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 2007

Inter	nal Reve	nue Service	The organization may have to u	se a copy of this return to sa	atisfy state re	porting requiremen	nts	Open to Public Inspection
Α	For the	2007 calendar	year, or tax year beginning	, and ending				-
В	Check if a		1 0 Home of organization				D Emplo	yer identification number
П	Address cl	hange use IRS					-	-1867489
ñ	Name cha	label or print or	1 21ct Drug Court	Inc		ľ		phone number
금		type	Number and street (or P O box if mail i)	Room/suite	0.06	mone namper
닠	Initial retur	000	P O Box 757		,	, resimposite	F Accou	inting method X Cash
\bigsqcup	Terminatio	Specific Instruc	C	· 4			Accru	
\square	Amended		Franklin	TN 37065			► ×	ai Citiei (specify)
Ħ.	Application	- anadus •	Section 501(c)(3) organizations and 4947(a		Handlare	not applicable to sec	tion 527 ora	anizations
L	Application	n pending	trusts must attach a completed Schedule		1	ns a group return for a	•	
G	Websit	e: 「N/A				es," enter number of		∐ Yes 🔼 No
		zation type			1	all affiliates included?		
_	_	only one) 🕨 🛭		4947(a)(1) or 527	1 ' '			res No
					7	lo," attach a list. See instr	•	
K	Check he		the organization is not a 509(a)(3) supporting org	_	1	nis a separate return f	•	-2
			ore than \$25,000 A return is not required, but if	the organization chooses		anization covered by a oup Exemption Nur		g? Yes No
	to file a r	return, be sure to file	e a complete return			eck X If the		
	Gross r	receints Add line	s 6b, 8b, 9b, and 10b to line 12	151,959		attach Sch B (Forn		
	art I		e, Expenses, and Changes in N					-EZ, 01 990-PF)
<u> </u>	1		gifts, grants, and similar amounts received	ot Addets of Fund De	nances (c	bee the mistide	T T	
	a	. •	o donor advised funds		1a			
	b		pport (not included on line 1a)	-	1b	22,888	,	
0 007			'' '	-		22,000	' 	
	C	·	support (not included on line 1a)	_, -	1c	02 000	4	
<u>ح</u>	d		ntributions (grants) (not included on line 1	· –	1d	<u>83,890</u>	1e	106 770
	e		nes 1a through 1d) (cash \$)					106,778
	2	_	e revenue including government fees and	contracts (from Part VII, line	93)		2	22,871
ר	3		es and assessments				3	10 225
2	4		n savings and temporary cash investments and interest from securities				4	10,225
TAMANA	5	_	nterest from securities	1	أحا		5	
	6a	Gross rents	200000	-	6a		-	
3	b	Less rental exp		L	00		ا ۵ ا	
5	C		ne or (loss) Subtract line 6b from line 6a	\			6c 7	
Revenue	7		nt income (describe ► from sales of assets other	(A) Securities		(B) Other	+'+	
ven	8a	than inventory	Tom sales of assets office	(A) Securities	8a	(B) Other	┨	
æ		-	her basis and sales expenses		8b		-	
	Ь		attach schedule)				┨	
	d		s) Combine line 8c, columns (A) and (B)		8c		8d	
	9	_	and activities (attach schedule) If any am	ount is from gaming, check	here •	Ī	100	
	a		(not including \$	of	11010	J		
	"		ported on line 1b)		9a			
	ь		penses other than fundraising expenses		9b		1	
	c	•	loss) from special events. Subtract line 9b	from line 9a	<u></u> 1		9c	
	10a	•	inventory, less returns and allowances	1	10a			
	b	Less cost of go	•		10b		1	
	c	_	(loss) from sales of inventory (attach sche	ے dule) Subtract line 10b from	line 10a		10c	
	11		(from Part VII, line 103)	, <u></u>			11	12,085
	12	· ·	Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c	and 11 RFC	IVED		12	151,959
	13		es (from line 44, column (B))		-1720	70	13	222,465
es S	14	•	nd general (from line 44, column (C))	4	.	NO.	14	17,072
Expenses	15	-	om line 44, column (D))	MAY 1	. 5 2008	0-8	15	
ž	16		filiates (attach schedule)		- SS		16	
ш	17	•	s. Add lines 16 and 44, column (A)	OCDE	N LIT	<u> </u>	17	239,537
\$	18		cit) for the year Subtract line 17 from line	12	-1V, U1		18	-87,578
Net Assets	19		or fund balances at beginning of year (from line 73, column (A))				19	279,224
Ë	20		in net assets or fund balances (attach exp				20	
	21	Net assets or fu	and balances at end of year_Combine line	s 18, 19, and 20			21	191,646
_		Astend Dense	work Reduction Act Notice see the ser	narato				000

instructions.

