

Disability Rights Tennessee
fka DISABILITY LAW & ADVOCACY CENTER TN
2 International Plaza No. 825
Nashville, TN 37217

Dear Shelia.

Enclosed is the organization's 2014 Exempt Organization return. The return should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before February 16, 2016.

Mail to:
Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

For your convenience, we are enclosing, in a separate folder, a copy of your Form 990 that should be used for the public inspection requirements.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Frasier, Dean & Howard, PLLC

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014Open to Public
Inspection**A** For the 2014 calendar year, or tax year beginning **OCT 1, 2014** and ending **SEP 30, 2015****B** Check if applicable:

- ☐ Address change
☒ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**DISABILITY RIGHTS TENNESSEE****FKA DISABILITY LAW & ADVOCACY CENTER TN**

Doing business as

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

2 INTERNATIONAL PLAZARoom/suite
825

City or town, state or province, country, and ZIP or foreign postal code

NASHVILLE, TN 37217**F** Name and address of principal officer: **LISA PRIMM****SAME AS C ABOVE****D** Employer identification number**62-1060918****E** Telephone number**(615) 298-1080****G** Gross receipts \$**2,376,150.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☒ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.DISABILITYRIGHTSTN.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1978** **M** State of legal domicile: **TN****Part I Summary**

| | | |
|-----------------------------|--|---|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: LEGAL BASED ADVOCACY FOR PERSONS WITH DISABILITIES. |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) 3 16 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) 4 16 |
| | 5 | Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 35 |
| | 6 | Total number of volunteers (estimate if necessary) 6 20 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 7b 0. | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) 8 2,233,286. 2,209,771. |
| | 9 | Program service revenue (Part VIII, line 2g) 9 0. 0. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 13,900. 2,086. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 82,323. 96,386. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2,329,509. 2,308,243. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) 14 0. 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 1,732,989. 1,787,586. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) 16a 0. 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) b 8,415. |
| Net Assets or Fund Balances | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 604,812. 539,624. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 2,337,801. 2,327,210. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 19 -8,292. -18,967. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) 20 1,200,166. 1,173,338. |
| | 21 | Total liabilities (Part X, line 26) 21 165,537. 157,676. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 22 1,034,629. 1,015,662. |

Part II Signature Block

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.

| | | |
|-------------------|---|--------------------------------|
| Sign Here | Signature of officer | Date |
| | LISA PRIMM, EXECUTIVE DIRECTOR | |
| Paid | Print/Type preparer's name | Preparer's signature |
| | SARA G. MOON | Sara G. Moon, CPA |
| Preparer Use Only | Firm's name ▶ FRASIER, DEAN & HOWARD, PLLC | Firm's EIN ▶ 62-1073578 |
| | Firm's address ▶ 3310 WEST END AVE STE 550 NASHVILLE, TN 37203 | Phone no. 615-383-6592 |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒ **X**

1 Briefly describe the organization's mission:

DISABILITY RIGHTS TENNESSEE IS A NONPROFIT LEGAL SERVICES ORGANIZATION DEDICATED TO PROTECTING THE RIGHTS OF TENNESSEANS WITH DISABILITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,011,005. including grants of \$) (Revenue \$)

DRT IS TENNESSEE'S PROTECTION AND ADVOCACY (P&A) SYSTEM THAT RESULTED FROM FEDERAL LEGISLATION, THE DEVELOPMENTAL DISABILITIES ASSISTANCE AND BILL OF RIGHTS ACT OF 1975. THE ACT DEFINES THE P&A SYSTEM AS ONE THAT HAS THE AUTHORITY TO PURSUE LEGAL, ADMINISTRATIVE AND OTHER APPROPRIATE REMEDIES TO INSURE THE PROTECTION OF RIGHTS AND ADVOCATE ON BEHALF OF THOSE PERSONS WHO HAVE A DEVELOPMENTAL DISABILITY. DRT ADMINISTERS SIX P&A PROGRAMS, CLIENT ASSISTANCE PROGRAM AND SOCIAL SECURITY REP PAYEE CONTRACT. EACH OF THESE PROGRAMS HAS A PRIMARY GOALS OF PROTECTING THE CIVIL RIGHTS OF INDIVIDUALS WITH DISABILITIES, ALTHOUGH THE SPECIFIC DISABILITY OR ISSUE MAY BE DESIGNATED BY THE MANDATING ACT, AND ADVOCACY EFFORTS TO EXPAND THE ABILITIES OF THOSE WITH DISABILITIES TO LIVE PRODUCTIVE, FULFILLING LIVES. NO INDIVIDUAL OR GROUP RECEIVING

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **2,011,005.**

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Part IV Checklist of Required Schedules

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | <input type="checkbox"/> | <input type="checkbox"/> |

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Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | X |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | X |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

| | | 15 | Yes | No |
|-----|--|-----|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 15 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 35 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | X |
| b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders | 11a | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | |
| c | Enter the amount of reserves on hand | 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | |

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒ X

Section A. Governing Body and Management

| | 1a | 1b | Yes | No |
|--|----|----|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 16 | | | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | |
| b Enter the number of voting members included in line 1a, above, who are independent | | 16 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | X | |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | X |
| 6 Did the organization have members or stockholders? | | | | X |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | | | X |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a The governing body? | | | X | |
| b Each committee with authority to act on behalf of the governing body? | | | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | Yes | No |
|--|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? | | X |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 13 Did the organization have a written whistleblower policy? | X | |
| 14 Did the organization have a written document retention and destruction policy? | X | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | X | |
| b Other officers or key employees of the organization | X | |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **SHELIA MULLIS - (615) 298-1080**
2 INTERNATIONAL PLAZA, SUITE 825, NASHVILLE, TN 37217

