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 2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

. 2006, and ending

Α	For t	he 2006 calen	dar year,	or tax year beginning	, 2006,	and e	ending			,	
В	Check	if applicable:		С				D		ntification Number	
	A									0417	
	N.								Telephone nu		
	In	Initial return NASHVILLE, TN 37201-1101							615-25	- Common -	
	Fi	nal return	instruc- tions.					F	Accounting method:	X Cash	Accrual
	Н	mended return							Other (sp	pecify) -	
	\vdash	pplication pending	Section	on 501(c)(3) organizations and table trusts must attach a con	d 4947(a)(1) nonexempt			re not applicable			E 1
			chari	table trusts must attach a con	npleted Schedule A			this a group re			X No
_		b tatata	-	990 or 990-EZ).			1	'Yes,' enter nur		F1	П.,
G	Web	site: ► WWW.	TNJUSI	ICE.UKG				Are all affiliates i If 'No,' attach a			∐ No
J	Orga	nization type ck only one)		X 501(c) 3 ◀ (insert n	o.) 4947(a)(1) or	527		this a separate			
<u></u>				ization is not a 509(a)(3) supp				rganization cove			X No
n	arne	s receints are	normally	not more than \$25,000. A retu	rn is not required, but if	the	1 0	Group Exemp	ption Numb	er >	
	orga	nization choos	ses to file	a return, be sure to file a com	plete return.		M C	Check -	if the organiz	ation is not requir	ed
L	Gross	s receipts: Add	lines 6b, 8	b, 9b, and 10b to line 12 ▶	2,492,487.					0, 990-EZ, or 990-	PF).
	it I	Revenu	e, Exper	nses, and Changes in No	et Assets or Fund E	Balar	nces (See the in	struction	s.)	
	1			ants, and similar amounts rece							
				advised funds			1				
				not included on line 1a)			 	397,30	02.		
				(not included on line 1a)							
				ons (grants) (not included on l						207	200
	e	t Total (add lines 1a through 1d) (c	ash \$	397,302. noncash	\$)			1e		<u>,302.</u> ,750.
	Program service revenue including government fees and contracts (from Part VII, line 93)										, /30.
	3										798.
	4 Interest on savings and temporary cash investments								****	66	,571.
	5								5		, 511.
		Less: rental in	expenses.	oca). Subtract line 6h from line	o 6a		<u> </u>		6c		
	c Net rental income or (loss). Subtract line 6b from line 6a) 7			
R	7				(A) Securities			(B) Other	/		
REVEN	8 <i>a</i>	Gross amour than inventor	nt from sal	es of assets other		8 a	1				
ñ	ŀ		-	is and sales expenses		81)				
_				le)STATEMENT1.		80	:				
				nbine line 8c, columns (A) and				<u></u>	8d	-30	,440.
	9	Special even	its and act	ivities (attach schedule). If an	y amount is from gamin	g, ch	eck here	e►∐			
	a			luding \$		1 .	1				
		reported on I	line 1b)			9 a					
				other than fundraising expens					9c		
				om special events. Subtract li					50		
				ry, less returns and allowance:							
		Cross profit or (goods so local from ea	ales of inventory (attach schedule). Sul	otract line 10h from line 10a	101	<u> </u>		10 c		
	11			art VII, line 103)						13	,537.
	12			es 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c,							,518.
	13			n line 44, column (B))						779	,381.
E X	14	Management	and gene	ral (from line 44, column (C))	, , , , , , , , , , , , , , , , , , , ,				14	68	,884.
EXPENSES	14 Management and general (from line 44, column (C))								33	,943.	
N S	16			(attach schedule)							
E S	17	Total expens	ses. Add li	nes 16 and 44, column (A)					17		,208.
	18	Excess or (d	eficit) for t	he year. Subtract line 17 from	line 12				18		<u>,690.</u>
N S	19	Net assets or	r fund bala	ances at beginning of year (fro	m line 73, column (A)).				19	3,031	
N S E E T	20	Other change	es in net a	ssets or fund balances (attach	n explanation)S	EE.S	STATE	MENT2	20		<u>,139.</u>
s	21	Net assets or	21	2,826	<u>,239.</u>						

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.

