or more disqualified persons other than controlled directly or indirectly by one or more disqualified persons other than controlled directly or indirectly by one or more disqualified persons of the controlled directly or indirectly by one or more disqualified persons of the controlled directly or indirectly by one or more disqualified persons of the controlled directly or indirectly by one or more disqualified persons of the controlled directly or indirectly by one or more disqualified persons of the controlled directly or indirectly by one or more disqualified persons of the controlled directly or indirectly by one or more disqualified persons of the controlled directly or indirectly by one or more disqualified persons of the controlled directly or indirectly by one or more disqualified persons of the controlled directly or indirectly by one or more disqualified persons of the controlled directly or indirectly by one or more disqualified persons of the controlled directly or indirectly directly or indirectly directly d If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box..... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? α Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?..... 11 g (i) 11 g (ii) a family member of a person described in (i) above?..... 11 g (iii) (iii) a 35% controlled entity of a person described in (i) or (ii) above?..... Provide the following information about the supported organizations (iv) Is the organization in col. (i) listed in your governing document? (v) Did you notify the organization in col. (i) of your support? (vi) Is the organization in col. (i) organized in the U.S.? (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vii) Amount of Support (i) Name of Supported Organization (ii) EIN Yes Νo Yes Yes No No

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 TENNESSEE JUSTICE CENTER INC. 62-1630417

Ration 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.)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	311,173.	397,302.	424,627.	559,003.	531,345.	2,223,450.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	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.
4	Total. Add lines 1-through 3	311,173.	397,302.	424,627.	559,003.	531,345.	2,223,450.
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						76,834.
	Public support. Subtract line 5 from line 4						2,146,616.
Sec	tion B. Total Support	T	- r				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	311,173.	397,302.	424,627.	559,003.	531,345.	2,223,450.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.	66,535.	67,369.	75,425.	47,134.	35,387.	291,850.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,	,				0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE PART. IV	5,352.	13,537.	6,881.	7,657.	5,413.	38,840.
11	Total support. Add lines 7 through 10						2,554,140.
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	5,600.
	First five years. If the Form 990 organization, check this box and	l stop here		d, third, fourth, o	or fifth tax year as	a section 501(c)	(3) ▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						84.0%
	Public support percentage from	•					78.3%
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the bo licly supported or	x on line 13, and ganization	the line 14 is 33	-1/3 % or more, c	heck this box ► X
ŧ	33-1/3 support test 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box of olicly supported or	on line 13, or 16a ganization	, and line 15 is 3	3-1/3% or more, o	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	est — 2009 If the o meets the 'facts-a s-and-circumstance	organization did no and-circumstances es' test. The orga	ot check a box on ' test, check this anization qualifies	line 13, 16a, or 1 box and stop her as a publicly sup	66, and line 14 is e. Explain in Part oported organizati	s 10% IV how on ▶ □
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an						
18 BAA	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17a			structions 90 or 990-EZ) 2009

