

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

**2005**Open to Public  
Inspection**A** For the 2005 calendar year, or tax year beginning

and ending

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization**LEGAL AID SOCIETY OF MIDDLE TENNESSEE  
AND THE CUMBERLANDS**

Number and street (or P.O. box if mail is not delivered to street address)

**300 DEADERICK STREET**

City or town, state or country, and ZIP + 4

**NASHVILLE, TN 37201****D** Employer identification number**62-0800756****E** Telephone number**615-244-6610****F** Accounting method: ☐ Cash ☒ Accrual  
☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****G** Website: ▶ **WWW.LAS.ORG****J** Organization type (check only one) ☒ 501(c) ( 3 ) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.**M** Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶**5,181,092.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received:			
	<b>a</b>	Direct public support	<b>1a</b>	<b>3,070,111.</b>	
	<b>b</b>	Indirect public support	<b>1b</b>	<b>147,364.</b>	
	<b>c</b>	Government contributions (grants)	<b>1c</b>	<b>1,913,153.</b>	
	<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>5,130,628.</b> noncash \$ )	<b>1d</b>	<b>5,130,628.</b>	
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
	<b>3</b>	Membership dues and assessments	<b>3</b>		
	<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	<b>19,046.</b>	
	<b>5</b>	Dividends and interest from securities	<b>5</b>		
	<b>6 a</b>	Gross rents	<b>6a</b>		
	<b>b</b>	Less: rental expenses	<b>6b</b>		
	<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b>	Other investment income (describe ▶ )	<b>7</b>			
Revenue	<b>8 a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>		
	<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>		
	<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>		
	<b>8d</b>				
	<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>		
	<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>		
	<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		
	<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>		
Expenses	<b>b</b>	Less: cost of goods sold	<b>10b</b>		
	<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
	<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>	<b>31,418.</b>	
	<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>5,181,092.</b>	
	<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	<b>4,555,071.</b>	
	<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	<b>574,362.</b>	
	<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	<b>94,825.</b>	
	<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b>	Total expenses (add lines 16 and 44, column (A))	<b>17</b>	<b>5,224,258.</b>	
	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>&lt;43,166.&gt;</b>	
Net Assets	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>1,715,801.</b>	
	<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>0.</b>	
	<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>1,672,635.</b>	

523001  
02-03-06

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

**LEGAL AID SOCIETY OF MIDDLE TENNESSEE  
AND THE CUMBERLANDS**

Form 990 (2005)

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**Part III Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) ... (cash \$ 0 - noncash \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule) .....	23			
24 Benefits paid to or for members (attach schedule) .....	24			
25 Compensation of officers, directors, etc. * *	25 90,902.	71,993.	17,533.	1,376.
26 Other salaries and wages .....	26 3,213,684.	2,855,016.	299,128.	59,540.
27 Pension plan contributions .....	27 118,043.	108,371.	8,554.	1,118.
28 Other employee benefits .....	28 428,505.	393,393.	31,052.	4,060.
29 Payroll taxes .....	29 242,423.	214,275.	23,560.	4,588.
30 Professional fundraising fees .....	30			
31 Accounting fees .....	31			
32 Legal fees .....	32			
33 Supplies .....	33 95,699.	60,183.	27,820.	7,696.
34 Telephone .....	34 105,798.	82,343.	23,383.	72.
35 Postage and shipping .....	35 37,990.	31,777.	2,463.	3,750.
36 Occupancy .....	36 318,031.	276,475.	37,292.	4,264.
37 Equipment rental and maintenance .....	37 60,254.	47,870.	12,188.	196.
38 Printing and publications .....	38 64,787.	56,611.	3,207.	4,969.
39 Travel .....	39 85,444.	80,718.	4,726.	
40 Conferences, conventions, and meetings ...	40			
41 Interest .....	41			
42 Depreciation, depletion, etc. (attach schedule)	42 52,897.	52,897.		
43 Other expenses not covered above (itemize):				
a COURT COSTS AND	43a			
b LITIGATION	43b 57,090.	57,090.		
c DUES AND FEES	43c 20,490.	17,809.	2,406.	275.
d INSURANCE	43d 42,632.	37,734.	4,775.	123.
e PROFESSIONAL FEES AND	43e			
f CONTRACT SERVICES	43f 145,639.	73,119.	69,722.	2,798.
g TRAINING	43g 43,950.	37,397.	6,553.	
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 5,224,258.	4,555,071.	574,362.	94,825.