D	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	P T T	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised					
	funds (attach sch)					
	(cash \$)					
	non-cash \$) If this amount includes					
	foreign grants, check here >	22 a				
22 b	Other grants and allocations (att sch)					
	(cash \$					
	non-cash \$)				randa di Salah da Parangan	
	If this amount includes foreign grants, check here ▶	22 b				
23	Specific assistance to individuals (attach schedule)	23				
24		10				
	(attach schedule)	24				
25 a	Compensation of current officers, directors, key employees, etc listed in			400.00:	10 000	1,335.
	Part V-A (attach sch)	25 a	133,592.	120,234.	12,023.	1,333.
b	Compensation of former officers, directors, key employees, etc listed in				_	^
	Part V-B (attach sch)	25 b	0.	0.	0.	0.
C	: Compensation and other distributions, not included above, to disqualified persons (as					
	defined under section 4958(f)(1)) and persons					
	described in section 4958(c)(3)(B) (attach schedule)	25 c	0.	0.	0.	0.
26	Salaries and wages of employees not					
20	included on lines 25a, b, and c	26	327,276.	291,782.	12,864.	22,630.
27	Pension plan contributions not			4.5.500	1 074	1 025
	included on lines 25a, b, and c	27	19,901.	17,792.	1,074.	1,035.
28	Employee benefits not included on		20 601	34,582.	2,088.	2,011.
	lines 25a - 27	28	38,681. 29,817.	26,656.	1,610.	1,551.
29	Payroll taxes	30	29,011.	20,030.	1,010.	
30	Professional fundraising fees Accounting fees	31	5,225.		5,225.	
31 32	Legal fees	32	0,210.			
33	Supplies	33	6,492.	5,803.	351.	338.
34	Telephone		14,882.	13,305.	803.	774.
35	Postage and shipping		5,914.	5,287.	319.	308.
36	Occupancy	36	42,446.	37,947.	2,292.	2,207.
37	Equipment rental and maintenance	37	7,970.	7,125.	430.	415.
38	Printing and publications	38	13,177.	11,780.	712.	685.
39	Travel	39	4,795.	4,795.	100	119.
40	Conferences, conventions, and meetings	40	2,274.	2,033.	122.	117.
41	Interest	41	10,284.	9,193.	556.	535.
42 43	Depreciation, depletion, etc (attach schedule) Other expenses not covered above (itemize):	42	10,204.	$g_{I} \pm g_{I}$.	330.	
	SEE STATEMENT 3	43a	219,482.	191,067.	28,415.	
)	43b				
		43 c				
	1	43 d				
	9	43 e				
f		43f				
ç	J =	43 g				
44	Total functional expenses. Add lines 22a		-			
	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	882,208.	779,381.	68,884.	33,943.
Join	t Costs Check if you are following	SOP	98-2.			राजिक स्थान
Are	any joint costs from a combined education	nal car	npaign and fundraising	solicitation reported i(3) Program services?	Yes X No
If 'Ye	es ' enter(i) the aggregate amount of the	se ioint	costs \$; (ii) the a	mount allocated to Prog	gram services
\$_	; (iii) the amount a			eneral \$, and (iv) th	G GITIOGITE GITOGATOG
to Fi	undraising \$.		TEE A 0.1.001 0.1	102/07		Form 990 (2006)

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Panull Statement of Pr	ogram Service Accomp	lishments	
		ple, serves as the primary or sole source of information about a pach cases may be determined by the information presented on its really describes, in Part III, the organization's programs and accompli	shments.
What is the organization's prima All organizations must describe clients served, publications issued izations and 4947(a)(1) nonexe	ary exempt purpose?	E STATEMENT 4 ements in a clear and concise manner. State the number of tare not measurable. (Section 501(c)(3) and (4) organopt on the amount of grants and allocations to others.) Program (Require (4) of 494: options)	n Service Expenses ed for 501(c)(3) and organizations and 7(a)(1) trusts; but ional for others.)
a SEE STATEMENT 5			
(Create and allocations) If this amount includes foreign grants, check here \rightarrow	779,381.
		The first amount includes to organization, street, when the first amount includes to organization, street, when the first amount includes to organization, street, when the first amount includes to organization, and the first amount includes the first a	
) If this amount includes foreign grants, check here	
(Grants and allocations	\$) If this amount includes foreign grants, check here •	
c			
) If this amount includes foreign grants, check here •	
d			
(Grants and allocations	\$) If this amount includes foreign grants, check here •	
(Grants and allocations) If this amount includes foreign grants, check here •	779,381.
f Total of Program Service	Expenses (should equal line	44, column (B), Program services)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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200		Balance Sheets (See the mandetions:)				1	
Not	e: И	/here required, attached schedules and amounts withir olumn should be for end-of-year amounts only.	n the des	scription	(A) Beginning of year		(B) End of year
		Cash – non-interest-bearing			47,952.	45	31,560.
		Savings and temporary cash investments			290,642.	46	278,655.
		out in go that temperately					
	47 a	Accounts receivable	47 a				
		Less: allowance for doubtful accounts	47 b			47 c	
	-	2000. dilondinos for doublina accessiva					
	48 a	Pledges receivable	48a				
		Less: allowance for doubtful accounts				48 c	
	49	Grants receivable				49	
				i			
		Receivables from current and former officers, director employees (attach schedule)		50 a			
۸	b	Receivables from other disqualified persons (as define and persons described in section 4958(c)(3)(B) (attack	ed unde h sched	r section 4958(f)(1)) ule)		50 b	
ASSETS	51 a	Other notes and loans receivable					
Ĕ		(attach schedule)				F1 -	
Ś		Less: allowance for doubtful accounts				51 c	
		Inventories for sale or use			52 53		
	53	Prepaid expenses and deferred charges			2 670 146	+	2,494,164.
	54 a	Investments — publicly-traded securities STMT6) · ·	Cost X FMV	2,670,146.	54a 54b	2,434,104.
		Investments — other securities (attach sch)	1 1	Cost FMV		54 D	
	55 a	Investments - land, buildings, & equipment: basis.	55 a				
		Less: accumulated depreciation (attach schedule)	55 b			55 c	
	56	Investments - other (attach schedule)				56	
	57 a	Land, buildings, and equipment: basis	57a	60,505.			
	b Less: accumulated depreciation (attach schedule)STATEMENT.7 5			38,645.	23,050.	57 c	21,860.
	58	Other assets, including program-related investments					
		(describe ►)		58		
	59	Total assets (must equal line 74). Add lines 45 through	gh 58		3,031,790.	59	2,826,239.
	60	Accounts payable and accrued expenses				60	
	61	Grants payable				61	
L	62	Deferred revenue				62	
A B	63	Loans from officers, directors, trustees, and key				63	
Ļ	C4 -	employees (attach schedule)				64a	
Ť		Mortgages and other notes payable (attach schedule)				64b	
T E S		Other liabilities (describe				65	
3		Total liabilities. Add lines 60 through 65			0.	66	0.
	66 Ora:	anizations that follow SFAS 117, check here X					
N E T	Orga	through 69 and lines 73 and 74.	na comp	10(0 111100 07			
	67	Unrestricted			3,031,790.	67	2,826,239.
Ş	68	Temporarily restricted				68	
ASSETS.		Permanently restricted				69	
		anizations that do not follow SFAS 117, check here					
O R	Jiya	70 through 74.	لــــا				
FUZD	70	Capital stock, trust principal, or current funds		70			
Ŋ		Paid-in or capital surplus, or land, building, and equip		71			
B	72	Retained earnings, endowment, accumulated income,				72	
Ā		_					
B女」女文とい の	73	Total net assets or fund balances. Add lines 67 throu 72. (Column (A) must equal line 19 and column (B) n	ıyrı 69 0 1 n ust eat	r mes 70 mrough lal line 21)	3,031,790.	73	2,826,239.
S	74	Total liabilities and net assets/fund balances. Add lir	3,031,790.	74	2,826,239.		