Schedule A (Form 990 or 990 EZ) 2009 TENNESSEE JUSTICE CENTER INC. | Partilled | Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you ched	cked the box on li	ne 9 of Part I.)				
<u>Sec</u>	tion A. Public Support						
Caler	dar year (or fiscal yr beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Giffs, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.			W			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		a contract of the second				
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified						
t	persons. Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
	Public support (Subtract line						
•	7c from line 6.)						
			Sentencia anno management de la companya del companya del companya de la companya	Interview content and a second property of	Particular section of the section of	a language and about the property of the second	š
Sec	tion B. Total Support						
	tion B. Total Support	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9	• •	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9 10 a	Amounts from line 6	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9 10 a	Amounts from line 6	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9 10 a 1	Amounts from line 6	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9 10 a 11 12 12 13	Amounts from line 6						
Cale 9 10 a 11 12 13 14	Amounts from line 6	is for the organiz	ation's first, secon				
Cale 9 10 a 11 12 13 14 Sec	Amounts from line 6	is for the organiz stop hereblic Support P	ation's first, secon	nd, third, fourth,	or fifth tax year a	es a section 501(c	
11 12 13 14 Sec 15	Amounts from line 6	is for the organiz stop here blic Support F	ation's first, secon	nd, third, fourth,	or fifth tax year a	as a section 501(c)(3) ▶ □
Cale 9 10 a 11 12 13 14 Sec 15 16	Amounts from line 6	is for the organiz stop here blic Support P 009 (line 8, colum 2008 Schedule A,	ation's first, secondercentage n (f) divided by lir, Part III, line 15.	nd, third, fourth,	or fifth tax year a	as a section 501(c)(3) ► □
Cale 9 10 a 11 12 13 14 Sec 15 16 Sec	Amounts from line 6	is for the organiz stop here blic Support P 009 (line 8, colum 2008 Schedule A, restment Incor	ation's first, secon Percentage n (f) divided by lir , Part III, line 15. me Percentage	nd, third, fourth, ne 13, column (f)	or fifth tax year a	ns a section 501(c)(3) ► □
11 12 13 14 Sec 17 18	Amounts from line 6	is for the organiz stop here blic Support P 009 (line 8, colum 2008 Schedule A, restment Incor or 2009 (line 10c, from 2008 Schedu	ation's first, seconormal action of the second acti	nd, third, fourth, ne 13, column (f); ed by line 13, column 17	or fifth tax year a	as a section 501(c)(3)
Cale 9 10 a 11 12 13 14 Sec 17 18 19 a	Amounts from line 6	is for the organiz stop here blic Support P 009 (line 8, colum 2008 Schedule A, restment Incor or 2009 (line 10c, from 2008 Schedu organization did not nox and stop here	ation's first, second of the s	nd, third, fourth, ne 13, column (f); e d by line 13, column 17	or fifth tax year a	as a section 501(c)(3)
Cale 9 10 a 11 12 13 14 Sec 17 18 19 a	Amounts from line 6	is for the organiz stop here blic Support P 009 (line 8, colum 2008 Schedule A, restment Incor or 2009 (line 10c, from 2008 Schedu organization did not nox and stop here	ation's first, second of the s	nd, third, fourth, ne 13, column (f); e d by line 13, column 17	or fifth tax year a	as a section 501(c)(3)

Schedule A	(Form 9	990 or 9	90-EZ)	2009	TEN	NESSEI	ΞJ	USTICE	CI	ENTER	INC.	•	62-1	630417		Page 4
Partity	Suppl Part II	emen , line	tal Info 17a or	rmati 17b;	on. (and l	Comple Part III,	te ti	nis part e 12. P	to provi	provide de any	the o	explanations r r additional in	equired to formation	oy Part I ı. See in	I, line 10 struction	; s
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2009

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

TENNESSEE	JUSTICE	CENTER	INC.
	JUJ 11VL	VE: 1 : E: 1	11101

62-1630417

PART II.	LINE	10 -	OTHER	INCOME
----------	------	------	--------------	--------

NATURE AND SOURCE	<u> </u>	2009	2008	2007	2006	2005
MISCELLANEOUS	TOTAL \$	5,413. 5,413.	7,657. \$ 7,657.	6,881. \$ 6,881.	13,537. \$ 13,537.	5,352. \$ 5,352.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

PUBLIC DISCLOSURE COPY

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization		Employer identification number				
TENNESSEE JUSTICE CENTER INC	•	62-1630417				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(_3_) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated 527 political organization	as a private foundation				
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a 501(c)(3) taxable private foundation	private foundation				
Check if your organization is covered by the Note: Only a section 501(c)(7), (8), or (10) or	General Rule or a Special Rule. ganization can check boxes for both the General Rule an	d a Special Rule. See instructions.				
General Rule						
	EZ, or 990-PF that received, during the year, \$5,000 or m	ore (in money or property) from any one				
Special Rules						
509(a)(1)/170(b)(1)(A)(vi) and received from a	Form 990 or 990-EZ, that met the 33-1/3% support test on one contributor, during the year, a contribution of the greater or (ii) Form 990-EZ, line 1. Complete Parts I and II.	of the regulations under sections of (1) \$5,000 or (2) 2% of the				
For a section 501(c)(7), (8), or (10) organ aggregate contributions of more than \$1,000 prevention of cruelty to children or animal	nization filing Form 990 or 990-EZ, that received from any 000 for use <i>exclusively</i> for religious, charitable, scientific, ls. Complete Parts I, II, and III.	one contributor, during the year, literary, or educational purposes, or the				
this box is checked, enter here the total of purpose. Do not complete any of the part	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc, purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively					
religious, charitable, etc, contributions of	\$5,000 or more during the year					
990-PF) but it must answer 'No' on Part IV. I	by the General Rule and/or the Special Rules does not fil ine 2 of their Form 990, or check the box on line H of its l ing requirements of Schedule B (Form 990, 990-EZ, or 99	Form 990 EZ, or on line 2 of its Form				
BAA For Privacy Act and Paperwork Reductor Form 990, 990EZ, or 990-PF.	ction Act Notice, see the Instructions Sch	edule B (Form 990, 990-EZ, or 990-PF) (2009)				

