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Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047 2006 Open to Public Inspection

Α	For the	e 2006 çale	ndar yea	ar, or tax year beginning	, and ending					
В	Check if	f applicable	Please	C Name of organization				D	Employer ide	ntification number
Ш	Address	change	use IRS label or						62-18	67489
	Name ch	hange	print or	21st Drug Co				E	Telephone i	number
П	Initial ref	turn	type. See		box if mail is not delivered to street add	ress)	Room/suite			
Ħ		Specific P O Box /5/							Accounting m	ethod. X Cash
믐	Final ret	um	Instruc-	City or town, state or countr					Accrual	Other (specify)
\sqsubseteq	Amende	ed return	tions.	<u> Franklin</u>	TN 3706	55		•		
Ш	Applicati	ion pending			nd 4947(a)(1) nonexempt charitable	H and are no	t applicable to sec	tion 52	27 organizatior	ns 1
_				usts must attach a completed So	chedule A (Form 990 or 990-E2).	H(a) Is this	a group return for	affiliat	tes?	∐ Yes ⊠ No
		te: ► N/				H(b) If "Yes	s,* enter number o	f affilia	ites 🕨	
J	_	ization type			. — —	H(c) Are al	l affiliates included	?		Yes No
	(check	only one)	¬	501(c) (3) ∢ (insert no		(If "No,"	attach a list. See inst	ructions	5)	
K	Check h	iere 🕨 📙	if the o	organization is not a 509(a)(3) supp	porting organization and its gross	H(d) Is this	a separate return	filed b	y an	
	receipts	, , , , , , , , , , , , , , , , , , ,					zation covered by			Yes No
	to file a r	return, be sur	e to file a c	complete return			p Exemption Nu			
	<u> </u>		OL	b 0b 0b - 140b 4 1 40	244 56	_	k ▶ X if the	_		•
	art I			b, 8b, 9b, and 10b to line 12			ach Sch B (For			r 990-PF)
					s in Net Assets or Fund B	alances (Se	e the instruc	Ction	<u>is.)</u>	
	1		•	, grants, and similar amounts r	eceived:	1 . 1				
	a			nor advised funds		1a	100 00	ᅱ	Ì	
	b	•		ort (not included on line 1a)	· • •	1b	192,99	켁		
	C	•		port (not included on line 1a)		1c	21,91	ᅱ		
	d e	214 000							_	214 000
	2	· ·						1 2		214,909
	3			and assessments	ees and contracts (from Part VII, lir	ie 93)		3		22,143
	4		-	and temporary cash investme		• • •	••	4	_	7,507
	5			rest from securities		•		5		7,307
	6a	Gross rent	-	est nom secundes		6a		<u> </u>	<u>'</u>	·,
	ь	Less renta				6b		┥	•	
» 	c			or (loss). Subtract line 6b from	 line 6a	00		6	۱ ,	
<u> </u>	7			ncome (describe		•		7		
Revenue	8a			sales of assets other	(A) Securities	(6	3) Other	ऻ ॱ	<u> </u>	
3		than inven				8a		7	-	
2	ь		-	basis and sales expenses		8b		٦		
	С	Gain or (lo	ss) (attac	ch schedule)		8c	·	٦.		
	d	Net gain or	r (loss) C	Combine line 8c, columns (A) a	and (B)			8	d	
	9	Special ev	ents and	activities (attach schedule) If	any amount is from gaming, check	k here ▶ 🗍	•			
	а	Gross reve	enue (not	t including \$	of					
		contributio	ns report	ted on line 1b)		9a			-	
	b	Less direc	ct expens	ses other than fundraising expe	enses	9b		٠ اـ		
	С	Net income	e or (loss	s) from special events. Subtrac	ct line 9b from line 9a			9	с	
	10a	Gross sale	es of inve	entory, less returns and allowar	nces	10a		4	1	
	b	Less: cost	of goods	sold		10b		4	-	
	C	Gross prof	fit or (loss	s) from sales of inventory (atta-	ch schedule). Subtract line 10b from	m line 10a	·	10	c	
	11			m Part VII, line 103)				1		0.4.4. 5.6.1
	12			d lines 1e, 2, 3, 4, 5, 6c, 7, 8d,	9c, 10c, and 11			1		244,561
s	13	•	•	from line 44, column (B))		CFIVE		1		152,947
Expenses	14	-	_	general (from line 44, column (C)) /4/	- SINE!)	1.		42,508
led:	15	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 Program services (from line 44, column (B)) Management and general (from line 44, column (C)) Fundraising (from line 44, column (D)) Payments to affiliates (attach schedule) Total expenses. Add lines 16 and 44, column (A)					1:			
Ω	16	Payments to affiliates (attach schedule) Total expenses, Add lines, 16 and 44 column (A)					1		105 455	
	17			dd lines 16 and 44, column (A			- & -	1		195,455
Net Assets	18		•	for the year Subtract line 17 fr	om line 12	DEN, UT	1 死	1		49,106 230,118
Ast	19			balances at beginning of year		=: V, U/	1	1		230,118
Vet	20		-	et assets or fund balances (att			 J .	2		279,224
_	21	Net assets	or tund b	balances at end of year Comb	oine lines 18, 19, and 20			_ 2	1	213,224