	instructions.)	ge per Auditeu Filialicia	1 Statements with	Revenue per recui	
а	Total revenue, gains, and other suppor	t per audited financial stateme	ents	a	676,657
b	Amounts included on line a but not on		1 1		
	1Net unrealized gains on investments		b1	226,139.	
	2Donated services and use of facilities		b2		
	3Recoveries of prior year grants	,	b3		
	4Other (specify):				
	Add lines b1 through b4				226,139
С	Subtract line b from line a			C	450,518
d	Amounts included on Part I, line 12, but		اء ا		
	1 Investment expenses not included on F		1 1		
	2Other (specify):				
			d2		
	Add lines d1 and d2				4E0 E10
е	Total revenue (Part I, line 12). Add line	es c and d		e	450,518
P	ant IV-B. Reconciliation of Expens	ses per Audited Financi	al Statements With	n Expenses per Ret	urn
а	Total expenses and losses per audited	financial statements		a	882,208
b	Amounts included on line a but not on				
	1 Donated services and use of facilities		b1		
	2Prior year adjustments reported on Par	t I, line 20	b2		
	3Losses reported on Part I, line 20				
	4Other (specify):				
	Add lines b1 through b4			b	
С	Subtract line b from line a				882,208
d	Amounts included on Part I, line 17, bu				
_	1 Investment expenses not included on F	Part I. line 6b	d1		
	2Other (specify):				
			31		
	Add lines d1 and d2			d	
е	Total expenses (Part I, line 17). Add lin	nes c and d		▶ e	882,208
	Current Officers, Director or key employee at any time de	rs, Trustees, and Key E	mployees (List eac re not compensated.)	th person who was an of (See the instructions.)	ficer, director, trustee
	ci noy empreyee at any ann	(B) Title and average hours	(C) Compensation	(D) Contributions to	(E) Expense
	(A) Name and address	per week devoted to position	(if not paid, enter -0-)	plans and deferred compensation plans	account and other allowances
				compensation plans	
SE	E STATEMENT 8		133,592	. 10,040.	0
		-			
				·	
]			
		_			
		1	ı	1	

Form 990 (2006) TENNESSEE JUSTICE CENT	ER INC.		62-1630	417	Page 6		
Part V.A. Current Officers, Directors, True	stees, and Key En	iployees (continue	d)		Yes No		
75 a Enter the total number of officers, directors, and trustees pe	ermitted to vote on organizati	on business as board meeting	s. ▶ <u>19</u>				
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relat	ployees listed in Form sated professional and gh family or business r ionship(s)	990, Part V-A, or highed other independent correlationships? If 'Yes,' a	st compensated employ stractors listed in Sched ttach a statement that	75 b	X		
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 the organization? See the instructions for the definition of 'related organization'							
If 'Yes,' attach a statement that includes the in				75.1	v		
d Does the organization have a written conflict o	f interest policy?			75 d	X .		
Part VB Former Officers, Directors, Trus Benefits (If any former officer, director during the year, list that person below a the instructions.)	er tructoo or kov omni	lavaa racaivad compans	ation or other benefits.	(described b	oelow)		
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Exp account a allowa	ind other		
NONE							
							
Part VI Other Information (See the instr	uctions.)			102.200.00	Yes No		
76 Did the organization make a change in its activ	vities or methods of co	nducting activities?					
If 'Yes,' attach a detailed statement of each ch	ange			76	X		
77 Were any changes made in the organizing or g	overning documents b	ut not reported to the If	RS?	77	X		
If 'Yes,' attach a conformed copy of the change				. 70	v		
78 a Did the organization have unrelated business of	pross income of \$1,000	or more during the yea	ar covered by this return	1? 78a	X		
b If 'Yes,' has it filed a tax return on Form 990-T	for this year?			78b	N/A		
79 Was there a liquidation, dissolution, terminatio year? If 'Yes,' attach a statement	n, or substantial contra	action during the		79	X		
80 a Is the organization related (other than by asso	ciation with a statewide	e or nationwide organiz	ation) through common		v		
membership, governing bodies, trustees, office	ers, etc, to any other ex	xempt or nonexempt or	ganization:	80a	X		
b If 'Yes,' enter the name of the organization ►	N/A						
	and ch	neck whether it is ex	kempt or Inonexer				
81 a Enter direct and indirect political expenditures.	(See line 81 instruction	ons.)	81 a	0. 81b	X		
b Did the organization file Form 1120-POL for th	s year?				990 (2006)		
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Financial Accounts.