Page	1
ı ayc	_

of Part I

age 1 of 1
Employer identification number

TENNESSEE JUSTICE CENTER INC.

62-1630417

Part I Conti	ributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ <u>24,000</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and Z!P + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ \$ 	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page 1

Name of organization

ВАА

TENNESSEE JUSTICE CENTER INC.

of 1 of Part II

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

62-1630417

Part II Noncash	Property (see instructions.)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization
TENNESSEE JUSTICE CENTER INC.

Employer identification number

62-1630417

of 1

	JEE OUDITOR CENTER INC.			02-1030411				
Part III	Exclusively religious, charitable, e organizations aggregating more the	ian \$1 በበበ for the vear ϵc	omolata cole	(a) through (a) and the following line entry)				
	For organizations completing Part III, enter contributions of \$1,000 or less for the year. (b)	total of <i>exclusively</i> religious, cl (Enter this information once —	haritable, etc, see instructi	ons.)				
(a)								
No. from Part i	Purpose of gift	Use of gift		Description of how gift is held				
	N/A							
		(e)		1				
	Transferente nome addres	Transfer of gift	Dole	Deleteration of the endough to the endough				
	Transferee's name, addres	os, allu Zif † 4	Reid	ationship of transferor to transferee				
		<u> </u>						
(a)	(b)	(c)		(d)				
No. from	Purpose of gift	Use of gift		Description of how gift is held				
Part I	3			3				
	(e) Transfer of gift							
	Transferee's name, addres	Rela	Relationship of transferor to transferee					
(a)	(b)	(c)		(d)				
No. from Part I	Purpose of gift	Use of gift		Description of how gift is held				
		(e)						
		Transfer of gift						
	Transferee's name, addres	ss, and ZIP + 4	Rela	ationship of transferor to transferee				
/63				7.15				
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I	ruipose oi giit	Use of gift		Description of now gift is need				
		(e)						
	Transferee's name, addres	Transfer of gift	Dala	ationship of transferor to transferee				
	transièree s name, addres	о) ан ч а гет ч	UGIS	monainh or transieror to transieree				

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below.

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

OMB No. 1545-0047

2009

Open for Futility dispending

Department of the Treasury Internal Revenue Service

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

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

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

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

	-	,' to Form 990, Part IV, line 5 (Proxy Tax),	then		
	of organization	rganizations: Complete Part III.			
	•			Employer identifica	
	NESSEE JUSTICE CEN		FO4.	62-163041	
		rganization is exempt under secti			zation.
1	-	organization's direct and indirect political o			
		***************************************		********	
Rai		rganization is exempt under secti			
1		ise tax incurred by the organization under			
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	▶\$	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?			*******	Yes No
b	If 'Yes,' describe in Part IV.				
Par	Complete if the o	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	
		pended by the filing organization for section			
2	Enter the amount of the filin	g organization's funds contributed to other	organizations for sec	tion 527 exempt	

3	line 17b	enditures. Add lines 1 and 2. Enter here a			
4		e Form 1120-POL for this year?			
5	Enter the names, addresses made. For each organization contributions received that wor a political action committee.	and employer identification number (EiN) listed, enter the amount paid from the filingere promptly and directly delivered to a se the (PAC). If additional space is needed, pro	of all section 527 poling organization's func parate political organ ovide information in F	tical organizations to w ls. Also enter the amou ization, such as a sepa Part IV.	hich payments were nt of political rate segregated fund
	(a) Name	(h) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule C (Form 990 or 990-EZ) 2009