621867489 05/01/2007 21st Drug Court, Inc Form 990 (2006) 62-1867489 Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions) Functional Expenses Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. services and general 22a Grants paid from donor advised funds (attach schedule) non-cash \$_ If this amount includes foreign grants, check here 22a 22b Other grants and allocations (attach schedule) If this amount includes foreign grants, check here 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 24 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) 25a b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule) 25b c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) 25c 26 Salaries and wages of employees not included on lines 25a, b, and c 115,575 108,285 7,290 26 27 Pension plan contributions not included on lines 25a, b, and c 28 Employee benefits not included on lines 25a - 27 28 29 Payroll taxes . . 9,933 9,933 29 Professional fundraising fees 30 1,400 400 Accounting fees 31 Legal fees 32 8,631 $8,6\overline{31}$ 33 Supplies 33 2,674 2,674 Telephone 34 241 241 Postage and shipping 35 4,489 Occupancy 36 4,489 37 Equipment rental and maintenance 37 Printing and publications 38 217 217 39 39 Travel 40 Conferences, conventions, and meetings 40 41 42 42 Depreciation, depletion, etc (attach schedule) 43 Other expenses not covered above (itemize): 46,460 12,642 33,818 See Statement 1 43a 43b 43c ¢ 43d d 43e 43f 430

9 .	. 491				<u> </u>
14 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines					
13-15)	44	195,455	152,947	42,508	
Joint Costs. Check ▶ ☐ If you are following SOP 98-2				_	▶ □ ☑
Are any joint costs from a combined educational campaign	and fundraising	g solicitation reported	in (B) Program service	s?	Yes X No
f "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amoun	t allocated to Program ser	vices \$	
III) the amount allocated to Management and general \$, and (iv) the amoun	t allocated to Fundraising	\$	
DAA					Form 990 (2000

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

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

_						_			
۷h	at is the organization's pri							Program Service	
Public safety by rehabilitation of non-violent drug felons									
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (Require of Cleants served publications issued at Discuss achievements that are not measurable. (Section 504(a)) and (4).									
of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) trusts organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)									
								others)	
а	increased p	ub.	ic safety by	renabil	itation of non-violent				
	drug felons	;							
	• •								
	• •		• • • •						
	•	•	• • •		•		1		
	(Cranta and allegations	r		,	If the course of particular force		-1	150 047	
b	(Grants and allocations	\$	· · · · · · · · · · · · · · · · · · ·)	If this amount includes foreign grants, check here		Ш.	152,947	
ט		٠			• ••				
		•		••					
	• • •		•	•			ĺ		
			•	•	·				
			•	•			j		
	(Grants and allocations	\$ ·	•)	. If this amount includes foreign grants, check here	•			
С									
	•	•							
			•	••	•				
			• •	•••	·				
				•	·				
				, ,			_		
	(Grants and allocations	\$)	If this amount includes foreign grants, check here	•			
đ									
							}		
	•		• •	• •					
	-						i		
		_					\neg I		
	(Grants and allocations	\$)	If this amount includes foreign grants, check here		닉		
е	Other program services (i schedule)		If the annual maked on forces and the state to the second		$_{\Box}$		
f	(Grants and allocations Total of Program Service	\$	penses (should equal line 4) 4 column (R) E	If this amount includes foreign grants, check here		닌	152,947	
<u>.</u>	Total Of Frogram Service	- C - XI	senses (snould equal lifte 4	4, COIGITIT (B), F	rogram services/			Form 990 (2006)	