**Joint Costs.** Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No  
If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

\*\* SEE STATEMENT 2

LEGAL AID SOCIETY OF MIDDLE TENNESSEE  
AND THE CUMBERLANDS

Form 990 (2005)

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**Part III** Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 4</b>		<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
<b>a</b>	<b>SEE STATEMENT 3</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		4,555,071.
<b>b</b>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>c</b>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>d</b>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>e</b>	Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>f</b>	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	4,555,071.

Form 990 (2005)

LEGAL AID SOCIETY OF MIDDLE TENNESSEE  
AND THE CUMBERLANDS

Form 990 (2005)

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**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....	506,618.	45	894,706.
	46 Savings and temporary cash investments .....	448,425.	46	350,196.
	47 a Accounts receivable ..... 47a 104,429.			
	b Less: allowance for doubtful accounts ..... 47b	54,110.	47c	104,429.
	48 a Pledges receivable ..... 48a 200,685.			
	b Less: allowance for doubtful accounts ..... 48b	280,981.	48c	200,685.
	49 Grants receivable .....	398,636.	49	113,200.
	50 Receivables from officers, directors, trustees, and key employees .....		50	
	51 a Other notes and loans receivable ..... 51a			
	b Less: allowance for doubtful accounts ..... 51b		51c	
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....	31,665.	53	22,341.
	54 Investments - securities ..... <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment: basis ..... 55a			
	b Less: accumulated depreciation ..... 55b		55c	
56 Investments - other .....		56		
57 a Land, buildings, and equipment: basis ..... 57a 744,547.				
b Less: accumulated depreciation ..... 57b 291,855.	476,454.	57c	452,692.	
58 Other assets (describe ► <u>CLIENT ESCROW FUNDS</u> )	10,147.	58	14,038.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	2,207,036.	59	2,152,287.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	472,667.	60	462,890.
	61 Grants payable .....		61	
	62 Deferred revenue .....	8,421.	62	2,724.
	63 Loans from officers, directors, trustees, and key employees .....		63	
	64 a Tax-exempt bond liabilities .....		64a	
	b Mortgages and other notes payable .....		64b	
	65 Other liabilities (describe ► <u>CLIENT ESCROW FUNDS</u> )	10,147.	65	14,038.
66 <b>Total liabilities.</b> Add lines 60 through 65) .....	491,235.	66	479,652.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....	1,296,793.	67	1,376,046.
	68 Temporarily restricted .....	419,008.	68	296,589.
	69 Permanently restricted .....		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	1,715,801.	73	1,672,635.
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	2,207,036.	74	2,152,287.	

Form 990 (2005)

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a Total revenue, gains, and other support per audited financial statements		a	6,304,256.
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1		
2 Donated services and use of facilities	b2	1,123,164.	
3 Recoveries of prior year grants	b3		
4 Other (specify):	b4		
Add lines b1 through b4		b	1,123,164.
c Subtract line b from line a		c	5,181,092.
d Amounts included on Part I, line 12, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2		d	0.
e Total revenue (Part I, line 12). Add lines c and d		e	5,181,092.

### Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	6,347,422.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:			
<b>1</b>	Donated services and use of facilities	<b>b1</b>	1,123,164.	
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	1,123,164.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	5,224,258.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0.
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	5,224,258.

**Part V-A** **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

<b>Part V-A</b>	<b>Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>
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Yes	No
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- 75 a** Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ..... **36**

**b** Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .....

**c** Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? .....

**Note.** Related organizations include section 509(a)(3) supporting organizations.

If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.

**d** Does the organization have a written conflict of interest policy? .....

75b		X
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75c		X
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75d		X
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**Part V-B** **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]**Part VI Other Information** (See the instructions.)

Yes	No
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- 76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity .....
- 77 Were any changes made in the organizing or governing documents but not reported to the IRS? .....  
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? .....  
b If "Yes," has it filed a tax return on **Form 990-T** for this year? ..... **N/A**
- 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement .....
- 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? .....  
b If "Yes," enter the name of the organization ► **N/A**
- \_\_\_\_\_ and check whether it is ☐ exempt or ☐ nonexempt
- 81 a Enter direct or indirect political expenditures. (See line 81 instructions.) ..... **81a** **0**
- b Did the organization file **Form 1120-POL** for this year? .....