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Form 990 (2006) TENNESSEE JUSTICE	CENTER INC.			62-1630	417 Page 8
Part W. Other Information (continu					Yes No
c At any time during the calendar year, o	lid the organization	maintain an offic	e outside of the Un	ited States?	91 c X
If 'Yes,' enter the name of the foreign cou	ntry ►				
92 Section 4947(a)(1) nonexempt charital	ole trusts filing Form	n 990 in lieu of F o	orm 1041 - Check I	nere	N/A ► 📋
and enter the amount of tax-exempt in	terest received or a	occrued during the	tax year	▶ 92	N/A
Part VII. Analysis of Income-Produ	icing Activities	(See the instr	uctions.)		
	Unrelated bu	siness income	Excluded by sec	tion 512, 513, or 514	(E)
Note: Enter gross amounts unless otherwise indicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue:a HONORARIA					2,750.
b					
d					
e					
f Medicare/Medicaid payments g Fees & contracts from government agencies					
94 Membership dues and assessments.					
95 Interest on savings & temporary cash invmnts			14	798.	
96 Dividends & interest from securities.			14	66,571.	
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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-30,440.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MISCELLANEOUS			1	13,537.	
С					
d					
e					
104 Subtotal (add columns (B), (D), and (E))	12013			50,466.	2,750.
105 Total (add line 104, columns (B), (D)	. and (E))			· · · · · · · · · · · · · · · · · · ·	53,216.
Note: Line 105 plus line 1d, Part I, should ed					
Part VIII Relationship of Activities	to the Accomp	lishment of Ex	cempt Purposes	(See the instruc	tions.)
Line No. Explain how each activity for wh of the organization's exempt pur					
SEE STATEMENT 9					
532 51123					
Part IX Information Regarding Ta	xable Subsidia	ries and Disre	garded Entities	(See the instruct	ions.)
(A)	(B)		C)	(D)	(E)
Name, address, and EIN of corporation,	Percentage of	Noturo	f activities	Total	End-of-year
partnership, or disregarded entity	ownership interes		1 activities	income	assets
N/A	9	5			
	9	5			
	9				
	9	5			
Part X Information Regarding Tr	ansfers Associ	ated with Pers	onal Benefit Co	ontracts (See the	instructions.)
 a Did the organization, during the year, receive any b Did the organization, during the year, p 	funds, directly or indirec	tly, to pay premiums o	n a personal benefit con	tract?	Yes X No
Note: If 'Yes' to (b), file Form 8870 and F			ni a personal bene	50,111,000, 1,11,11,11	
Note: IT Yes to (D), THE FORM 88/U and F	UIII 4/20 (SEE IIIS	a douorisj.		TEEA0108L 01/19/0	7 Form 990 (2006)

62-1630417

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Har	(XI)	Information Regarding Transfers 10 an organization is a controlling organization	na From Controlled n as defined in sect	tion 512(b)(13)	oiete oilly II tile	7				
		organization is a controlling organization	Tab domina in occi		·		Yes	No		
106	Did t 'Yes	he reporting organization make any transfers to a	controlled entity as def	fined in section 51	2(b)(13) of the Co	de? If		Х		
		(A) Name, address, of each controlled entity	(B) Employer Identificatio Number	n Desci	(C) ription of ansfer	(I Amount o	O) of trans	sfer		
а										
b										
С										
		Totals								
							Yes	No		
107	Did t	the reporting organization receive any transfers fr ,' complete the schedule below for each controlled	om a controlled entity a dentity	s defined in section	on 512(b)(13) of th	e Code? If		Х		
		(A) Name, address, of each controlled entity	(B) Employer Identification Number		(C) ription of ansfer	(I Amount o	D) of trans	sfer		
а										
b										
С										
		Totals								
							Yes	No		
108	Did t	he organization have a binding written contract in ities described in question 107 above?	effect on August 17, 20	006, covering the i	interest, rents, roy	alties, and		Х		
Plea: Sign Here	se	Under penalties of perjury, I declare that I have examined this returne, correct, and complete. Declaration of preparer (other than off Signature of officer Type or print name and title.		edules and statements, of which preparer has a	and to the best of my kn any knowledge.		elief, it is			
Paid Pre-		Preparer's Signature ST N CPN		Date 6-22-2)	Check if self-employed ► X Preparer's SSN of General Instruction			See		
pare Use Only		Firm's name (or yours if self-employed), address, and ZIP + 4 FRASIER, DLAN & HOWARI 3310 WEST END AVENUE, MASHVILLE, TN 37203	O, PLLC STE. 550	EIN ► N/A Phone no. ► (6						
BAA		ZIP+4 NASHVILLE, IN 3/203			Phone no. ► (61		990 (2006)		

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)

2006

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization			Employer identification number $62-1630417$				
	JUSTICE CENTER INC. Compensation of the Five High	and Daid Employees Ot	har Than Officare		d Tructops		
Part I	(See instructions. List each one	est Paid Employees Of	er 'None.')	, Directors, am	u Trustees		
(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 and deferred compensation	(e) Expense account and other allowances		
NONE							
over \$50,000	f other employees paid		0	a positive de la constantina della constantina d			
Part II - A	Compensation of the Five High (See instructions. List each one	nest Paid Independent C e (whether individuals or	Contractors for Pr firms). If there ar	ofessional Ser e none, enter	vices None.')		
(a) Name a	nd address of each independent contra	ctor paid more than \$50,000	(b) Type	of service	(c) Compensation		
NONE							
			-				
\$50,000 for pro	f others receiving over fessional services	-	0				
Pan II - B	Compensation of the Five High (List each contractor who perfo firms. If there are none, enter 'I	rmed services other thai	n professional ser	her Services vices, whether	individuals or		
(a) Name a	nd address of each independent contra-	ctor paid more than \$50,000	(b) Type (of service	(c) Compensation		
NONE							
Total number of	f other contractors receiving						
over \$50,000 fo	r other services		0 24 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				

ā	Statements About Activities (See 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 \(\bar{\star}\) \(\bar{\star}\) \(\bar{\star}\)	4	Х	
	(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	A.	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
	a Sale, exchange, or leasing of property?	2a		Х
	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)?	2d	Х	
	e Transfer of any part of its income or assets?	2e		Х
3	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		Х
	b Did the organization have a section 403(b) annuity plan for its employees?	3b		X
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3с		Х
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х
4	a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a		X
	b Did the organization make any taxable distributions under section 4966?	4b		Х
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X
	d Enter the total number of donor advised funds owned at the end of the tax year			
,	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			<u>_</u>
	f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts)	
,	g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ►)	

TENNESSEE JUSTICE CENTER INC.