section 501(h)).				•••••
A Check ► if the filir	ng organization belo	ngs to an affiliated group.			
B Check ► if the filing	ng organization chec	ked box A and 'limited co	ntrol' provisions apply.		
(The term	Limits on Lobbyin 'expenditures' mear	g Expenditures — is amounts paid or incuri	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ures to influence put	olic opinion (grass roots lo	bbying)	3,532.	
b Total lobbying expenditu	ures to influence a le	egislative body (direct lobl	bying)	327.	
c Total lobbying expenditu	ures (add lines 1a ar	nd 1b)		3,859.	0.
d Other exempt purpose e	expenditures	,,		908,503.	
e Total exempt purpose e	xpenditures (add fin	es 1c and 1d)		912,362.	0.
f Lobbying nontaxable an both columns.	nount. Enter the amo	ount from the following tal	ble in	161,854.	
If the amount on line 1e, cold	umn (a) or (b) is:	he lobbying nontaxable a	amount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1,	.000,000	\$100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess			
Over \$17,000,000		\$1,000,000.			
g Grassroots nontaxable a	amount (enter 25% o	of line 1f)		40,464.	0.
h Subtract line 1g from lin	e 1a. If zero or less	, enter -0		0.	0.
I Subtract line 1f from line	e 1c. If zero or less,	enter -0		0.	0.
J If there is an amount off section 4911 tax for this	her than zero on eith	ner line 1h or line 1i, did t	he organization file For	m 4720 reporting	Yes No
(Some	e organizations that columns	l-Year Averaging Period I made a section 501(h) el s below. See the instructi	ection do not have to cons for lines 2a throug	complete all of the five h 2f.)	
·	Lobby	/ing Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	157,331			161,854.	319,185.
3710 37771					<u> </u>
b Lobbying ceiling					
amount (150% of line 2a, column (e))					478,778.
c Total lobbying			Section and the section of the secti	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED	
expenditures	704	1.		3,859.	4,563.
d Grassroots nontaxable					
amount	39,333	3.	:	40,464.	79,797.
0			and the second state of		
e Grassroots ceiling amount (150% of line					
2d, column (e))			BESSEL SELUTION	ALC: NAME OF COMMENT	119,696.
f Grassroots lobbying					
expenditures	281	L .	1	3,532.	3,813.

BAA

Schedule C (Form 990 or 990-EZ) 2009

	(6	a)	(b)
	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?			
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
J Total. Add lines 1c through 1i	abataman menuli		
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			ection 501(c)(6).
whiteless of the organization is exempt and section of (o)(i), section of	. (0)(0)	, 0. 0	Yes No
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 			1
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			
Complete if the organization is exempt under section 501(c)(4), section 50 if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line	1(c)(5) 3 is a	, or s nswe	ection 501(c)(6) red 'Yes.'
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	I		
a Current yearb Carryover from last year		2a 2b	
c Total		2c	
 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po 	ess litical	3	
expenditure next year?		5	
ZartilV. Supplemental Information			
complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; also, complete this part for any additional information.	and Par	t II-B,	line 1i.
			<u> </u>

Schedule C (Form 990 or 990-EZ) 2009 TENNESSEE JUSTICE CENTER INC. Partition Supplemental Information (continued)	62-1630417	Page 4
Banuva Supplemental Information (continued)		
·		
		
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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OM8 No. 1545-0047 Openie Public Trispection

Department of the Treasury Internal Revenue Service Name of the organization

TENNESSEE JUSTICE CENTER INC.