DISABILITY RIGHTS TENNESSEE

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FKA DISABILITY LAW & ADVOCACY CENTER TN

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

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) SCOTT LILLARD BOARD MEMBER | 0.20 | X | | | | | | 0. | 0. | 0. |
| (2) CHRISTOPHER SPIVEY BOARD MEMBER | 0.30 | X | | | | | | 0. | 0. | 0. |
| (3) NORRIS BRANICK BOARD MEMBER | 0.30 | X | | | | | | 0. | 0. | 0. |
| (4) ELISE MCMILLAN BOARD MEMBER | 0.30 | X | | | | | | 0. | 0. | 0. |
| (5) JENNESS ROTH BOARD MEMBER | 0.30 | X | | | | | | 0. | 0. | 0. |
| (6) ALAN MUIR BOARD MEMBER | 0.20 | X | | | | | | 0. | 0. | 0. |
| (7) WANDA WILLIS BOARD MEMBER | 0.30 | X | | | | | | 0. | 0. | 0. |
| (8) REP. DARREN JERNIGAN BOARD MEMBER | 0.20 | X | | | | | | 0. | 0. | 0. |
| (9) DAVID KOWALSKI BOARD MEMBER | 0.20 | X | | | | | | 0. | 0. | 0. |
| (10) DEREK FLAKE BOARD MEMBER | 0.30 | X | | | | | | 0. | 0. | 0. |
| (11) STEPHANIE COOK BOARD MEMBER | 0.20 | X | | | | | | 0. | 0. | 0. |
| (12) LINDSAY EVANS-MITCHELL BOARD MEMBER | 0.30 | X | | | | | | 0. | 0. | 0. |
| (13) CRAIG BARNES SECRETARY | 0.30 | X | | X | | | | 0. | 0. | 0. |
| (14) SHALINI ROSE PRESIDENT | 0.30 | X | | X | | | | 0. | 0. | 0. |
| (15) BOB BENNING TREASURER | 0.30 | X | | X | | | | 0. | 0. | 0. |
| (16) EBONY GILBERT VICE PRESIDENT | 0.30 | X | | X | | | | 0. | 0. | 0. |
| (17) LISA PRIMM EXECUTIVE DIRECTOR | 38.00 | | | X | | | | 79,951. | 0. | 18,746. |

Form 990 (2014)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|---|--|---|--|----------------------|---|---|--|---------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | 2,201,265. | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 8,506. | | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h | Total. Add lines 1a-1f | | 2,209,771. | | | | |
| Program Service Revenue | Business Code | | | | | | | |
| | 2 a | | | | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 2,416. | | | 2,416. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6 a | Gross rents | (i) Real | (ii) Personal | | | | |
| | | b | Less: rental expenses | | | | | |
| | | c | Rental income or (loss) | | | | | |
| | | d | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | b | Less: cost or other basis and sales expenses | | 49,743. | | | |
| | | c | Gain or (loss) | | 50,073. | | | |
| | | d | Net gain or (loss) | | -330. | | | -330. |
| | 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | 47,143. | | | | |
| | | b | Less: direct expenses | b | 17,834. | | | |
| | | c | Net income or (loss) from fundraising events | | 29,309. | | | 29,309. |
| | | 9 a | Gross income from gaming activities. See Part IV, line 19 | a | | | | |
| | 10 a | Gross sales of inventory, less returns and allowances | a | | | | | |
| | | b | Less: cost of goods sold | b | | | | |
| | | c | Net income or (loss) from sales of inventory | | | | | |
| | | Miscellaneous Revenue | | | Business Code | | | |
| | 11 a | CONTRACT REVENUE | 900099 | 67,077. | | | 67,077. | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | | All other revenue | | | | | | |
| e | | Total. Add lines 11a-11d | | 67,077. | | | | |
| 12 | Total revenue. See instructions. | | 2,308,243. | 0. | 0. | 98,472. | | |

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FKA DISABILITY LAW & ADVOCACY CENTER TN

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Form 990 (2014)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 87,920. | 74,571. | 13,186. | 163. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 1,363,786. | 1,156,711. | 204,542. | 2,533. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 224,824. | 180,336. | 42,742. | 1,746. |
| 10 Payroll taxes | 111,056. | 89,080. | 21,113. | 863. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 43,627. | 29,627. | 14,000. | |
| 12 Advertising and promotion | 179,928. | 178,093. | 1,402. | 433. |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 168,262. | 168,262. | | |
| 17 Travel | 79,420. | 70,269. | 9,151. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 7,527. | 5,955. | 1,527. | 45. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 27,929. | 27,929. | | |
| 23 Insurance | 12,584. | 12,584. | | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a MISCELLANEOUS | 11,694. | 8,935. | 127. | 2,632. |
| b PARTICIPANT SUPPORT | 7,350. | 7,350. | | |
| c CLIENT CASES | 1,303. | 1,303. | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 2,327,210. | 2,011,005. | 307,790. | 8,415. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here ☐ if following SOP 98-2 (ASC 958-720)

DISABILITY RIGHTS TENNESSEE

FKA DISABILITY LAW & ADVOCACY CENTER TN

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Form 990 (2014)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | -20,035. | 1 | -14,157. |
| | 2 Savings and temporary cash investments | 1,001,680. | 2 | 973,708. |
| | 3 Pledges and grants receivable, net | 105,085. | 3 | 83,745. |
| | 4 Accounts receivable, net | 15,417. | 4 | 30,212. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 29,482. | 9 | 29,804. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 254,114. | | |
| | b Less: accumulated depreciation | 10b 184,088. | 10c | 70,026. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 1,200,166. | 16 | 1,173,338. | |
| Liabilities | 17 Accounts payable and accrued expenses | 147,293. | 17 | 125,715. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 18,244. | 19 | 31,961. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 165,537. | 26 | 157,676. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 1,034,629. | 27 | 1,015,662. |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 1,034,629. | 33 | 1,015,662. |
| 34 Total liabilities and net assets/fund balances | 1,200,166. | 34 | 1,173,338. | |