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Form 990 (2006) 21st Drug Court, Inc

Part IV Balance Sheets (See the instructions.)

	artiv	Datatice Streets (See the Instructions.	<u> </u>			
	Note:	Where required, attached schedules and amounts with column should be for end-of-year amounts only	in the description	(A) Beginning of year		(B) End of year
	45	Cash-non-interest-bearing		22,463	45	30,151
	46	Savings and temporary cash investments		207,655		251,978
	47a	Accounts receivable	47a			
	b	Less' allowance for doubtful accounts	47b	·	47c	
			The state of the s			
	48a	Pledges receivable	48a		_ :	
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50a	Receivables from current and former officers, directors	, trustees, and			
		key employees (attach schedule)			50a	
	Ь	Receivables from other disqualified persons (as defined				
		persons described in section 4958(c)(3)(B) (att. schedu	ıle) . -		50b	
	51a	Other notes and loans receivable (attach				
ţ		schedule)	51a			
Assets	b	Less allowance for doubtful accounts	51b		51c	
As	52	Inventories for sale or use	··· ·		52	···
	53 54a	Prepaid expenses and deferred charges Investments—publicly-traded	··· · ,		53	
	Ь	securities Investments—other securities	Cost FMV		54a	
	~	(attach schedule) .	. Cost FMV		54b	
	55a	Investments-land, buildings, and equipment, basis	55a			
	b	Less accumulated depreciation (attach				
	ļ	schedule) .	55b		55c	
	56	Investments-other (attach schedule)	, ,	<u></u>	56	
	57a	Land, buildings, and equipment: basis	57a			
	Ь	Less accumulated depreciation (attach	1			
		schedule)	57b		57c	
	58	Other assets, including program-related investments				
		(describe ▶		000 110	58	
	59	Total assets (must equal line 74) Add lines 45 through	1 58	230,118	59	282,129
	60	Accounts payable and accrued expenses			60	
	61	Grants payable .			61	
	62	Deferred revenue	-		62	
es	63	Loans from officers, directors, trustees, and key employ	yees (attach			
Ħ		schedule)	-		63	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)			64a	 .
_	b	Mortgages and other notes payable (attach schedule)	, · · · · · · · · · · · · · · · · · · ·		64b	2,905
	65	Other liabilities (describe See Statemer	16 2		65	2,903
	66	Total liabilities. Add lines 60 through 65		0	66	2,905
			and complete lines		-	2,300
	Orga	67 through 69 and lines 73 and 74	and complete inles		,	
S	67	Unrestricted	,	230,118	67	279,224
JC 6	68	Temporarily restricted	Ţ		68	
alaı	69	Permanently restricted	Ţ.		69	
<u>а</u>	Orga	nizations that do not follow SFAS 117, check here	▶ ∏ and			
un-	- 3-	complete lines 70 through 74.	_			
٥	70	Capital stock, trust principal, or current funds			70	
ets	71	Paid-in or capital surplus, or land, building, and equipm	ent fund		71	
\ss	72	Retained earnings, endowment, accumulated income, of	г		72	
Net Assets or Fund Balances	73	Total net assets or fund balances (add lines 67 through				
Z	l	70 through 72 (Column (A) must equal line 19 and col		_		
		equal line 21)	230,118	73	279,224	
	74	Total liabilities and net assets/fund balances. Add li	230,118	74	282,129	