62-1630417

Schedule A (Form 990 or 990-EZ) 2006

Schedule A (Form 990 or 990-EZ) 2006

Page 3

Pant	IV Reason for I	Non-Private F	oundation Status (S	See instructions.)	•		
I certi	fy that the organization	is not a private	foundation because it is:	(Please check only ONE ap	plicable box	:.)	
5	A church, convention	n of churches, o	r association of churches.	. Section 170(b)(1)(A)(i).			
6	A school. Section 17	70(b)(1)(A)(ii). (/	Also complete Part V.)				
7	A hospital or a coop	erative hospital	service organization. Sec	tion 170(b)(1)(A)(iii).			
8	A federal, state, or l	ocal governmen	t or governmental unit. S	ection 170(b)(1)(A)(v).			
9				a hospital. Section 170(b)	(1)(A)(iii). E 	nter the hosp	ital's name, city,
10	An organization ope (Also complete the	rated for the be Support Schedu	nefit of a college or unive ile in Part IV-A.)	rsity owned or operated by	a governm	ental unit. Sed	ction 170(b)(1)(A)(iv).
11 a	X An organization that Section 170(b)(1)(A)	t normally receiv)(vi). (Also comp	ves a substantial part of it plete the Support Schedu	s support from a governme lle in Part IV-A.)	ental unit or	from the gene	eral public.
11 b	A community trust.	Section 170(b)(1)(A)(vi). (Also complete t	he Support Schedule in Pa	art IV-A.)		
12	from activities relate	ed to its charitab	ole, etc, functions – subje unrelated business taxabl	6 of its support from contri ct to certain exceptions, ar e income (less section 511 o complete the Support Sc	id (2) no m o tax) from b	usinesses aco	5% OF ILS SUDDOIL
13	An organization that	t is not controlle	d by any disqualified pers	sons (other than foundation ses the type of supporting o	managers)	and otherwise	e meets the
	Type I	Type II		onally Integrated out the supported organiz	Type III		
	(a) Name(s) of suppo organization(s	orted	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup organization	d) upported on listed in uporting vation's rning	(e) Amount of support
					Yes	No	
	•						
						L	
Total.						<u>F</u>	0.
14	An organization orga	anized and opera	ated to test for public safe	ety. Section 509(a)(4). (See	e instruction	s.)	

BAA

Park VA 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. (e) Total Calendar year (or fiscal year beginning in)..... Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.).. 678,181. 1,979,988. 459,786. 311,173. 530,848. 16 Membership fees received. Gross receipts from admissions. 17 merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 17,974. 3,400,647. 1,346,019. 1.750 2,034,904 charitable, etc, purpose..... 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 organ-136,248. 9,067. 8,633. 66,535. 52,013. ization after June 30, 1975. 19 Net income from unrelated business 0. activities not included in line 18. . Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf 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 0. the public without charge ... Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE. STMT. 10 11,576. 6,224. 5,352. 5,528,459. 704,788. 2,623,989. 1,814,872. 384.810. 23 Total of lines 15 through 22.... 2,127,812. 468,853. 686,814. 589,085. 24 Line 23 minus line 17...... 383,060. 7,048. 26,240. 18,149. 25 Enter 1% of line 23...... 3,848. 42,556. a Enter 2% of amount in column (e), line 24..... 26 a 26 Organizations described on lines 10 or 11: 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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your 26 b 255,332. return. Enter the total of all these excess amounts. 26 c 2,127,812 c Total support for section 509(a)(1) test: Enter line 24, column (e)..... 18 136, 248. 19 d Add: Amounts from column (e) for lines: 403,156. 26 b 26 d 724,656. e Public support (line 26c minus line 26d total)..... 26 e f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 81.05 % 26 f Organizations described on line 12: N/A 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: _____(2004) _____(2003) _____(2003) bFor 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: _____(2004) _ _ _ _ (2003) _ _ _ _ (2003) _ _ _ _ (2002) _ _ _ _ c Add: Amounts from column (e) for lines: 15 27 c 27 d and line 27b total d Add: Line 27a total e Public support (line 27c total minus line 27d total)..... 27 e f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)... > 27f 왕 g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). 27 a 왕 h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))...... 27 h

di	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	. 29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	. 30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	. 31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	_		
32	Does the organization maintain the following:			25,250
	Records indicating the racial composition of the student body, faculty, and administrative staff?	. 32 a		
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	. 32b		
(Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	. 32 c		
	Copies of all material used by the organization or on its behalf to solicit contributions?	32 d	SNITS	ASSOCIATION IN
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
	Does the organization discriminate by race in any way with respect to:	. 33a		
i	a Students' rights or privileges?	- 33 a		
ı	Admissions policies?	. 33b		
(Employment of faculty or administrative staff?	. 33 c		
	Scholarships or other financial assistance?	. 33 d		
	Educational policies?	. 33e		
	Use of facilities?	. 33f		
9	g Athletic programs?	. 33 g		
ı	1 Other extracurricular activities?	. 33 h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)	- 814 814		
34 a	a Does the organization receive any financial aid or assistance from a governmental agency?	. 34a		
·	Has the organization's right to such aid ever been revoked or suspended?	. 34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial prodiscrimination? If 'No ' attach an explanation	. 35		