Form 990 (2014)

Form 990 (2014)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

| | | | |
|----|--|----|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,308,243. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,327,210. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -18,967. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,034,629. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,015,662. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Form 990 (2014)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2014

Open to Public Inspection

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

| | |
|--------------------------|--|
| Name of the organization | DISABILITY RIGHTS TENNESSEE FKA DISABILITY LAW & ADVOCACY CENTER TN |
|--------------------------|--|

Employer identification number
62-1060918

| Part I | Reason for Public Charity Status (All organizations must complete this part.) See instructions. |
|--------|---|
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The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s). _____

| g Provide the following information about the supported organization(s): | | | | | | |
|--|----------|---|---|----|---|---|
| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see Instructions) | (vi) Amount of other support (see Instructions) |
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| Total | | | | | | |

Total

DISABILITY RIGHTS TENNESSEE

Schedule A (Form 990 or 990-EZ) 2014 **FKA DISABILITY LAW & ADVOCACY CENTER TN 62-1060918** Page **2**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 2244126. | 2177893. | 2198570. | 2233286. | 2209771. | 11063646. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 2244126. | 2177893. | 2198570. | 2233286. | 2209771. | 11063646. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 11063646. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | 2244126. | 2177893. | 2198570. | 2233286. | 2209771. | 11063646. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 11,130. | 7,974. | 12,257. | 12,953. | 2,416. | 46,730. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 90,940. | 111,155. | 51,466. | 64,127. | 67,077. | 384,765. |
| 11 Total support. Add lines 7 through 10 | | | | | | 11495141. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 82,984. |

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

| | | |
|---|----|-------------------------------------|
| 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) | 14 | 96.25 % |
| 15 Public support percentage from 2013 Schedule A, Part II, line 14 | 15 | 99.59 % |
| 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

Schedule A (Form 990 or 990-EZ) 2014

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

DISABILITY RIGHTS TENNESSEE

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below. | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990). | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | | |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | | |
| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | | |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below. | | |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |

DISABILITY RIGHTS TENNESSEE

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. Type III Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

DISABILITY RIGHTS TENNESSEE

Schedule A (Form 990 or 990-EZ) 2014 **FKA DISABILITY LAW & ADVOCACY CENTER TN 62-1060918** Page **6**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|--------------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | (A) Prior Year | (B) Current Year |
|----------------------------------|---|----------------|------------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990 or 990-EZ) 2014

DISABILITY RIGHTS TENNESSEE

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2014 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2014 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2014: | | | |
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e From 2013 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2014 distributable amount | | | |
| i Carryover from 2009 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2014 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2014 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | |
| 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). | | | |
| 7 Excess distributions carryover to 2015. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b | | | |
| c | | | |
| d Excess from 2013 | | | |
| e Excess from 2014 | | | |

Schedule A (Form 990 or 990-EZ) 2014 **FKA DISABILITY LAW & ADVOCACY CENTER TN** 62-1060918 Page 8

Also complete this part for any additional information. (See instructions).

OTHER INCOME CONSISTS OF CONTRACT REVENUE.

Schedule B

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

Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

DISABILITY RIGHTS TENNESSEE
FKA DISABILITY LAW & ADVOCACY CENTER TN

Employer identification number

62-1060918

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization
DISABILITY RIGHTS TENNESSEE
FKA DISABILITY LAW & ADVOCACY CENTER TN

Employer identification number
62-1060918

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| <u>1</u> | <u>U.S. DEPARTMENT OF EDUCATION</u> <u>400 MARYLAND AVENUE, SW</u> <u>WASHINGTON, DC 20202</u> | \$ <u>517,683.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>2</u> | <u>DEPT. OF HEALTH AND HUMAN SERVICES</u> <u>200 INDEPENDENCE AVENUE, SW</u> <u>WASHINGTON, DC 20201</u> | \$ <u>1,622,999.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>3</u> | <u>SOCIAL SECURITY ADMINISTRATION</u> <u>6401 SECURITY BLVD.</u> <u>BALTIMORE, MD 21235</u> | \$ <u>60,586.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u> </u> | <u> </u> <u> </u> <u> </u> | \$ <u> </u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u> </u> | <u> </u> <u> </u> <u> </u> | \$ <u> </u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u> </u> | <u> </u> <u> </u> <u> </u> | \$ <u> </u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Employer identification number

FKA DISABILITY LAW & ADVOCACY CENTER TN

62-1060918

Part II

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

| | |
|--|---|
| Name of organization DISABILITY RIGHTS TENNESSEE FKA DISABILITY LAW & ADVOCACY CENTER TN | Employer identification number 62-1060918 |
|--|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---|-----------------|--|
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

OMB No. 1545-0047

2014

Open to Public
Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **DISABILITY RIGHTS TENNESSEE**
FKA DISABILITY LAW & ADVOCACY CENTER TN
Employer identification number **62-1060918**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

| | |
|--|---|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

DISABILITY RIGHTS TENNESSEE

Schedule D (Form 990) 2014

FKA DISABILITY LAW & ADVOCACY CENTER TN

62-1060918 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 91,351. | 67,906. | 23,445. |
| e Other | | 162,763. | 116,182. | 46,581. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 70,026. |

Schedule D (Form 990) 2014

DISABILITY RIGHTS TENNESSEE

Schedule D (Form 990) 2014

FKA DISABILITY LAW & ADVOCACY CENTER TN

62-1060918 Page 3

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2014

DISABILITY RIGHTS TENNESSEE

Schedule D (Form 990) 2014

FKA DISABILITY LAW & ADVOCACY CENTER TN

62-1060918 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 2,407,568. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | 81,490. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 17,834. |
| e | Add lines 2a through 2d | 2e | 99,324. |
| 3 | Subtract line 2e from line 1 | 3 | 2,308,244. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 2,308,244. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 2,426,535. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 81,490. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 17,834. |
| e | Add lines 2a through 2d | 2e | 99,324. |
| 3 | Subtract line 2e from line 1 | 3 | 2,327,211. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 2,327,211. |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS NOT A PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE.