Total expenses (Part I, line 17) Add lines c and d

Forn	n 990 (2006) 21st Drug Court, Inc	<u>62-</u> 1867489	Page
P	art IV-A Reconciliation of Revenue per Audited F instructions.)	inancial Statements With Revenue per Return	n (See the
а	Total revenue, gains, and other support per audited financial statement	ents a	244,56
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify)·		
		b4	
	Add lines b1 through b4	<u>.</u>	
С	Subtract line b from line a	c	244,561
d	Amounts included on Part I, line 12, but not on line a:		,
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify)	.	
	•	d2	
	Add lines d1 and d2	d	
е	Total revenue (Part I, line 12). Add lines c and d	e	244,561
Pa	art IV-B Reconciliation of Expenses per Audited	Financial Statements With Expenses per Re	turn
а	Total expenses and losses per audited financial statements	. <u>a</u>	195,455
b	Amounts included on line a but not Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify)		
		b4	
	Add lines b1 through b4	<u>b</u>	
С	Subtract line b from line a		195, 455
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify)		
		d2	
	Add lines d1 and d2	d	

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

(A) Name	(A) Name and address			(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Gayle Moyer Harrıs	Franklın, TN	Coordinator			
Schedule attached		40	61,900	0	0
		0	0	0	0
	·				
					-
					<u> </u>

195,

▶ <u>e</u>

_		st Drug Court,		62-186				Р	age 6
		ent Officers, Directors						Yes	No
75a		ber of officers, directors, and t	trustees permitted to vote or	n organization business a	t board				
	meetings			, • • • • • • • • • • • • • • • • • • •					
b		rectors, trustees, or key emplo			nsated			i	
		Schedule A, Part I, or highest							
		n Schedule A, Part II-A or II-B,							
	relationships / ii Te	es," attach a statement that ide	entifies the individuals and e	explains the relationship(s			75b		X
c	Do any officers dure	ectors, trustees, or key employ	wees listed in Form 900. Pai	rt V-A or highest					
Ĭ		oyees listed in Schedule A, Pa							
		ictors listed in Schedule A, Pai							i
		ther tax exempt or taxable, tha			e for				
	the definition of "rel		at all o rolated to the organiza		3 101		75c		Х
		atement that includes the infor	rmation described in the insi	tructions.			730		
d		ion have a written conflict of in					75d		Χ
Pa	art V-B Form	er Officers, Directors,	Trustees, and Key E	mployees That Rec	eived Com	pensation or Oth		enefi	ts
		former officer, director, trustee							
	person	below and enter the amount of	of compensation or other be	enefits in the appropriate of	column See the	e instructions.)			
		(A) Name and address		(R) Leans and Advances		(D) Contributions to employe	,) Expe	
		(A) Name and address		(B) Loans and Advances	(if not paid, enter -0-)	benefit plans & deferred compensation plans		unt and	
N/A	Ą								
		_ 					1		
					-		ŀ		
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Pa	rt VI Other	r Information (See the	instructions.)	 			•	Yes	No
76		n make a change in its activitie		activities? If "Yes," attach	n a				
	detailed statement of		_				76		Χ
77	Were any changes	made in the organizing or government	erning documents but not re	eported to the IRS?			77		Χ
	If "Yes," attach a co	onformed copy of the changes.	•						
78a	Did the organization	n have unrelated business gro	ss income of \$1,000 or mor	e dunng the year covered	by		- 1	- 1	
	this return?					_	78a		X
b	If "Yes," has it filed	a tax return on Form 990-T for	or this year?			-	78b		
Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach								j	
	a statement						79		<u>X</u>
30a	•	related (other than by associat		- · · · · · · · · · · · · · · · · · · ·	ngh		ŀ		
common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt							_		v
_	organization?					}	80a		X
b	If "Yes," enter the na	ame of the organization					ŀ		
14 -	Fatouri t	Carak malakani assasa da saa 10	•	heck whether it is e	, · , —	nonexempt	İ	ı	
31a _		irect political expenditures (Se			81a	• N/A	81b		
b	Did the organization	n file Form 1120-POL for this y	yeai '			- N/A		990	(2006)