76		X
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77		X
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78a		X
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78b		
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79		X
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80a		X
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1	2	3	4
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81b	X
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LEGAL AID SOCIETY OF MIDDLE TENNESSEE  
AND THE CUMBERLANDS

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Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	1,123,164.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	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 owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
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
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	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 allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	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	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, 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 0.		
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? 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	90b	TN
b	Number of employees employed in the pay period that includes March 12, 2005	90b	88
91 a	The books are in care of		ASHLEY WILTSHIRE
	Located at		300 DEADERICK STREET, NASHVILLE, TN
	Telephone no.		615-244-6610
	ZIP + 4		37201
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	91b	N/A
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country	91c	N/A
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Form 990 (2005)

523162  
02-03-06

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	19,046.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS					31,418.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		19,046.	31,418.
105 Total (add line 104, columns (B), (D), and (E))					50,464.

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103A	MISCELLANEOUS INCOME WAS RECEIVED IN THE COURSE OF PROVIDING LEGAL SERVICES TO ELIGIBLE CLIENTS

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

**Note:** If "Yes" to (b), file Form 9670 and Form 4720 (see instructions).

Please Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Date: *6/14/06* Type or print name and title: *ASHLEY L. WILTSHIRE, JR. EXECUTIVE DIRECTOR*

Paid Preparer's Use Only: Preparer's signature: *[Signature]* Date: *06/14/06* Check if self-employed: ☒ Preparer's SSN or PTIN: *[Blank]*

Firm's name (or yours if self-employed), address, and ZIP + 4: *KRAFTCPAS PLLC 555 GREAT CIRCLE ROAD, SUITE 200 NASHVILLE, TN 37228-1310*

EIN: *[Blank]* Phone no.: *(615) 242-7351*



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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information-(See separate instructions.)**

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

OMB No. 1545-0047

**2005**

Name of the organization **LEGAL AID SOCIETY OF MIDDLE TENNESSEE  
AND THE CUMBERLANDS**

Employer identification number  
**62 0800756**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(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 300 DEADERICK STREET, NASHVILLE, TN	GEN COUNSEL 40.00	81,875.	12,347.	
DAVID J. TARPLEY 300 DEADERICK STREET, NASHVILLE, TN	MANG ATTRNY 40.00	80,000.	12,240.	
LUCINDA SMITH 300 DEADERICK STREET, NASHVILLE, TN	ATTORNEY 40.00	69,312.	11,629.	
DAVID KOZLOWSKI 300 DEADERICK STREET, NASHVILLE, TN	MANG ATTRNY 40.00	72,875.	8,442.	
DAVID ETTINGER 300 DEADERICK STREET, NASHVILLE, TN	ATTORNEY 40.00	66,250.	11,454.	
Total number of other employees paid over \$50,000 ▶	19			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

**Part III** Statements About Activities (See page 2 of the instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. <b>\$</b> _____ <b>\$</b> _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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.	1		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property? .....	2a		X
b	Lending of money or other extension of credit? .....	2b		X
c	Furnishing of goods, services, or facilities? .....	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets? .....	2e		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) SEE STATEMENT 5	3a	X	
b	Do you have a section 403(b) annuity plan for your employees? .....	3b	X	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? .....	3c		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? .....	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services? .....	4b		X

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ 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 in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

## LEGAL AID SOCIETY OF MIDDLE TENNESSEE

Schedule A (Form 990 or 990-EZ) 2005 AND THE CUMBERLANDS

62-0800756 Page 3

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	5,190,430.	5,355,928.	4,610,907.	3,098,968.	18,256,233.
<b>16</b> Membership fees received					
<b>17</b> 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					
<b>18</b> 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	10,348.	13,233.	17,113.	26,055.	66,749.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	17,909.	5,969.	SEE STATEMENT 6 42,521.	36,813.	103,212.
<b>23</b> Total of lines 15 through 22	5,218,687.	5,375,130.	4,670,541.	3,161,836.	18,426,194.
<b>24</b> Line 23 minus line 17	5,218,687.	5,375,130.	4,670,541.	3,161,836.	18,426,194.
<b>25</b> Enter 1% of line 23	52,187.	53,751.	46,705.	31,618.	
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 368,524.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 18,426,194.
d Add: Amounts from column (e) for lines: 18 66,749. 19 22 103,212. 26b					26d 169,961.
e Public support (line 26c minus line 26d total)					26e 18,256,233.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.0776%
<b>27</b> Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2004) (2003) (2002) (2001)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.					