THE ORGANIZATION FOLLOWS FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS CODIFICATION GUIDANCE CONCERNING THE ACCOUNTING FOR INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THIS GUIDANCE PRESCRIBES A MINIMUM PROBABILITY THRESHOLD THAT A TAX POSITION MUST MEET BEFORE A FINANCIAL STATEMENT BENEFIT IS RECOGNIZED. THE MINIMUM THRESHOLD IS DEFINED AS A TAX POSITION THAT IS MORE LIKELY THAN NOT TO BE SUSTAINED

UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY, INCLUDING RESOLUTION

Part XIII Supplemental Information *(continued)*

OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT TO BE RECOGNIZED IS MEASURED AS THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE ORGANIZATION HAS NO TAX PENALTIES OR INTEREST REPORTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. TAX YEARS THAT REMAIN OPEN FOR EXAMINATION INCLUDE YEARS ENDED SEPTEMBER 30, 2012 THROUGH 2015.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT COSTS 17,834.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT COSTS 17,834.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

FKA DISABILITY LAW & ADVOCACY CENTER TN

| | |
|--------------------------------|------------|
| Employer identification number | 62-1060918 |
|--------------------------------|------------|

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- a ☐ Mail solicitations

- b ☐ Internet and email solicitations

- c** ☐ Phone solicitations

- d ☐ In-person solicitations

- e ☐ Solicitation of non-government grants

- f ☐ Solicitation of government grants

- q ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

Total

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

DISABILITY RIGHTS TENNESSEE

Schedule G (Form 990 or 990-EZ) 2014 **FKA DISABILITY LAW & ADVOCACY CENTER TN 62-1060918** Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 AWARENESS LUNCH (event type) | (b) Event #2 (event type) | (c) Other events NONE (total number) | (d) Total events (add col. (a) through col. (c)) |
|-----------------|---|--|------------------------------|---|---|
| Revenue | 1 Gross receipts | 47,143. | | | 47,143. |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 47,143. | | | 47,143. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 1,150. | | | 1,150. |
| | 7 Food and beverages | 7,808. | | | 7,808. |
| | 8 Entertainment | 302. | | | 302. |
| | 9 Other direct expenses | 8,574. | | | 8,574. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 17,834. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 29,309. |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|---|---|---|---|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

DISABILITY RIGHTS TENNESSEE

Schedule G (Form 990 or 990-EZ) 2014 **FKA DISABILITY LAW & ADVOCACY CENTER TN 62-1060918** Page **3**

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ)

| | |
|----------------|--|
| Part IV | Supplemental Information <i>(continued)</i> |
|----------------|--|

Schedule G (Form 990 or 990-EZ)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

DISABILITY RIGHTS TENNESSEE
FKA DISABILITY LAW & ADVOCACY CENTER TN

Employer identification number
62-1060918

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SERVICES IS CHARGED.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION HAS OFFICIALLY CHANGED ITS NAME TO DISABILITY RIGHTS
TENNESSEE AND IS FORMERLY KNOWN AS DISABILITY LAW & ADVOCACY CENTER OF TN.

FORM 990, PART VI, SECTION B, LINE 11:

LINE 11A EXPLANATION - THE FORM 990 IS EMAILED TO THE FULL BOARD FOR REVIEW
AND COMMENT. ONCE REVIEWED BY THE BOARD IT WILL BE FILED APPROPRIATELY.

FORM 990, PART VI, SECTION B, LINE 12C:

AT THE BEGINNING OF EACH FISCAL YEAR, EACH BOARD MEMBER HAS TO COMPLETE A
CONFLICT OF INTEREST FORM. DURING MEETINGS, IF THERE IS AN ISSUE TO BE
DISCUSSED THAT MIGHT PRESENT A CONFLICT FOR ANY BOARD MEMBER, THEY ARE
ASKED TO RECUES THEMSELVES.

FORM 990, PART VI, SECTION B, LINE 15:

SAME AS ABOVE

EVERY COUPLE OF YEARS DRT'S NATIONAL ASSOCIATION CONDUCTS COMPARABLE SALARY
STUDIES AMONG ITS 57 MEMBERS. INFORMATION IS PROVIDED BACK TO THE
MEMBERSHIP AND IS BASED ON THE AMOUNT OF FEDERAL FUNDING EACH MEMBER
RECEIVES. TENNESSEE'S SALARY INFORMATION FOR EACH POSITION IS GROUPED WITH
INFORMATION OBTAINED FROM STATES THAT RECEIVE A SPECIFIED RANGE OF FEDERAL
DOLLARS. FOR EXAMPLE, WE MAY RECEIVE INFORMATION THAT FIVE STATES WHO
RECEIVE 2.6M AND 3.2M FEDERAL DOLLARS PER YEAR HAVE AN ED SALARY RANGE OF

Name of the organization DISABILITY RIGHTS TENNESSEE

FKA DISABILITY LAW & ADVOCACY CENTER TN

Employer identification number

62-1060918

BETWEEN 65K AND 90K PER YEAR. TRADITIONALLY, TN'S EXECUTIVE DIRECTOR'S
COMPENSATION HAS FALLEN IN THE MID-RANGE OF SIMILARLY FUNDED PROTECTION AND
ADVOCACY SYSTEMS.