Employer Identification number

	62-1630417
Organizations Maintaining Donor Advised Funds or Other Similar Fur the organization answered 'Yes' to Form 990, Part IV, line 6.	nds or Accounts Complete if
the organization answered 'Yes' to Form 990, Part IV, line 6.	·
(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	
2 Aggregate contributions to (during year)	
3 Aggregate grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in d funds are the organization's property, subject to the organization's exclusive legal control?	lonor advised Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant fur used only for charitable purposes and not for the benefit of the donor or donor advisor or for purpose conferring impermissible private benefit??	nds may be r any other Yes No
Paralle Conservation Easements Complete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
	of an historically important land area
	of certified historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in last day of the tax year.	the form of a conservation easement on the
	Held at the End of the Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06	
3 Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the tax
year ► 4 Number of states where property subject to conservation easement is located ►	 →
5 Does the organization have a written policy regarding the periodic monitoring, inspection, he and enforcement of the conservation easement it holds?	andling of violations, Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easilying the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easeme during the year ►	nts \$
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of so 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	Yes No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and experinct include, if applicable, the text of the footnote to the organization's financial statements that conservation easements.	nse statement, and balance sheet, and describes the organization's accounting for
Partilla Organizations Maintaining Collections of Art, Historical Treasures, o	r Other Similar Assets
Complete if the organization answered 'Yes' to Form 990, Part IV, line	8.
1a If the organization elected, as permitted under SFAS 116, not to report in its revenue staten treasures, or other similar assets held for public exhibition, education, or research in further the text of the footnote to its financial statements that describes these items.	nent and balance sheet works of art, historical ance of public service, provide, in Part XIV,
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement treasures, or other similar assets held for public exhibition, education, or research in further amounts relating to these items:	and balance sheet works of art, historical ance of public service, provide the following
(i) Revenues included in Form 990, Part VIII, line 1	⊁\$
(ii) Assets included in Form 990, Part X	⊁\$ <u> </u>
2 If the organization received or held works of art, historical treasures, or other similar assets amounts required to be reported under SFAS 116 relating to these items:	for financial gain, provide the following
a Revenues included in Form 990, Part VIII, line 1	⊁\$
h Assets included in Form 990 Part X	

BAA

Schedule D (Form 990) 2009 TENNE					62-163			Page 2
Partill Organizations Maintai	ning Collec	ctions of Art,	Histori	ical Treasures, o	r Other Similar Ass	ets (co	ontinu	<u>ed)</u>
3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):								
a Public exhibition		d 🗌		exchange programs				
b Scholarly research		e	Other					
c Preservation for future gener	ations		•					
4 Provide a description of the organ Part XIV.	nization's colle	ections and expl	ain how t	they further the orgar	nization's exempt purpo	se in		
5 During the year, did the organizar assets to be sold to raise funds re								No
Partil Escrow and Custodial 9, or reported an amo	Arrangem unt on Forn	ents Comple n 990, Part X	te if org , line 2	ganization answe 1.	red 'Yes' to Form 9	90, Pai	rt IV,	line ——
1a Is the organization an agent, trus included on Form 990, Part X?					her assets not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV ar	nd complete the	following	g table:				
						Amount	·	
c Beginning balance					1			
d Additions during the year								
e Distributions during the year					7			
f Ending balance								
2a Did the organization include an a	mount on For	n 990, Part X, I	ne 21?.			Yes	L	No
b If 'Yes,' explain the arrangement								
Part V Endowment Funds Cor	nplete if or	ganization ar	swered	d 'Yes' to Form 99	90, Part IV, fine 10.			
	(a) Current y	rear (b) i	rior year	(c) Two years bac	k (d) Three years back	(e) F	our years	back
1a Beginning of year balance								
b Contributions								
c Net Investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								1000
g End of year balance								
2 Provide the estimated percentage	e of the year e	nd balance held	l as:					
a Board designated or quasi-endow	/ment ►	8						
b Permanent endowment ▶	·							
c Term endowment ►	%							
3a Are there endowment funds not i organization by:	n the possess	ion of the organ	ization th	nat are held and adm	inistered for the		Yes	No
(i) unrelated organizations					,.,,	. 3a(i)		
(ii). related organizations						. 3a(ii)		
b If 'Yes' to 3a(ii), are the related of	rganizations l	isted as require	d on Sch	edule R?	*******	. 3b		
4 Describe in Part XIV the intended	uses of the d	rganization's er	dowmen	it funds.				
Rant VII Investments—Land, B					, line 10.			••••
Description of investment		(a) Cost or other (investment	basis	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) E	Book Va	lue
1a Land								
b Buildings	<i>.</i>							
c Leasehold improvements								
d Equipment	F-							
e Other	-			51,141.	43,550.		7,	591.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)..... Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 TENNESSEE JUSTIC	E CENTER INC.	62-	1630417 Page 3
Pari WIF Investments-Other Securities See	Form 990, Part X, line	e 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	aluation market value
Financial derivatives		•	
Closely-held equity interests			
Olher			
*			
 			
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)			
Ran VIII Investments-Program Related (See	Form 990, Part X, li	ne 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of v Cost or end-of-year	aluation
		Cost or end-of-year	market value
***************************************	<u> </u>		
			