	1990 (2006) 21st Drug Court, Inc 62-18674	89		F	age
_ <u>P</u> ;	art VI Other Information (continued)			Yes	
82a	5				
	or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this		1		
	amount as revenue in Part I or as an expense in Part II	t			
		82b	╛		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	$_{\cdot}$ N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		1	Ì	
05	gifts were not tax deductible?	N/A	84b		<u> </u>
85	501(c)(4), (5), or (6) organizations, a Were substantially all dues nondeductible by members?	N/A	85a		<u> </u>
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	85b	 	<u> </u>
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	on			
	received a waiver for proxy tax owed for the prior year	1	İ		ŀ
Ç	• • • • • • • • • • • • • • • • • • • •	85c	-		
d	· · · · · · · · · · · · · · · · · · ·	85d	-	}	l
e f		85e	-		
	· · · · · · · · · · · · · · · · · · ·	85f	┨ ┃		
g h	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f	N/A	85g		-
"	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the				
	following tax year?	N/A	051		
86		36a	85h	$\vdash\vdash\vdash$	┢
b		36b	-		
87		37a	1		
b	Gross income from other sources (Do not net amounts due or paid to other	574	1		
_		37Ь			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	710	1		
	partnership, or an entity disregarded as separate from the organization under Regulations sections				
	301.7701-2 and 301 7701-3? If "Yes," complete Part IX		88a		Х
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the		- 000		1,
	meaning of section 512(b)(13)? If "Yes," complete Part XI	•	88b		Х
89a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under	•	1000		<u> </u>
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶	0			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction				
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach				
	a statement explaining each transaction		89b		Х
С	Enter Amount of tax imposed on the organization managers or disqualified	••••			
	persons during the year under sections 4912, 4955, and 4958	> 0			1
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	▶0			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				1
	transaction?		89e		Х
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance control	act?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the				
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holding	5			
	at any time during the year?	•	89g		_X
90a	List the states with which a copy of this return is filed None				
b	Number of employees employed in the pay period that includes March 12, 2006 (See	1 1			
	instructions)	906	<u> </u>		
91a	The books are in care of ▶ Dana Nelms	Telephone no ► 615-	595	-78	68
	A. Empalal in	710 . 4 .			
_	Located at ▶ Franklin,	ZIP + 4 ▶ .			
þ	At any time duning the calendar year, did the organization have an interest in or a signature or other author	tÀ	ſ		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		041	Yes	No X
	account)?	•	91b		
	If "Yes," enter the name of the foreign country				ı
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				i
	and Financial Accounts	 		990	(2000

Form	1990 (2006) 21st Drug Cour	t, Inc		62-18	67489			Page 8
Pa	art VI Other Information (conti							Yes No
С	At any time during the calendar year, did the	organization maintain	an office out	side of the United Sta	tes?		91c	X
	If "Yes," enter the name of the foreign countr	•			•			
92	Section 4947(a)(1) nonexempt charitable trus							▶ [
	and enter the amount of tax-exempt interest					▶ 92		
	art VII Analysis of Income-Pro	ducing Activities	(See the	instructions.)				
	: Enter gross amounts unless otherwise	į.	Unrelate	d business income	Excluded by	section 512, 513, or 514	(E) ted or
ındıca			(A) Business code	(B) Amount	(C) Exclusion	(D) Amount		ted or function
93	Program service revenue	Ĺ.		74110411	code		•	ome
а	Program fees				41	22,145		
ь					+-+			
С								
d								
e					-			
f	Medicare/Medicaid payments	<u> </u> -			 			
9	Fees and contracts from government agencie	es _			ļ			
94	Membership dues and assessments				 			
95	Interest on savings and temporary cash inves	stments .			ļ			7,507
96	Dividends and interest from securities	, , [- Car - C C C C C C C C	ļ			
97	Net rental income or (loss) from real estate:	<u> </u>			:			
	debt-financed property				<u> </u>			
ь	r :1 : 7	<u> </u> _			 _ _ _ _ _ _ _ _ 			
98	Net rental income or (loss) from personal property							
99	Other investment income				 			
100	Gain or (loss) from sales of assets other than	inventory .			1			
101	Net income or (loss) from special events							
102	Gross profit or (loss) from sales of inventory				 			
103	Other revenue a				 			
b								
С					 			 -
d					+			
e	0.11.11.11.11.11.11.11.11.11.11.11.11.11		19.77 (P.) 19.77 (P.)			22 145		7 507
104	Subtotal (add columns (B), (D), and (E))	· · · —	/ /		<u>/ -::-: </u>	22,145		7,507
	Total (add line 104, columns (B), (D), and (E			•				9,652
	: Line 105 plus line 1e, Part I, should equal the art VIII Relationship of Activitie			of Evenent Dura	(\$0	the instructions	`	
		•						
LII	me No. Explain how each activity for white of the organization's exempt puri				ed importanti	y to the accomplishme	ent	
	/A	, , , , , , , , , , , , , , , , , , ,				· ·		
	/ A							
				- · · - · · · · · · · · · · · · · · · ·	-			
		·-·		· -		····		
Da	art IX Information Regarding	Tavable Subsidia	ries and	Disregarded Ent	ities (See	the instructions	1	
	(A)	(B)		(C)		(D) otal income	(E	
N	Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	^	lature of activities	ן ן	otal income	End-of- asse	
	N/A	Owneren purcereet	%					
	21/21		%					
	***************************************		%					
			%				<u>_</u>	
Pa	art X Information Regarding	ransfers Associ		Personal Benef	it Contrac	cts (See the insti	uctions	.)
	a) Did the organization, during the year, recei						Ye	13.7
	b) Did the organization, during the year, pay p						Ye	1.71
•	Note: If "Yes" to (b), file Form 8870 and Form				•	··		
							Form	990 (2006)