FORM 990, PART VI, SECTION C, LINE 19:

THE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

State of Tennessee



Department of State
Corporate Filings
312 Rosa L. Parks Avenue
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

ARTICLES OF AMENDMENT
TO THE CHARTER
(Nonprofit)

For Office Use Only

FILED

Corporate Control Number (If Known) 57151

Pursuant to the provisions of section 48-60-105 of *The Tennessee Nonprofit Corporation Act*, the undersigned corporation adopts the following articles of amendment to its charter:

1. Please insert the name of the corporation as it appears of record:

Disability Law & Advocacy Center of Tennessee

If changing the name, insert the new name on the line below:

Disability Rights Tennessee

2. Please check the block that applies:

☐ Amendment is to be effective when filed by the secretary of state.

☒ Amendment is to be effective, October 1, 2014 (month, day, year)

(Not to be later than the 90th day after the date this document is filed.) If neither block is checked, the amendment will be effective at the time of filing.

3. Please insert any changes that apply:

a. Principal address: 2 International Plaza, Suite 825 Nashville TN/Davidson 37217
(Street) (City) (State/County) (Zip Code)

b. Registered agent: _____

c. Registered address: 2 International Plaza, Suite 825 Nashville TN/Davidson 37217
(Street) (City) (State/County) (Zip Code)

d. Other changes: _____

4. The corporation is a nonprofit corporation. YES

5. The manner (if not set forth in the amendment) for implementation of any exchange, reclassification, or cancellation of memberships is as follows:

6. The amendment was duly adopted on January 17, 2014 (month, day, year)
by (please check the block that applies):

☐ The incorporators without member approval, as such was not required.

☒ The board of directors without member approval, as such was not required.

☐ The members

7. Indicate which of the following statements applies by checking the applicable block:

☐ Additional approval for the amendment (as permitted by §48-60-301 of the Tennessee nonprofit corporation act) was not required.

☒ Additional approval for the amendment was required by the charter and was obtained.

Executive Director

Signer's Capacity

Signature

September 9, 2014

Date

Lisa Primm

Name of Signer (typed or printed)

SS-4416

Filing Fee: \$20

RDA 1678

2014-09-10 11:35 AM Received by Tennessee Secretary of State Tre Hargett



STATE OF TENNESSEE
Tre Hargett, Secretary of State

2014 SEP 23 AM 10:25

Division of Business Services

William R. Snodgrass Tower
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Disability Rights Tennessee
PO BOX 121257
NASHVILLE, TN 37212-1257

September 16, 2014

Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

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Document Receipt

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This will acknowledge the filing of the attached articles of amendment with an effective date as indicated above. When corresponding with this office or submitting documents for filing, please refer to the control number given above.

You must also file this document in the office of the Register of Deeds in the county where the entity has its principal office if such principal office is in Tennessee.

Tre Hargett
Secretary of State

Processed By: Lauren Cecil

| Field Name | Changed From | Changed To |
|---------------------------------------|--|-----------------------------|
| Filing Name | DISABILITY LAW & ADVOCACY CENTER OF TENNESSEE | Disability Rights Tennessee |
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BOARD OF DIRECTORS Bylaws

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www.disabilityrightstn.org**

Last amended April 16, 2015

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ARTICLE I. NAME

Section 1.

The name of the Corporation shall be Disability Rights Tennessee, hereafter referred to as DRT.

ARTICLE II. PURPOSES AND INTENT

Section 1.

The purposes for which the corporation is organized are:

- (a) Disability Rights Tennessee (DRT) is a nonprofit legal services organization dedicated to protecting the rights of Tennesseans with disabilities,
- (b) To do all acts necessary to fulfill the above purpose,
- (c) To solicit and receive funds for the accomplishment of the above purpose.

Section 2.

The corporation shall be non-political, shall not support any political party or candidate for public office, and shall take no position on matters of governmental policy or legislation other than those relevant to its purposes. The corporation shall not directly or indirectly participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office.

Section 3.

The corporation shall be a non-profit, non-sectarian corporation and no part of the net earnings, contributions, funds or other property shall inure to the benefit of any member. No officer or Director shall be remunerated for services of the corporation, other than the reimbursement of expenses actually incurred in the discharge of official duties by voting members of the Board. Automobile travel, meal and room expense reimbursement shall not exceed rates determined by the Federal Government. No employee of the corporation may serve as an officer or Director.

Section 4.

The corporation shall not discriminate in its practices of employment, Board membership, or Advisory Council membership, on the basis of age, race, creed, religion, color, sex/gender, national origin, disability, marital status, citizenship, pregnancy, gender identity, sexual orientation, veteran status, domestic violence victim status, genetic predisposition, or any other status protected by law (collectively, "Protected Classes").

Section 5.

This Corporation is organized exclusively for one or more of the purposes specified in Section 501(c)(3) of the Internal Revenue Code.

ARTICLE III. AREA OF ACTIVITY

Section 1.

The area of activity of the corporation shall be the State of Tennessee.

ARTICLE IV. BOARD OF DIRECTORS

Section 1. Board Size

The Board of Directors of the corporation shall consist of a minimum of 12 (twelve) and a maximum of 18 (eighteen) persons, which number shall include the officers, as provided in Article V of these bylaws.

Section 2. Board Composition

The Board of Directors shall include the following:

- (a) One Attorney who is licensed by the State of Tennessee and is knowledgeable in disability law, has a disability and/or who has an immediate family member with a disability.
- (b) One Certified Public Accountant, who is knowledgeable in Federal Grants and Article 501(c)(3) of the Internal Revenue Code.
- (c) PAIMI (Protection & Advocacy for Individuals with Mental Illness) Advisory Council Chairperson as mandated by law.
- (d) One representative from the Tennessee Council on Developmental Disabilities and one representative from each of the two University Centers for Excellence in Developmental Disabilities Education, Research, and Service (UCEDD).
- (e) With the exception of the PAIMI Council Chair, Council on Developmental Disabilities and UCEDD representatives, all at-large directors shall be chosen by majority vote.