523121 02-03-06

NONE

Schedule A (Form 990 or 990-EZ) 2005

11

10110614 781331 15430

2005.05060 LEGAL AID SOCIETY OF MIDDLE 15430\_\_1

LEGAL AID SOCIETY OF MIDDLE TENNESSEE

Schedule A (Form 990 or 990-EZ) 2005 AND THE CUMBERLANDS

62-0800756 Page 4

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

(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? .....		
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? .....		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d Copies of all material used by the organization or on its behalf to solicit contributions? .....		
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? .....		
b Admissions policies? .....		
c Employment of faculty or administrative staff? .....		
d Scholarships or other financial assistance? .....		
e Educational policies? .....		
f Use of facilities? .....		
g Athletic programs? .....		
h Other extracurricular activities? .....		
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? .....		
b Has the organization's right to such aid ever been revoked or suspended? .....		
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....		

Schedule A (Form 990 or 990-EZ) 2005

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check ☐ a ☐ if the organization belongs to an affiliated group. Check ☐ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37		
38 Total lobbying expenditures (add lines 36 and 37) .....	38		
39 Other exempt purpose expenditures .....	39		
40 Total exempt purpose expenditures (add lines 38 and 39) .....	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -                      The lobbying nontaxable amount is -			
Not over \$500,000 .....	20% of the amount on line 40 .....		
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 \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....		
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....		
Over \$17,000,000 .....	\$1,000,000 .....		
42 Grassroots nontaxable amount (enter 25% of line 41) .....	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		Yes	No	Amount
a	Volunteers .....		X	
b	Paid staff or management (Include compensation in expenses reported on lines c through h.) .....		X	
c	Media advertisements .....		X	
d	Mallings to members, legislators, or the public .....		X	
e	Publications, or published or broadcast statements .....		X	
f	Grants to other organizations for lobbying purposes .....		X	
g	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	
i	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.

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
<b>a</b>	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash .....	51a(i)	X
	(ii) Other assets .....	a(ii)	X
<b>b</b>	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization .....	b(i)	X
	(ii) Purchases of assets from a noncharitable exempt organization .....	b(ii)	X
	(iii) Rental of facilities, equipment, or other assets .....	b(iii)	X
	(iv) Reimbursement arrangements .....	b(iv)	X
	(v) Loans or loan guarantees .....	b(v)	X
	(vi) Performance of services or membership or fundraising solicitations .....	b(vi)	X
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....	c	X

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

[illegible]

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

☐ Yes      ☒ No

b. If "Yes," complete the following schedule:

N/A

[illegible]

## FOOTNOTES

STATEMENT 1

FORM 990, PART II, LINE 42 - "DEPRECIATION"

LAND	83,000.
BUILDINGS AND IMPROVEMENTS	445,505.
OFFICE FURNITURE AND COMPUTER EQUIPMENT	216,042.
TOTAL	744,547.
LESS ACCUMULATED DEPRECIATION	<291,855.>
	452,692.

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

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25

STATEMENT 2

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ASHLEY T. WILTSHIRE	85,688.	5,214.		90,902.
A. PROGRAM SERVICES	67,694.	4,119.		71,813.
B. MANAGEMENT AND GENERAL	16,281.	991.		17,272.
C. FUNDRAISING	1,713.	104.		1,817.
TOTAL PROGRAM SERVICES				71,813.
TOTAL MANAGEMENT AND GENERAL				17,272.
TOTAL FUNDRAISING				1,817.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				90,902.



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FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	3
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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 2005, UTILIZING STAFF AND 47 VOLUNTEERS THAT CONTRIBUTED 7,945 LABOR HOURS, THE ORGANIZATION HANDLED 8,393 CASES AND ASSISTED 7,202 INDIVIDUALS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		4,555,071.