Schedule A (Form 990 or 990-EZ) 2006

Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Chec	ck ► a if the organization belongs to an affiliated group. Check ► b if you	check	red 'a' and 'limited conti	rol' provisions apply.
31.00	Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		281.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)			423.
38	Total lobbying expenditures (add lines 36 and 37)		0.	704.
39	Other exempt purpose expenditures			881,504.
40	Total exempt purpose expenditures (add lines 38 and 39)		0.	882,208.
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			455 201
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41		157,331.
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		4.00	
	Over \$17,000,000\$1,000,000			00.000
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0.	39,333.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		0.	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.	0.
	Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			
			41.4	

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.)

		000	e the manuchoris for m								
			Lobbying Expenditures During 4 -Year Averaging Period								
	Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total					
45	Lobbying nontaxable amount	157,331.	193,967.	136,971.	143,584.	631,853.					
46	Lobbying ceiling amount (150% of line 45(e))					947,780.					
47	Total lobbying expenditures	704.	670.	1,391.	1,608.	4,373.					
48	Grassroots non- taxable amount	39,333.	48,492.	34,243.	35,896.	157,964.					
49	Grassroots ceiling amount (150% of line 48(e))					236,946.					
50	Grassroots lobbying expenditures	281.	202.	899.		1,382.					

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A During the year, did the organization attempt to influence national, state or local legislation, including any Yes No Amount attempt to influence public opinion on a legislative matter or referendum, through the use of: b Paid staff or management (Include compensation in expenses reported on lines c through h.)...... d Mailings to members, legislators, or the public e Publications, or published or broadcast statements..... g Direct contact with legislators, their staffs, government officials, or a legislative body..... h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means..... i Total lobbying expenditures (add lines c through h.)..... If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the	reporting organization	directly or in	ndirectly enga	age in any of the follo	owing	g with any other organization describeng to political organizations?	ed in secti	on 50	1(c)
of the (code (other than section ers from the reporting or	appization t	n a nonchari	table evemnt organiz	zation	n of:		Yes	No
a transie	ers from the reporting or	garnzation	o a Horicitan	table exempt organiz	_0(101		51 a (i)		X
(i)Ca	or accets						a (ii)		X
` '	ransactions:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1.5		
		ate with a n	oncharitable	exempt organization		,	b (i)		X
							b (ii)		X
							b (iii)		X
						· · · · · · · · · · · · · · · · · · ·	b (iv)		X
							b (v)		Χ
(vi)Pe	rformance of services or	membersh	ip or fundrais	sing solicitations			b (vi)		Χ
a Charin	a of facilities equipment	mailina lis	te other acc	ets or naid employe	20		С		Χ
d If the a	enswer to any of the abounds, other assets, or ser	ve is 'Yes,' vices given ngement, s	complete the by the repor	e following schedule. ting organization. If t in (d) the value of th	Colu he or e goo	mm (b) should always show the fair n rganization received less than fair ma ods, other assets, or services receive	narket val irket value d:	ue of in	<u> </u>
(a) Line no.	(b) Amount involved	Name of	noncharitable	c) e exempt organizatio	n	(d) Description of transfers, transactions, and			ts
N/A									
	ii								
			iliated with, o ther than sec	or related to, one or a ction 501(c)(3)) or in	more secti	tax-exempt organizations on 527?	► ☐ Ye	s X	No
b If 'Yes	,' complete the following	schedule:		(b)	$\neg \Gamma$	(c)			
	Name of organization		Туре	of organization	ļ	(c) Description of relatior	nship		
N/A									
N/A					-				
,									
· · · · · · · · · · · · · · · · · · ·									

Form **8868**

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury

File a separate application for each return.

mileman ive venue	Del Aice			
If you are	filing for an Automatic 3-Month	Extension, complete only Part I and check t	this box	
If you are	filing for an Additional (not auto	matic) 3-Month Extension, complete only P	Part II (on page 2 of this	s form).
		dy been granted an automatic 3-month exte		
		on of Time. Only submit original (no		
Part I only		Form 990-T and requesting an automatic 6-r		🗲
All other corp income tax re		partnerships, REMICS, and trusts must use	e Form 7004 to request	an extension of time to file
returns noted electronically composite or c	below (6 months for section 501 if (1) you want the additional (no onsolidated Form 990-T. Instead, vi	ectronically file Form 8868 if you want a 3-m (c)(3) corporations required to file Form 990 t automatic) 3-month extension or (2) you fi ou must submit the fully completed and signed irs.gov/efile and click on e-file for Charities &	I-T). However, you canr ile Forms 990-BL, 6069 page 2 (Part II) of Form	not file Form 8868 . or 8870. group returns, or a
i	Name of Exempt Organization			Employer identification number
Type or print	mpungang mampa an	AMED THE		C2 1 C2 D 4 1 7
ino by the	TENNESSEE JUSTICE CEI Number, street, and room or suite number.			62-1630417
due date for l filing your	, ,	it a F.O. DOX, see instructions.		
return. See instructions.	301 CHARLOTTE AVENUE City, town or post office. For a foreign addre	ess, see instructions		state ZIP code
	NASHVILLE, TN 37201-			
	f return to be filed (file a separat			
X Form 990	·	Form 990-T (corporation)	Form 472	· · · · · · · · · · · · · · · · · · ·
Form 990	 	Form 990-T (section 401(a) or 408(a) trust		
Form 990		Form 990-T (trust other than above)	Form 606	
Form 990	 	Form 1041-A	Form 887	
The books	are in the care of . ► GORDON	BONNYMAN		
Telephone	No. ► 615-255-0331	FAX No. ►		
• If the orga	nization does not have an office	or place of business in the United States, ch	heck this box	▶ [
• If this is fo	or a Group Return, enter the orga	nization's four digit Group Exemption Numb	er (GEN) If	this is for the whole group,
check this	box . ► . If it is for part of the	ne group, check this box. 🕨 🗌 and attach a	a list with the names a	nd EINs of all members
	sion will cover.			
		s for a section 501(c)(3) corporation require		xtension of time
until	<u>8/15</u> , 20_ <u>07_</u> , to file t	he exempt organization return for the organ	nization named above.	
	ension is for the organization's re	turn for:		
► X (calendar year 20_ <u>06</u> _ or			
▶ [] {	ax year beginning	, 20, and ending	, 20	
	x year is for less than 12 months			nange in accounting period
		I-PF, 990-T, 4720, or 6069, enter the tentation		3a \$ 0
		90-T, enter any refundable credits and estim t allowed as a credit		зь \$ 0.
deposit v	with FTD coupon or, if required, b	a. Include your payment with this form, or, i y using EFTPS (Electronic Federal Tax Pay	ment System).	3c \$ 0.
Caution. If you		: fund withdrawal with this Form 8868, see F	Form 8453-EO and Forr	n 8879-EO for