Directors shall be selected for their commitment to the purpose of the organization and ability to contribute to the policy-making functions of the Board. Directors shall reflect diverse representation among protected classes and the various geographical areas of the state (urban/rural). A majority of the governing Board shall be individuals with disabilities, parents, family members, advocates or other representatives of individuals with disabilities. At no time shall there be less than 1/3 (one-third) of the Directors who have a disability and/or have an immediate family member with a disability.

Agency funds may be used to advertise for Board of Director vacancies.

Section 3. Board Nominations

- (a) All nominees to the Board of Directors shall submit a Curriculum Vita

and a letter of intent.

- (b) Directors will represent the interests of all disability areas and support policies that promote all areas even though they may have interest in a specific disability area.
- (c) The Board will strive to have equal representation of Directors from diverse disability communities.
- (d) No Director shall be the spouse of or immediate family member of any other Director or employee of the corporation.

Section 4. Board Election Process

One sitting Director and the Executive Director shall interview nominees to the Board of Directors. Interviews may be in person, via teleconference, or in any manner that may accommodate the interviewee or interviewees. Recommendations will be made to the Board of Directors who will select new Directors by a majority vote.

Section 5. Board Authority

The Board of Directors shall be the governing body of the corporation and shall, by the enactment of policy and adoption of plans and priorities, control, regulate and direct all activities and responsibilities of the corporation unless otherwise specifically designated by these bylaws.

Section 6. Board Duties

The duties of the Board of Directors shall include but not be limited to the following:

- (a) establishing policies for the corporation consistent with the purposes and objectives of the corporation,
- (b) representing the corporation in its relationships with the community and governmental agencies,
- (c) overseeing and approving the financial affairs of the corporation,
- (d) electing or appointing officers of the corporation,
- (e) filling vacancies on the Board,
- (f) removing Directors or officers from the Board,

- (g) establishing such committees, study groups or task forces as in its judgment will best promote the purposes and objectives of the corporation,
- (h) employing an Executive Director who shall serve as the administrative officer of the corporation,
- (i) completing yearly evaluations of the Executive Director's performance as described in the Board of Directors Operating Procedures,
- (j) approving the type of staff positions that are necessary to carry out whatever activities the corporation may undertake, and,
- (k) ensuring that confidentiality in accordance with both Federal and State law is maintained at all times,
- (l) participating in four quarterly Board meetings and committee meetings as appropriate.

Section 7. Board Attendance

- (a) In the event a Director chooses to resign, the Director should immediately send written notice of his/her decision to the Executive Director or the Chairperson of the Board of Disability Rights Tennessee
- (b) If a Director fails to attend one regularly scheduled Board meeting, the Chairperson shall contact the Director in accordance with the Operating Procedures.
- (c) If a Director fails to attend two (2) regularly scheduled Board meetings in any fiscal year, the position on the Board of Directors occupied by that Director shall become and remain vacant until duly filled. However, the Board of Directors may, upon receipt of a written request from the Board member, by two-thirds (2/3) vote suspend this provision of vacancy upon a finding of mitigating or extraordinary circumstances.
- (d) When a Director is unable to participate in a meeting, he/she can designate a representative. Such representative shall automatically have the voting powers of the designating Director.

Section 8. Gubernatorial Appointments

For any accounting fiscal year subsequent to September 30, 1994, if the corporation has exhausted all federal administrative appeal procedures and has incurred a liability for disallowed costs for a period subsequent to September 30, 1994, in an amount in excess of 2% of DRT's total annual audited expenditures for the fiscal year in question, the Governor of the State

of Tennessee shall have the right to immediately remove and re-appoint up to one-third of the corporation's Board of Directors. This provision of the bylaws may be amended only with prior written approval of the Governor of the State of Tennessee.

ARTICLE V. OFFICERS AND EXECUTIVE COMMITTEE

Section 1. Officers

The officers of the corporation shall be the Chairperson, Vice Chairperson, Secretary, and Treasurer.

Section 2. Chairperson

The Chairperson shall preside at meetings of the Board of Directors and the Executive Committee. He/she shall appoint the Chairperson and members of all committees as provided in Article X of the bylaws as an ex-officio member. He/she shall attend all committee meetings and authenticate by his/her signature, when necessary, all acts, orders, proceedings and legal documents of the corporation and shall have such powers and perform such duties as may be associated with his/her office.

Section 3. Vice-Chairperson

The Vice-Chairperson shall perform the duties of the Chairperson in his/her absence and succeed to the position of Chairperson in the event of a vacancy or an unexpired term in that office. In the event the Vice-Chairperson permanently assumes the duties of the Chairperson, the Board of Directors will select a Vice-Chairperson.

Section 4. Secretary

The Secretary shall ensure that accurate minutes are permanently maintained for all meetings of the Board of Directors and Committees. He/she shall ensure that appropriate attendance records and reports are maintained, under such policies as may be adopted by the Board of Directors.

Section 5. Treasurer

The Treasurer shall be the Chairperson of the Financial (Budget) Committee and ensure that financial records and reports are maintained under such policies as may be adopted by the Board of Directors.

Section 6. Executive Committee

The officers of the corporation shall comprise the Executive Committee. The Executive Committee shall meet between regular meetings of the Board of Directors, at such time as may be determined by the Chairperson of the Executive Committee. The Executive Committee shall exercise all powers of the Board of Directors not expressly reserved or restricted in these bylaws. All actions of the Executive Committee shall be reported in writing to the Board of

Directors at its next meeting, and the Board shall have the power to alter or rescind any action of the Executive Committee.