 			
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.) Rate Vision Column (b) must equal Form 990, Part X Rate Vision Column (b) must equal Form 990, Part X Rate Vision Column (b) must equal Form 990, Part X			
	Description		(b) Book value
, and the second	ocach puori		(b) Book Yakas
——————————————————————————————————————	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col.(B),	line 15)		>
Palt X Other Liabilities (See Form 990, Par			
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
		parameter solution for the legal	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

BAA	TEEA3304L 02/02/10 S	chedule D (Form 990) 2009
	munon.	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part mation.	to provide any additional
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li	ines 1b and 2b; Part V,
	Nation Supplemental Information	
5	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5 912,362.
	Add lines 4a and 4b.	4c
	Other (Describe in Part XIV)	
	Investments expenses not included on Form 990, Part VIII, line 7b	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Subtract line 2e from line 1	3 912,362.
	Add lines 2a through 2d	2e
	Other (Describe in Part XIV)	
	Other losses 2c	
	Prior year adjustments.	
	Donated services and use of facilities	
	Total expenses and losses per audited financial statements	1 314,304.
	Reconciliation of Expenses per Audited Financial Statements With Expenses per R	1 912,362.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 534,291.
	Add lines 4a and 4b.	4c = 524 201
	· · · · · · · · · · · · · · · · · · ·	4.0
	Investments expenses not included on Form 990, Part VIII, line 7b	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
	Subtract line 2e from line 1.	3 534,291.
	Add lines 2a through 2d	2e 280,007.
	Other (Describe in Part XIV)	000 000
	Recoveries of prior year grants	
	Donated services and use of facilities	
	Net unrealized gains on investments	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
1	Total revenue, gains, and other support per audited financial statements	1 814,298.
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	
9	Total adjustments (net). Add lines 4 through 8	
8	Other (Describe in Part XIV)	
7	Prior period adjustments	• • •
6	Investment expenses	
5	Donated services and use of facilities	
	Net unrealized gains (losses) on investments	
	Excess or (deficit) for the year. Subtract line 2 from line 1	}
2	Total expenses (Form 990, Part IX, column (A), line 25)	
1	Total revenue (Form 990, Part VIII,column (A), line 12)	

Schedule D (Form 990) 2009 TENNESSEE JUSTICE CENTER INC.

62-1630417

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Schedule D (Form 990) 2009 TENNESSEE JUSTICE CENTER INC. RankxIV. Supplemental Information (continued)	62-1630417 P	age 5
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## SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

eclfic questions on rmation.

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
► Attach to Form 990.

TENNESSEE JUSTICE CENTER INC.	62-1630417
STATEMENT OF PRO SERVICE ACCOMPLISHMENTS	
IMARE, THE TENNECORE THOTAGE CONTROL TO A DIDITO TATED	
[NOTE: THE TENNESSEE JUSTICE CENTER IS A PUBLIC INTER	
UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE.	THE INTERNAL REVENUE SERVICE
INSTRUCTIONS FOR COMPLETION OF THE 2009 IRS FORM 990 1	FOR EXEMPT ORGANIZATIONS
CONTAIN THE FOLLOWING STATEMENT AT PAGE 10:	
PUBLIC INTEREST LAW FIRM. A PUBLIC INTEREST LAW FIRM I	EXEMPT UNDER SECTION 501 (C) (3)
OR 501 (C) (4) MUST INCLUDE A LIST OF ALL THE CASES IN 1	LITIGATION OR THAT HAVE BEEN
LITIGATED DURING THE YEAR. FOR EACH CASE:	
* DESCRIBE THE MATTER IN DISPUTE	
* EXPLAIN HOW THE LITIGATION WILL BENEFIT THE PUBLIC	GENERALLY, AND
* STATE FEES SOUGHT AND RECOVERED.	
SEE REV. PROC. 92-59, 1992-2 C.B. 411.	
THE FOLLOWING INFORMATION IS IN RESPONSE TO THAT INST	RUCTION:
DURING 2009, THE TENNESSEE JUSTICE CENTER ASSISTED 44	O LOW-INCOME FAMILIES IN THE
INFORMAL RESOLUTION OF THEIR LEGAL PROBLEMS, SOME OF V	
APPEALS PROCEDURES OUTSIDE THE JUDICIAL SYSTEM. THE C	
FOR PRIVATE ATTORNEYS ACROSS TENNESSEE TO ENABLE THEM	
PRO BONO BASIS. IN ADDITION TO THOSE SERVICES, THE OR	GANIZATION LITIGATED THE
FOLLOWING CASES IN THE JUDICIAL SYSTEM IN 2009:	
GRIER V. GOETZ, DOC. NO. 79-3107 (M.D. TENN.) - THE THE	ENNESSEE JUSTICE CENTER
DEDDESEMPED 1 1 MILLION LOW-INCOME AND UNINCHDED TENNI	PSSEAMS OF ALL ACES IN THIS