Associates,

37064

234 Fourth Ave N

TN

Franklin,

Date

5.2.07

Check if

employed

EIN

no ▶ 615-794-4313 Form 990 (2006)

Preparer's SSN or PTIN

(See Gen Instr X)

62-0989767

Paid

Preparer's

Use Only

Preparer's

signature

Firm's name (or yours

ıf self-employed), address, and ZIP + 4 Department of the Treasury Internal Revenue Service

Name of the organization

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ OMB No 1545-0047

2006

Name of the org		Employer identification number			
Part I	Compensation of the Five Highest Paid Emplo	ug Court, Inc	cors Directors o	62-186	7489
	(See page 2 of the instructions List each one.	If there are none enter	er "None ")	ia irustee	es
	(a) Name and address of each employee paid more than \$50,000	(b) Title and average per week devoted to	hours	(d) Contrib empl ben i & deferred of	plans account & other
NONE				a dejeiled c	omp allowances
					
					
<u> </u>					
F-A-1	- College			<u> </u>	
Part II-A	of other employees paid over \$50,000 Compensation of the Five Highest Paid Indepe	▶ 0	r Drofessional Ca		
i uit ii-A	(See page 2 of the instructions. List each one (iter "Nono "\
	(a) Name and address of each independent contractor paid more th		(b) Type of		(c) Compensation
NONE				<u> </u>	(-,
			-		
				<u> </u>	
					<u> </u>
	of others receiving over \$50,000 for				
professional se Part II-B	Compensation of the Five Highest Paid Indep	endent Contractors f	or Other Services		
, =	(List each contractor who performed services o				ıls or
	firms If there are none, enter "None." See page	•	•		
	(a) Name and address of each independent contractor paid more that	an \$50,000	(b) Type of s	service	(c) Compensation
ONE					
					
]		
otal number :	of other contractors receiving over	·			L
otal number of 550,000 for oth	of other contractors receiving over	•	(, -		-
- 5	L. D. L. et a. A. A. M. d'annual de La Annual de La France 2000 a		Cale del	- A /F 0	00 000 57) 2000

Ρ	ort III Statements About Activities (See page 2 of the instructions.)				
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		Х		
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		i		
а	Sale, exchange, or leasing of property?	ļ	X		
b	Lending of money or other extension of credit?	_	X		
С	Furnishing of goods, services, or facilities?	-	Х		
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V, Form 990	X	_		
e	Transfer of any part of its income or assets?	_	Х		
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) 3a		X		
b	Did the organization have a section 403(b) annuity plan for its employees?		X		
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X		
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		Х		
4a b	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g Did the organization make any taxable distributions under section 4966? 4a		Х		
c	Did the organization make a distribution to a donor, donor advisor, or related person? 4c				
d	Enter the total number of donor advised funds owned at the end of the tax year				
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year				
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0)		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		0		