Section 7. Election and Term of Office

Officers, who shall be elected by the Board, shall serve a one-year term beginning October following their election at the annual meeting of the Board year and expiring at the time new officers take office. No officer may serve more than two (2) consecutive one-year terms in the same office.

Persons must be duly elected members of the Board of Directors in order to be selected as an officer. No person may be elected to serve as Chairperson who has not served on the Board of Directors for at least one year. The Chairperson shall preside over the election process. Voting shall be by written or voice ballot for those officer positions for which there is more than one nominee. The newly elected officer's term of office shall begin on October 1st, the first day of the Corporation's Fiscal Year.

ARTICLE VI. FISCAL YEAR - BOARD YEAR

Section 1.

The Corporation's fiscal year shall begin October 1 and shall end September 30.

ARTICLE VII. TERM OF OFFICE

Section 1. Term of Office

The term of governing Board members shall be staggered and for four years except that any member appointed to fill a vacancy for an unexpired term shall serve for the remainder of such term. A member who has been appointed for a term of four years may not be reappointed to the governing Board during the two-year period beginning on the date of which such four-year term expired. At the end of this two-year period a Board member may return to the Board for another four-year term of office if approved by a vote of the standing Board members.

If a member joins the Board in the middle of a fiscal year, his/her four-year term will start at the beginning of the next fiscal year.

ARTICLE VIII. CONFLICT OF INTEREST

Section 1. General

A conflict of interest, or a perception of a conflict, may occur when a Board member is an individual:

- (a) who is a contractor of the corporation; or
- (b) who is employed by an office, agency or department of the Federal, State or local government which has responsibility for, provides or oversees any program services for persons with disabilities; or
- (c) who is employed by any person or organization which provides any program services under a contract with offices, agencies or departments of the federal, state or local government; or
- (e) who has a conflict of interest as defined below; or
- (f) who is involved in a co-counseling relationship (including a plaintiff intervener or defendant intervener relationship) with DRT.

Board members shall annually sign a "Conflict of Interest" statement. This statement will acknowledge the Board's understanding of independent and conflict-free DRT Board participation. Any Director with a conflict of interest or the appearance of a conflict of interest shall disclose through this statement such conflict and abstain from voting on or deliberating in any action involving the provider of program services that causes the conflict. Finally, no Director may deliberate in or vote on any Board action that would result in the Director or a member of their immediate family becoming a contractor of the organization.

- (1) Contractor of the Corporation: Shall mean any person who is an employee, officer, director or owner of any public or private entity, which receives a grant from and/or contracts directly with DRT, whether or not such person is a provider of program services. The Board of Directors may waive this provision in situations involving grants or contracts that cumulatively total less than one thousand (\$1,000.00) in any one year.
- (2) Provider of Program Services: Shall mean any person or public or private entity which provides specialized services or special adaptations of generic services directed toward people with disabilities.

Provider of program services excludes persons or public or private

entities which provide primarily advocacy or legal services; members of consumer and family non-profit disability organizations; members of other non-profit disability organizations whose primary focus is education and training; and private individuals who serve as the guardian or representative payee of a person with a disability.

Section 2. Resolution of Conflicts

- (a) The Board of Directors shall be the final arbiter of any debate or dispute as to whether a Board member is in a position which creates an actual or a potential conflict of interest, or the appearance of a conflict of interest, and if so, whether this policy and/or the best interest of the agency based on the spirit of this policy, require that the member be disqualified from voting on a specific issue which has been raised for a Board decision.
- (b) Because of the importance of a decision limiting a member's right to vote, a 2/3 majority of the members present shall be required in order to disqualify a member from voting based on a conflict of interest.
- (c) Any disqualification approved by the Board shall be specific to the issue involved and shall not affect the member's right to vote on any other unrelated matter brought before the Board for discussion or vote.

Section 3. Voting Restriction

No Board member or his/her family member may be refused DRT services for which he/she is eligible. During the period the Board member or immediate family member is represented by DRT staff in any open case/action, he/she would not be able to vote on issues relating to the case/action until the case/action is fully closed.

As pertains in all other cases, the normal guidelines for eligibility shall apply.

ARTICLE IX. MEETINGS, QUORUMS, AND VOTING

Section 1. Meeting Activities

At least annually, the Board will meet to:

- (a) Elect officers,
- (b) Approve the proposed operating budget for the coming year,
- (c) Review the (Annual Report of Activities and Statistics) for each program and any special projects, and
- (d) Approve the yearly Priorities & Objectives.

Section 2. Meeting Frequency

To ensure proper governance, the Board shall meet at least four times annually.

Section 3. Executive Committee Meetings

The Executive Committee shall meet as provided in Article V, Section 6.

Section 4. Quorum

A quorum (a majority of current voting Board members) must be in attendance (in person, via videoconference, and/or via telephone) for the conduct of business at meetings of the Board of Directors. In meetings of the Executive Committee, a quorum shall consist of a simple majority of the members of the Executive Committee.

Section 5. Special Meetings

The Board of Directors shall meet when called into session by either the Chairperson, or any five (5) directors. Notice of the time, place, and purpose of any special meeting and the notice thereof shall be delivered either personally or by certified return receipt mail or email with delivery and read receipts attached at least five (5) days prior to the date of the meeting and signed by those five (5) directors. Special meetings may be held by conference telephone calls with two (2) days prior notice. Emergency Conference telephone calls may be held without prior notice when called for by the Executive Committee or the Board Chairperson.

Section 6. Voting

At meetings, a majority vote of the members present shall be sufficient for the

passage or defeat of all proposals other than amendments to the Bylaws.