Name of the organization	Employer identification number
TENNESSEE JUSTICE CENTER INC.	62-1630417
CERTIFIED CLASS ACTION. THE CASE ENFORCES FEDERAL DUE PROC	ESS REGULATIONS THAT
PROTECT LOW-INCOME AND UNINSURED MEDICAID BENEFICIARIES WH	EN TENNCARE MANAGED CARE
CONTRACTORS DENY OR TERMINATE MEDICALLY NECESSARY HEALTH S	ERVICES. THE LITIGATION
BENEFITS THE PUBLIC GENERALLY, BECAUSE IT:	
* VINDICATES CONSTITUTIONAL DUE PROCESS STANDARDS ESTABLI	SHED BY THE SUPREME COURT;
* IMPLEMENTS AND ENFORCES LONGSTANDING FEDERAL STATUTES A	ND REGULATIONS, PROTECTS
THE HEALTH OF THOUSANDS OF MEMBERS OF THE PUBLIC FROM THE	ADVERSE CONSEQUENCES OF
WRONGFUL DENIALS OF NEEDED MEDICAL CARE; AND	
* PREVENTS THE TENNCARE PROGRAM FROM INCURRING UNNECESSAR	Y COSTS ASSOCIATED WITH
THE TREATMENT OF INJURIES CAUSED BY SUCH WRONGFUL DENIALS.	
DURING 2009, THE CENTER MONITORED AND ENFORCED COMPLIANCE	WITH STANDING ORDERS IN
THE CASE.	
IN 2007, THE CENTER APPLIED UNDER THE CIVIL RIGHTS ATTORNE	YS' FEES AWARD ACT FOR
ATTORNEYS' FEES AND EXPENSES IN THIS CASE TOTALING \$2,841,	979 FOR WORK DONE ON
BEHALF OF THE PLAINTIFF CLASS DURING THE PERIOD FROM NOVEM	BER 1, 2003 THROUGH
JANUARY 31, 2007. ON AUGUST 13, 2009 THE UNITED STATES DIS	TRICT COURT FOR THE MIDDLE
DISTRICT OF TENNESSEE AWARDED THE TENNESSEE JUSTICE CENTER	ATTORNEYS' FEES OF
\$2,086,278. HOWEVER, THE DEFENDANTS IMMEDIATELY FILED A MO	TION REQUESTING
RECONSIDERATION, AND THERE HAS BEEN NO FINAL RULING. THE T	ENNESSEE JUSTICE CENTER
DID NOT COLLECT ANY ATTORNEYS' FEES IN THIS CASE DURING 20	09.
JOHN B. V. NEEL, DOC. NO. 3-98-0168 (M.D. TENN.) - THE TEN	NESSEE JUSTICE CENTER
REPRESENTED OVER 650,000 LOW-INCOME AND UNINSURED CHILDREN	IN THIS CERTIFIED CLASS
ACTION. THE CASE INVOLVES COMPLIANCE BY THE STATE OF TENNE	SSEE AND ITS PRIVATE
MANAGED CARE CONTRACTORS WITH FEDERAL LEGAL REQUIREMENTS D	EALING WITH THE PROVISION
OF EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (	EPSDT) TO LOW-INCOME AND