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	4
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EXPLANATION

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

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SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS PART III, LINE 3A	STATEMENT	5
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LEGAL AID SOCIETY PROVIDES A STUDENT LOAN REPAYMENT PROGRAM FOR ATTORNEY EMPLOYEES WITH EDUCATION DEBT. THEY PAY THE EMPLOYEE UP TO \$200 PER MONTH AFTER THE EMPLOYEE PAYS THE FIRST \$75 PER MONTH ON LOANS. THEY REQUIRE PROOF OF PAYMENTS TO ASSURE THAT RECIPIENTS QUALIFY TO RECEIVE REPAYMENT ASSISTANCE.

SCHEDULE A	OTHER INCOME			STATEMENT 6
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
MISCELLANEOUS	17,909.	5,969.	42,521.	36,813.
TOTAL TO SCHEDULE A, LINE 22	17,909.	5,969.	42,521.	36,813.

LEGAL AID SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERLANDS  
BOARD OF DIRECTORS – 2006

Office	Name	Firm	Address	Phone	Fax	Appointing Organization	Term	Race	Gender
President	John Pellegrin		113 W Main St Gallatin TN 37066-3272	615-452-5844	615-452-6203	Sumner Cty Bar Assn	12/08	white	male
1st Vice President	Kathryn R Edge	Miller & Martin	150 Fourth Ave N Ste 1200 Nashville TN 37219-2433	615-744-8400	615-256-8197	Nashville Bar Assn	12/08	white	female
2nd Vice President	N Houston Parks	First Farmers & Merchants Bank	816 S Garden St Columbia TN 38401-3226 PO Box 1148 Columbia TN 38402-1148	931-380-8245	931-380-8392	Maury Cty Bar Assn	12/07	white	male
3rd Vice President	Craig P. Fickling		9 S Jefferson Ave Ste 101 Cookeville TN 38501-3377	931-528-6403	931-526-3073	Putnam Cty Bar Assn	12/06	white	male
Secretary	Valerie Martin		1408B Cecilia St Nashville TN 37208-1136	615-244-2206		MANNA	12/08	black	female
Treasurer	Susan L. Kay	Vanderbilt Univ Legal Clinic	131 21st Ave S Nashville TN 37203-1181	615-322-4151	615-343-6562	Vanderbilt Univ Law School	12/06	white	female
Exec Comm	Charles H Warfield	Stites & Harbison	424 Church St Ste 1900 Nashville TN 37219-2387	615-244-5200	615-728-3185	Tennessee Bar Assn	12/07	white	male
Past President	Guilford F Thornton Jr	Admas Reese LLP/ Stokes Bartholomew	424 Church St Ste 2800 Nashville TN 37219-2386	615-259-1492	615-259-1470	Nashville Bar Assn	12/06	white	male
	Richard M Brooks		215 Smotherman Ave Carthage TN 37030-1126 PO Box 255 Carthage TN 37030-0332	615-735-0807	615-735-1921	Seven-Cty Bar Assn	12/07	white	male
	John T Blankenship		811 S Church St Murfreesboro TN 37130-4927	615-893-4160	615.895.3942	Rutherford-Cannon Bar Assn	12/06	white	male
	Melanie T Cagle		820 Hwy 100 Centerville TN 37033	931-729-4659		Hickman County Bar Association	12/08	white	female
	Robert A. Dickens		185 Calvert Ridge Rd Westmoreland TN 37186-5405	615-644-2180		Good Neighbor Mission	12/07	white	male
	Roberta Dobbins		903 E End St Apt C-1 Columbia TN 38401-3821	931-388-1280		Carver House Tenant Assn	12/07	black	female
	Trudy Edwards		300 S College St Winchester TN 37398-1570	931-967-4303	931-967-4368	Franklin Cty Bar Assn	12/07	white	female
	Daniel B Eisenstein	General Sessions Court	501 Great Circle Rd Ste 142 Nashville TN 37228-1317	615-880-3683	615-880-3682	Nashville Bar Assn	12/08	white	male
	Richard K Evans		1000 Waterford Pl Ste 200 Kingston TN 37763-2674 PO Box 777 Kingston TN 37763-0777	865-376-5353	865-376-1241	Roane & Morgan Cty Bar Assn	12/06	white	male
	John Andrew Goddard	Bass Berry & Sims	315 Deaderick St Ste 2700 Nashville TN 37238-3001	615-742-6224	615-742-2724	Nashville Bar Association	12/06	white	male
	Barbara Gooch		341 E Castle St Murfreesboro TN 37130-4202	615-893-0752		Domestic Violence Program, Inc.	12/08	white	female
	Fannie J Harris		1130 Eighth Ave S Nashville TN 37203	615-312-7274	615.332.0255	Napier-Looby Bar Assn	12/08	black	female
	Amy T Hollars		1010 E Main St Livingston TN 38570-1322	931-403-0707		Cumberland VanBuren & White Cty Bar Assn	12/07	white	female
	G Wilson Horde	Kramer Rayson Leake Rodgers & Morgan	PO Box 629 Knoxville TN 37901-0629 800 Gay St Ste 2500 Knoxville TN 37929-9702	865-525-5134 X158 865-363-7526 (cell)	865-522-5723	Anderson Cty Bar Assn	12/08	white	male
	Lou Lavender		c/o Martha O'Bryan Center 711 S 7 <sup>th</sup> St Nashville TN 37206-3895	615-254-1791	615-242-3411	Martha O'Bryan Center	12/06	black	female