		- Reason for Non-Frivate Founds	<u> </u>			uctions.)				
l cer 5	tify th	nat the organization is not a private foundation be A church, convention of churches, or association			ox)					
6		A school Section 170(b)(1)(A)(ii). (Also complet	te Part V)							
7		A hospital or a cooperative hospital service orga	anization. Section 170(b)(1)(A)(iiı)						
8		A federal, state, or local government or government	nental unit Section 170(b)(1)(A)(v).						
9		A medical research organization operated in cor	njunction with a hospital	Section 170(b)(1)(A)(iii)	Enter the ho	spital's name,	city,			
		and state ▶								
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)								
11a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)								
11b		A community trust Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)								
12		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)								
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization: Type I Type II Type III-Functionally Intergrated Type III-Other									
		Provide the following inform								
		(a)	(b)	(c)	{ .	d)	(e)			
	i	Name(s) of supported organization(s)	Employer	Type of		upported	Amount of			
			identification number (EIN)	organization (described in lines	organization	on listed in oporting	support			
			namber (Env)	5 through 12	_	zation's				
				above or IRC section)	_	documents?				
			<u> </u>		Yes	No				
							· 			
Γota						•				
14	\Box	An organization organized and operated to test f	for public safety Section	509(a)(4) (See page 7	of the instruction	ons)				

Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year beginning in) (a) 2005 (b) 2004 (c) 2003 (d) 2002 (e) Total Gifts, grants, and contributions received (Do 207,882 197,910 137,280 not include unusual grants See line 28) 150,076 16 Membership fees received 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose 0 Gross income from interest, dividends. amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired 952 7,584 by the organization after June 30, 1975 722 418 9,676 19 Net income from unrelated business activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the 0 public without charge Other income Attach a schedule Do not include gain or (loss) from sale of capital assets 198,862 215,466 138,002 150.494 23 Total of lines 15 through 22 466 198,862 138,002 494 24 Line 23 minus line 17 1,989 505 25 Enter 1% of line 23 14.056 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts 26b 702,824 c Total support for section 509(a)(1) test Enter line 24, column (e) 26c d Add. Amounts from column (e) for lines. 26d e Public support (line 26c minus line 26d total) 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." N/A Do not file this list with your return. Enter the sum of such amounts for each year: (2002)(2004)(2003)b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess N/A amounts) for each year (2002)(2004)(2005)Add Amounts from column (e) for lines: 27c 27d and line 27b total d Add Line 27a total 27e Public support (line 27c total minus line 27d total) Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 27g g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Schedule A (Form 990 or 990-EZ) 2006 21st Drug Court, Inc 62-1867489 Page 5 Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, N/A Yes No other governing instrument, or in a resolution of its governing body? 29 30 Does'the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media dunno the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) Does the organization maintain the following Records indicating the racial composition of the student body, faculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 32b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) 33 Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 33a Admissions policies? 33h Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? 33d Educational policies? 33e 33f Use of facilities? Athletic programs? 33g 33h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization receive any financial aid or assistance from a governmental agency? 34a 34b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

35

	(For reporting only by organizations that did not complete Part VI-A) (See pag	<u>e 13 (</u>	of the	instructions) N/A
Dur	ng the year, did the organization attempt to influence national, state or local legislation, including any	Yes	No	Amount
atter	npt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers			
b	Paid staff or management (Include compensation in expenses reported on lines c through h.)	<u></u>		•
С	Media advertisements	<u> </u>		
đ	Mailings to members, legislators, or the public			
е	Publications, or published or broadcast statements			
f	Grants to other organizations for lobbying purposes			
g	Direct contact with legislators, their staffs, government officials, or a legislative body			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i	Total lobbying expenditures (Add lines c through h.)	L		
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities			