Of mailed 518107

Form 8868 (Rev 12-2006)

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

2006

FEDERAL STATEMENTS

PAGE 1

TENNESSEE JUSTICE CENTER INC.

62-1630417

STATEMENT 1 FORM 990, PART I, LINE 8 NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE:

2,011,529.

COST OR OTHER BASIS:

2,041,969.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$

-30,440.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$

-30,440.

STATEMENT 2 FORM 990, PART I, LINE 20 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAINS ON INVESTMENTS.....

TOTAL \$ 226,139.

STATEMENT 3 FORM 990, PART II, LINE 43 OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	FUNDRAISING
CONTRACT SERVICES DUES INSURANCE LAW LIBRARY LITIGATION EXPENSES MISCELLANEOUS PUBLIC RELATIONS TAXES AND LICENSES	127,946. 2,788. 7,822. 3,409. 14,894. 8,360. 49,798. 4,465. TOTAL \$ 219,482.	3,409. 14,894. 44,818.	2,788. 7,822. 8,360. 4,980. 4,465. \$ 28,415.	\$ 0.

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

TO PROVIDE FREE OR BELOW-COST CIVIL LEGAL SERVICES TO INDIGENT TENNESSEANS THROUGH ADVOCACY OF ALL TYPES.

20	1	16
~\	Jl	\mathbf{v}

FEDERAL STATEMENTS

PAGE 2

TENNESSEE JUSTICE CENTER INC.

62-1630417

STATEMENT 5	
FORM 990, PART III, LINE A	
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	,

PROGRAM
GRANTS AND SERVICE
DESCRIPTION ALLOCATIONS EXPENSES

PROVIDED CIVIL LEGAL REPRESENTATION TO APPROXIMATELY 852 INDIVIDUAL LOW-INCOME TENNESSEE FAMILIES. THE ORGANIZATION ALSO REPRESENTED 1.1 MILLION POOR AND UNINSURED INDIVIDUALS IN CERTIFIED CLASS ACTIONS INVOLVING ACCESS TO HEALTH CARE. SEE ADDITIONAL STATEMENT A.

779,381.

INCLUDES FOREIGN GRANTS: NO

\$ 0. \$ 779,381.

STATEMENT 6 FORM 990, PART IV, LINE 54A INVESTMENTS - PUBLICLY TRADED SECURITIES

CORPORATE STOCKS

COMMON STOCKS

VALUATION
METHOD
AMOUNT

MARKET VALUE \$ 1,670,462.

TOTAL \$ 1,670,462.

CORPORATE BONDSVALUATION METHODAMOUNTBONDSMARKET VALUE823,702.

TOTAL \$ 823,702.

PUBLICLY TRADED SECURITIES \$ 2,494,164.

STATEMENT 7 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY		BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	TOTAL \$	60,505. 60,505.	\$ 38,645. \$ 38,645.	\$ 21,860. \$ 21,860.

FEDERAL STATEMENTS

PAGE 3

TENNESSEE JUSTICE CENTER INC.

62-1630417

STATEMENT 8 FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	ACCOUNT/
GAIL VAUGHN ASHWORTH	PRESIDENT \$	0.	\$ 0.	\$ 0.
NASHVILLE, TN,	<u> </u>			
VIC ALEXANDER	BOARD MEMBER 1	0.	0.	0.
NASHVILLE, TN	1			
REV. HENRY BLAZE	BOARD MEMBER 1	0.	0.	0.
NASHVILLE, TN	1			
BENJAMIN BARTON	BOARD MEMBER 1	0.	0.	0.
KNOXVILLE, TN	<u> </u>			
HON. RILEY ANDERSON	BOARD MEMBER 1	0.	0.	0.
KNOXVILLE, TN	4			
DAVID R. ESQUIVEL	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	-			
MARY BUFWACK	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	•			
SUSAN SPEAR DYER	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN				
BILL FARMER	BOARD MEMBER 1	0.	0.	0.
NASHVILLE, TN				
DR. ROBERT F. MILLER	BOARD MEMBER 1	0.	0.	0.
NASHVILLE, TN				
DR. DWIGHT MONTGOMERY	BOARD MEMBER 1	0.	0.	0.
MEMPHIS, TN	τ			
BARBARA DALE HOLMES	BOARD MEMBER 1	0.	0.	0.
NASHVILLE, TN	1			

TENNESSEE JUSTICE CENTER INC.