LEGAL AID SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERLANDS  
BOARD OF DIRECTORS - 2006

Office	Name	Firm	Address	Phone	Fax	Appointing Organization	Term	Race	Gender
	Teresa Poston		3180 Edwards Ln Bloomington Spgs TN 38546-5512	931-525-1325(W) 931-333-3369(C)		Habitat for Humanity	12/07	white	female
	Margaret C Mazzone	Sarah Cannon Research Institute	3322 West End Ave Ste 900 Nashville TN 37203	615-329-7227	615-329-7327	Nashville Bar Assn	12/07	white	female
	Turner McCullough		83 Cedar Crest Dr Apt 30 Clarksville TN 37042-4466	931-552-9597		NAACP Clarksville	12/07	black	male
	James D Petersen		400 Chesterfield Pl Franklin TN 37064-3291	615-794-6033	615-790-0314	Williamson Cty Bar Assn	12/06	white	male
	Adrie Mae Rhodes		2333 Metro Ctr Blvd Apt 401 Nashville TN 37228	615-244-6347		Bethlehem Ctr	12/08	black	female
	Steve Rhodey		231 Jamigan Chapel Rd Clinton TN 37716-5796	865-457-4106		Anderson Cty Comm Action Agy	12/07	white	male
	Denice Scott		1027 Morton St Shelbyville TN 37160-2715	931-684-8941		S Central Human Resource Agy	12/06	white	female
	Keith S Smartt		107 College St McMinnville TN 37110-2537 PO Box 869B McMinnville TN 37111-0869	931-473-3622	931-473-8766	Warren Cty Bar Assn	12/06	white	male
	Gregory D Smith		331 Franklin St Ste One Clarksville TN 37040-3225	931-647-1299	931-647-2850	Montgomery Cty Bar Assn	12/07	white	male
	VACANT					Five-Cty Bar Assn	12/06		
	James L Weatherly Jr	Hollins Wagster & Yarbrough	424 Church St Ste 2200 Nashville TN 37219-2374	615-256-6666	615-254-4254	Nashville Bar Assn	12/08	white	male
	Shelby York		1012 W Forest St LaFollette TN 37766 PO Box 63 Clairfield TN 37715-0063			Model Valley Economic Dev Corp	12/08	white	male

A  
h

# Application for Extension of Time to File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

## **Part I** Automatic 3-Month Extension of Time - Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only ☐

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>LEGAL AID SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERLANDS</b>	Employer identification number <b>62-0800756</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>300 DEADERICK STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NASHVILLE, TN 37201</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **ASHLEY WILTSHIRE**  
Telephone No. ► **615-244-6610** FAX No. ► \_\_\_\_\_
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **AUGUST 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2005** or  
► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ..... \$ \_\_\_\_\_
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ..... \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ..... \$ **N/A**

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 12-2004)