Name of the organization TENNESSEE JUSTICE CENTER INC.	Employer Identification number 62–1630417
UNINSURED CHILDREN ON TENNCARE, TENNESSEE'S MEDICAID MANAGED CA	RE PROGRAM. THE CASE
ALSO INVOLVES THE ENFORCEMENT OF ADDITIONAL LEGAL PROTECTIONS F	OR CHILDREN IN
TENNESSEE'S FOSTER CARE SYSTEM. THE SUIT BENEFITS THE PUBLIC GE	NERALLY, BECAUSE IT
SEEKS TO IMPLEMENT A CHILDREN'S HEALTH MANDATE THAT CONGRESS HA	S REAFFIRMED AND
STRENGTHENED OVER A 30-YEAR PERIOD AND THAT REFLECTS ACCEPTED F	EDIATRIC PRACTICE
STANDARDS. DURING 2009, THE CENTER CONTINUED TO WORK FOR IMPLE	MENTATION OF A 1998
SETTLEMENT IN WHICH TENNCARE AGREED TO IMPLEMENT EPSDT REQUIREM	ENTS, A GOAL WHICH
HAS YET TO BE ACHIEVED. THAT SETTLEMENT WAS DESIGNED BY THE CEN	TER AND STATE
OFFICIALS TO IMPROVE THE HEALTH AND MENTAL HEALTH STATUS OF THO	USANDS OF TENNESSEE
CHILDREN, INCLUDING AT RISK CHILDREN IN THE FOSTER CARE SYSTEM.	DURING 2009, THE
TENNESSEE JUSTICE CENTER DID NOT APPLY FOR OR RECEIVE ANY ATTOR	NEY'S FEES IN THIS
CASE.	
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	
THE TENNESSEE JUSTICE CENTER ADVOCATES ON BEHALF OF POOR TENNES	SEANS:
- IN AREAS OF PUBLIC POLICY HAVING THE GREATEST IMPACT ON THEI	R HEALTH AND WELFARE;
- BY MEANS WHICH AFFORD CLIENTS OPPORTUNITIES TO MAKE THEIR OW	N VOICES HEARD; AND
- WHICH EMPHASIZE COLLABORATION ACROSS LINES OF RACE, CLASS AN	D GENERATION.
THE CENTER ALSO SUPPORTS THE WORK OF OTHERS ENGAGED IN SIMILAR	ADVOCACY EFFORTS,
BEYOND STATE BOUNDARIES, ON BEHALF OF THE POOR.	
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
COPIES OF THE FORM 990 ARE DISTRIBUTED TO THE BOARD OF DIRECTOR	
EXECUTIVE COMMITTEE APPROVES THE FORM 990 BEFORE IT IS FILED.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMI	ENT OF CONFLICTS
BOARD MEMBERS ARE REQUIRED TO COMPLETE AN ANNUAL QUESTIONNAIRE	& SUBMIT TO OFFICE
MANAGER OR EXECUTIVE DIRECTOR. ANY CONFLICT WOULD BE HANDLED BY	THE PRESIDENT OF THE
BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR.	

Name of the organization

Employer Identification number

TENNESSEE JUSTICE CENTER INC.	62-1630417
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW &	& APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG
THE ORGANIZATION HAS A SALARY SCALE FOR NON-F	ROFESSIONAL STAFF DEVELOPED FOLLOWING A
COMPARABILITY STUDY OF SIMILAR POSITIONS IN C	OMPARABLE ORGANIZATIONS; SALARY IS
DETERMINED BASED ON EDUCATION AND PRIOR EXPER	LIENCE. FOR ATTORNEY STAFF, THE
ORGANIZATION HAS INDEXED ITS SALARY SCALE TO	THE MEDIAN SALARY PAID TO STATE
ATTORNEY'S GENERAL STAFF IN THE SOUTHEAST, AS	REPORTED BY NALP, THE NATIONAL TRADE
ASSOCIATION OF LAW PLACEMENT OFFICERS. THE EX	ECUTIVE DIRECTOR CAN DEPART FROM THE
SCALE WITH THE APPROVAL OF THE BOARD.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOC	CUMENTS PUBLICLY AVAILABLE
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POL	ICY AND FINANCIAL STATEMENTS ARE
AVAILABLE UPON REQUEST.	
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Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
TENNESSEE JUSTICE CENTER INC.	62-1630417
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05/14/2010	2009 e-file Activity Report	Page 1
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Client 29578 - TENNESSEE JUSTICE CENTER INC.

EIN: 62-1630417

Federal (Ext.): Even Return......\$0

Activity

Extension

US - ACCEPTED 05/13 (Current Status)

Previous Activity

- 05/13 Sent to the IRS

- 05/13 Received at Lacerte
- 05/13 Sent to Lacerte
- 05/13 Ready To Send
- 05/13 Passed Validation