62-1630417

STATEMENT 8 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	
ARTHUR J. REBROVICK, JR.	SECRETARY/TREAS	\$ 0.	\$ 0.	\$ 0.
NASHVILLE, TN	1			
ROBIN MILLER	BOARD MEMBER	0.	0.	0.
CHATTANOOGA, TN	1			
A. GREGORY RAMOS	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			
SANDRA ROBERTS	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			
G. GORDON BONNYMAN	EXECUTIVE DIREC	69,796.	5,194.	0.
NASHVILLE, TN	10			
MICHELE M. JOHNSON	MANAGING ATTORN 40	63,796.	4,846.	0.
NASHVILLE, TN	10			
MARILYN ROBINSON	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	~			
DR. TAYLOR WRAY	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	_			
CYNTHIA R. WYRICK	BOARD MEMBER	0.	0.	0.
SEVIERVILLE, TN	-			
	TOTAL	\$ 133,592.	\$ 10,040.	\$ 0.

STATEMENT 9 FORM 990, PART VIII RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE # EXPLANATION OF ACTIVITIES

THESE REVENUES WERE RECEIVED TO COMPENSATE THE ORGANIZATION FOR STAFF TIME PRESENTING LECTURES OR PARTICIPATING IN THE PROGRAMMATIC ACTIVITIES OF OTHER EXEMPT ORGANIZATIONS. THESE ACTIVITIES FURTHER THE TENNESSEE JUSTICE CENTER'S WORK BY PROVIDING TECHNICAL ASSISTANCE TO OTHER SERVICE ORGANIZATIONS THAT SERVE SIMILAR CONSTITUENCIES, AND BY RAISING THE PUBLIC AWARENESS OF THE TENNESSEE JUSTICE CENTER AND THE WORK THAT IT DOES.

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FEDERAL STATEMENTS

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STATEMENT 10 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

DESCRIPTION		(A)	2005_	(B)	2004	(C)	2003	<u>(D)</u>	2002	(E) TOTAL
MISCELLANEOUS	TOTAL	\$ \$	5,352. 5,352.	\$ \$	6,224. 6,224.	\$ \$	0. 0.	\$ \$	0. 0.	\$ \$	11,576. 11,576.

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FORM 990, PART II, LINE 42

OFFICE FURNITURE AND EQUIPMENT ARE RECORDED AT COST. DEPRECIATION IS COMPUTED OVER THE ESTIMATED USEFUL LIVES OF DEPRECIABLE ASSETS USING THE STRAIGHT-LINE METHOD. THE ESTIMATED USEFUL LIVES OF OFFICE FURNITURE AND EQUIPMENT IS THREE TO SEVEN YEARS.

STATEMENT A Form 990, Page 3, Part III, Line a – Statement of Program Service Accomplishments

During 2006, the Tennessee Justice Center assisted 852 low-income families in the informal resolution of their legal problems, some of which involved administrative appeals procedures outside the judicial system. In addition to those services, the organization litigated the following cases in the judicial system in 2006:

Grier v. Goetz, Doc. No. 79-3107 (M.D. Tenn.) – The Tennessee Justice Center represented 1.17 inillion low-income and uninsured Tennesseans of all ages in this certified class action. The case enforces federal due process regulations that protect low-income and uninsured Medicaid beneficiaries when TennCare managed care contractors deny or terminate medically necessary health services. The litigation benefits the public generally, because it:

- vindicates constitutional due process standards established by the Supreme Court;
- implements and enforces longstanding federal statutes and 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 unnecessary costs associated with the treatment of injuries caused by such wrongful denials.

During 2006, the Center monitored and enforced compliance with standing orders in the case.

John B. v. Neel, Doc. No. 3-98-0168 (M.D. Tenn.) — The Tennessee Justice Center represented over 625,000 low-income and uninsured children in this certified class action. The case involves compliance by the State of Tennessee and its private managed care contractors with federal legal requirements dealing with the provision of early and periodic screening, diagnosis and treatment (EPSDT) to low-income and uninsured children on TennCare, Tennessee's Medicaid managed care program. The case also involves the enforcement of additional legal protections for children in Tennessee's foster care system. The suit benefits the public generally, because it seeks to implement a children's health mandate that Congress has reaffirmed and strengthened over a 30-year period and that reflects accepted pediatric practice standards. During 2006, the Center continued to work for implementation of a 1998 settlement in which TennCare agreed to implement EPSDT requirements, a goal which has yet to be achieved. That settlement was designed by the Center and state officials to improve the health and mental health status of thousands of Tennessee children, including at risk children in the foster care system.

Rosen v. Tennessee Commissioner of Finance and Administration, Doc. No. 3:98-627 (M.D. Tenn.) – The Tennessee Justice Center represented 450,000 low-income and uninsured children and adults in this certified class action. The case enforces federal due process requirements that protect low-income and uninsured TennCare applicants and enrollees from the erroneous and arbitrary denial or termination of their TennCare eligibility. This case benefits the public generally by vindicating important constitutional due process principles, and by enforcing federal regulatory and statutory requirements of longstanding. The case protects thousands of vulnerable children and adults from the adverse health consequences of deprivation of health coverage and access to necessary medical care. During 2006, the Center monitored compliance with a 2001 agreed order whose terms protect medically indigent patients from the loss of health coverage due to erroneous determinations of eligibility.

During 2006, the Tennessee Justice Center did not apply for or receive any attorney's fees in these or any other cases.