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Page 7

P	art VII	Information Rega	arding Tra	insfers To and Transaction se page 13 of the instruction	s and Relationships With Noncharitable	a		age 1
1	Did the repo				th any other organization described in section			
•				organizations) or in section 527, re				
а				oncharitable exempt organization of				
Ĭ	(i) Cash		zadon to a n	Shoriantable exempt organization of	•	54 (2)	Yes	No V
	, ,	· assets		•		51a(i)		X
b	Other transa	•				a(ii)		X
			s with a name	hontable assessed assessed as				
				charitable exempt organization .	• • •	b(i)		X
		nases of assets from a r		-	• • • •	b(ii)		X
		al of facilities, equipment bursement arrangement		seis		b(iii)		_X
		-	ıs	•		b(iv)		X
		s or loan guarantees	anharabin a		•	b(v)	<u> </u>	X
_				or fundraising solicitations		b(vi)		X
q				er assets, or paid employees		С		X
d					(b) should always show the fair market value of the			
					tion received less than fair market value in any			
_			, snow in coi	umn (d) the value of the goods, other				
	(a) Line no	(b) Amount involved	Name of	(c) f nonchantable exempt organization	(d) Description of transfers, transactions, and sharing	arranaa	onto.	
		7 IIIIOOIII IIIVOIVEG	Wante of	Thoretantable exempt organization	Description of transfers, transactions, and sharing	arrangem	ents ———	
NT.	/ T)	 						
IA	/A							
							_	
						_		
2a b	described in	section 501(c) of the C	ode (other th	with, or related to, one or more tax- nan section 501(c)(3)) or in section	527?		es X] No
	,	(a) Name of organization		(b) Type of organization	(c) Description of relationship			
	N/A	Training of organization		Type of Organization	2000.p.o 0.100.00.00			
	N/A							
								
								
								
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_								
			-					
								-
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		<u> </u>		· · · · · · · · · · · · · · · · · · ·				
					<u> </u>			

621867489 21st Drug Court, Inc

62-1867489

Federal Statements

5/1/2007

FYE: 12/31/2006

Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Gifts	300		300	
Licenses and permits	270		270	
Consulting - grant	7,078		7,078	
Consulting - non grant	26,170		26,170	
Participants emergency needs	3,815	3,815		
Computer equipment	1,499	1,499		
Graduation	820	820		
Dues and subscriptions	260	260		
Insurance - grant	2,268	2,268		
Miscellaneous	1,178	1,178		
Program expense	1,181	1,181		
Supplies - office - non grant	1,106	1,106		
Training - non grant	515	515		
Total	\$ 46,460	\$ 12,642	\$ 33,818	\$ 0

621867489 21st Drug Court, Inc

62-1867489 FYE: 12/31/2006

Federal Statements

5/1/2007

Statement 2 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year_		
Payroll taxes payable	\$	\$	2,905	
Total	\$0	\$	2,905	

FORM 990 - CURRENT OFFICERS AND DIRECTORS

21ST DRUG COURT, INC.

PRESIDENT:

Bob Adgent

9311 Navaho Drive

Brentwood, Tennessee 37027

VICE PRESIDENT: Elaine B. Beeler

Williamson County Chancery Court

P. O. Box 1666

Franklin, Tennessee 37065

SECRETARY:

Gayle Moyer Harris

(Not a board member)

21st Drug Court

P. O. Box 757

Franklin, Tennessee 37065

TREASURER:

Robert V. Bolen

Bolen Dodson Asset Management 7003 Chadwick Drive, Suite 35-Brentwood, Tennessee 37027

Vanessa Bryan P. O. Box 68

Franklin, Tennessee 37065

Steve Cates

Cates-Kottas Development Co. 1612 Westgate Circle, Suite 220 Brentwood, Tennessee 37027

21st Drug Court, Inc. - Current Officers and Directors Page 2

Timothy L. Easter P. O. Box 1469 Franklin, Tennessee 37065

Sharon Guffee Juvenile Justice Center 408 Century Court Franklin, Tennessee 37064

Eunetta Kready 1008 Ruth Court Frankln, Tennessee 37064

Brent Peterson, Assistant Coach The Nashville Predators 501 Broadway Nashville, Tennessee 37203

Marcia Williams, CEO Independence Trust Company P. O. Box 682188 Franklin, Tennessee 37068-2188