Section 7. Alternative Methods of Voting

When a time sensitive decision by the Board of Directors is needed, and it is not necessary or practical to call a face-to-face meeting, the Chairperson may instruct that a ballot be taken by mail, email, phone or fax, provided that no less than a majority of the Board shall vote affirmatively for the proposal to carry. Actions taken by mail or phone ballot shall be confirmed by minutes mailed or emailed to all Board members.

Section 8. Conduct of Affairs

The conduct of the affairs of the Board shall be governed by a modified version of Roberts Rules of Order as set forth in the Board of Directors Operating Procedures.

ARTICLE X. COMMITTEES

Section 1. Standing Committees

The following shall be the standing committees of DRT. The Chairperson of the Board shall appoint the Chair and members of these standing committees. The Chairperson shall try to give preferences to member's talents and interest.

- (a) **Executive Committee:** Composed of the Chairperson, Vice-Chairperson, Secretary, and Treasurer. The Executive Committee will be responsible for matters related to personnel and policies practices
- (b) **Finance Committee:** As needed by the Treasurer to handle issues of budget, compensation, fringe benefits and audit. The Finance Committee will handle issues of budget, compensation, fringe benefits and audit. The Treasurer shall serve as the Chair of the Finance Committee.
- (c) **Governance Committee:** This committee will conduct recruitment of new board members, Board evaluations, and education and training for the Board.

Section 2. Ad Hoc Committees

The Chairperson of the Board may create Ad Hoc Committees for short-term Projects. The Chairperson of the Board shall appoint the Chairperson of the Ad Hoc Committee and its membership. Volunteers will be recruited from the total Board membership and members may be recruited from the community at large.

Section 3. Miscellaneous

The Chairperson of the Board shall appoint such committees, Boards, or other designated groups as may be required to comply with applicable state and federal laws or regulations governing funds obtained by the corporation by gift, grant, or contract.

Section 4. Ex-officio Committee Members

The Chairperson of the Board of Directors and the Executive Director in an ex-officio capacity (except when executive session is called) may sit on all committees. The Executive Director has no voting rights. In executive session, the Executive Director may be asked to leave the room.

ARTICLE XI. EXECUTIVE DIRECTOR

Section 1. General

The Board of Directors shall establish the duties and fix the salary of the Executive Director.

Section 2. Role

The Executive Director shall be the administrative head of the corporation and shall be responsible for implementing the policies developed and approved by the Board.

- (a) The Executive Director is responsible for administering the program of the corporation. The Executive Director is accountable to the Board of Directors and shall work closely with the Board to fulfill its objectives. As authorized by Board policy, the Executive Director:
 - 1) has authority to make decisions regarding the day to day operations of the corporation including but not limited to setting holiday schedules,
 - 2) may sign or delegate authority to sign checks,
 - 3) shall enter into agreements, with the approval of the Board of Directors, which are necessary to carry out the objectives of the corporation,
 - 4) shall hire staff as the Board of Directors authorizes,
 - 5) shall be an ex-officio member of the Board, entitled to notice and attendance at meetings except as to matters directly relating to the Director,
 - 6) shall implement all elements of a negotiated contract.
- (b) All other staff shall be supervised and accountable to the Executive Director.

Section 3. Reporting Requirements

The Executive Director shall report the Status of the corporation to the Chairperson and/or Executive Committee and during special or regularly scheduled Board meetings.

Section 4. Acting Executive Director

In the event the Executive Director resigns, is on leave of absence or terminated, the Legal Director shall become the Acting Executive Director.

ARTICLE XII. DIRECTORS AND OFFICERS INSURANCE

Section 1. General

The corporation shall insure its directors and officers as it relates to service on the Board to the extent covered by any policy of insurance.

ARTICLE XIII. CORPORATION RECORDS

Section 1. Record Keeping

The corporation shall keep and maintain at its principal office:

- (a) Minutes of all meetings including the names of all members present.
- (b) Books and records account of any kind, such as assets, liabilities, records of performance of its corporate function, including any record required by state or federal law.
- (c) The information above may be maintained in electronic form.

Section 2. Review

Except for confidential records, the records of the corporation shall be available for review by any Board member.

ARTICLE XIV. AMENDMENTS

Section 1. Amendments

- (a) These bylaws may be amended by a two-thirds (2/3) vote of the members currently serving on the Board.
- (b) The proposed amendment(s) shall be presented in writing to all members of the Board at least fourteen (14) days prior to the meeting at which the vote is to be taken.

Section 2. Procedure

Amendments may be proposed by any member of the Board of Directors and submitted to the Executive Committee. Any such proposed amendment(s) shall be in writing and shall include a written explanation of the reason(s) for the proposal.

ARTICLE XV. DISSOLUTION

Section 1. General

In the event of the dissolution of this corporation, or in the event it shall cease to carry out the objectives and purposes hereto set forth, all the unobligated property and assets of the corporation shall be disposed of in accordance with state and federally mandated procedures.

Under no circumstances shall any of the property and assets of this corporation during the existence and/or upon the dissolution thereof, be distributed to any officer, member, employee, or subsidiary of the corporation.

SECTION XVI. CONSTRUCTION

Section 1. Construction

If there is any conflict between the provision of these bylaws and the Articles of Incorporation, the provisions of said Articles shall govern and, further, should any provision or part thereof of these bylaws be held unenforceable or invalid for any reason, then the remaining provisions of these bylaws shall be unaffected by such holding at the discretion of the Board.

SECTION XVII. VERIFICATION

We the undersigned, verify that these bylaws constitute the sole governing document of Disability Rights Tennessee.

Date of Adoption:

Chairperson:

Shalini Rose

Vice Chairperson:

Ebony Gilbert

Secretary:

Craig Barnes

Treasurer:

Bob Benning