Form 990 (2007)

21st Drug Court, Inc Form 990 (2007)

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 chantable trusts but optional for others (See the instructions)

	,		<u> </u>		,
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule)					
(cash \$)]				
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule)				Į.	
(cash \$ non-cash \$)					
If this amount includes foreign grants, check here	22b				
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	25a				
b Compensation of former officers, directors,					
key employees, etc. listed in					
Part V-B	25b				
c Compensation and other distributions, not included above,					
to disqualified persons (as defined under section	1				i
4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included					
on lines 25a, b, and c	26	132,633	132,633		ı
27 Pension plan contributions not included on			1327033		
lines 25a, b, and c	27				
28 Employee benefits not included on lines					
25a – 27	28				
29 Payroll taxes	29	10,718	10,718		
30 Professional fundraising fees	30	10/110			
31 Accounting fees	31	625		625	
32 Legal fees	32				
33 Supplies	33	9,920	9,920		<u> </u>
34 Telephone	34	4,488	4,488		
35 Postage and shipping	35	125	125		
36 Occupancy	36	26,157	26,157		
37 Equipment rental and maintenance	37	122	122		
38 Printing and publications	38				
39 Travel	39	6,686	6,686	·	
40 Conferences, conventions, and meetings	40	2,109	2,109		
41 Interest	41			·	
42 Depreciation, depletion, etc. (attach schedule)	42				
43 Other expenses not covered above (itemize)					
a See Statement 1	43a	45,954	29,507	16,447	
b	43b				
С	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a	.			-	
through 43g (Organizations completing					
columns (B)-(D), carry these totals to lines			İ		
13-15)	44	239,537	222,465	17,072	0
Joint Costs. Check ▶ If you are following SOP 98-2					
Are any joint costs from a combined educational campaign and t	undraisi	ng solicitation reported	I in (B) Program service	es?	▶ 🗌 Yes 🛚 No
			nt allocated to Program se		
(III) the amount allocated to Management and general \$, and (IV) the amou	nt allocated to Fundraising	\$	
— B					Form 990 (2007)

e Other program services (attach schedule)

(Grants and allocations \$) If this amount income for Total of Program Service Expenses (should equal line 44, column (B), Program services)

If this amount includes foreign grants, check here

222, 465 222, 465 Form **990** (2007)

		Drug Court, Inc	02-186/409	Page 3
			complishments (See the instructions.)	
artı ın it:	cular organization. How the	he public perceives an organizations and service the make sure the return is comple	le, serves as the primary or sole source of information about a on in such cases may be determined by the information presented ete and accurate and fully describes, in Part III, the organization's	
► Vilo of cli	rganizations must describ ents served, publications nizations and 4947(a)(1)	y by rehabilitat be their exempt purpose achievement sissued, etc. Discuss achievement nonexempt charitable trusts must bublic safety by	cion of non-violent drug felons ments in a clear and concise manner State the number ints that are not measurable (Section 501(c)(3) and (4) it also enter the amount of grants and allocations to others) rehabilitation of non-violent	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
b	(Grants and allocations	\$) If this amount includes foreign grants, check here ▶ □	
c	(Grants and allocations	\$) If this amount includes foreign grants, check here	
d	(Grants and allocations	\$) If this amount includes foreign grants, check here	
	(Grants and allocations	\$) If this amount includes foreign grants, check here	

Form 990 (2007) 21st Drug Court, Inc
Part IV Balance Sheets (See the instructions.)

	ait iv	Dalance Sheets (See the instructions.)				
	Note:	Where required, attached schedules and amounts within column should be for end-of-year amounts only	the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing		30,151	45	74,713
	46	Savings and temporary cash investments		251,978	46	128,249
	47a	Accounts receivable	47a			
	b	Less allowance for doubtful accounts	47b		47c	
	48a	Pledges receivable	48a		. }	
	40 40	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50a	Receivables from current and former officers, directors, key employees (attach schedule)	trostees, and		50-	
	ь	Receivables from other disqualified persons (as defined	under section 4958/fl/1\\ and		50a	
		persons described in section 4958(c)(3)(B) (att schedul	· · · · · · · · · · · · · · · · · · ·		50b	
	51a	Other notes and loans receivable (attach	<i>c</i> ,		300	
	0.0	schedule)	51a			
sets	ь	Less: allowance for doubtful accounts	51b		51c	
ASS	52	Inventories for sale or use			52	
•	53	Prepaid expenses and deferred charges			53	
	54a	Investments—publicly-traded securities	Cost FMV		54a	
	ь	Investments—other secunties (attach schedule)	Cost FMV		54b	
	55a	Investments—land, buildings, and				
		equipment basis	55a			
	b	Less accumulated depreciation (attach				
		schedule)	55b		55c	
	56	Investments—other (attach schedule)	f 1	<u> </u>	56	
	57a	Land, buildings, and equipment basis	57a			
	b	Less accumulated depreciation (attach	l l		}	
		schedule)	[57b		57c	
	58	Other assets, including program-related investments	,			
	59	(describe ► Total assets (must equal line 74) Add lines 45 through)	282,129	58 59	202,962
_	60	Accounts payable and accrued expenses	36	202,123	60	202, 302
	61	Grants payable			61	
	62	Deferred revenue			62	
'n	63	Loans from officers, directors, trustees, and key employ	ees (attach			
E E	İ	schedule)	•		63	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)			64a	
تَ	ь	Mortgages and other notes payable (attach schedule)			64b	
	65	Other liabilities (describe See Statemen	it 2	2,905	65	11,316
_	66	Total liabilities. Add lines 60 through 65		2,905	66	11,316
	Orga	,	nd complete lines		ļ	
		67 through 69 and lines 73 and 74		279,224	67	191,646
Ses	67	Unrestricted		213,229	68	171,040
lan	68	Temporarily restricted			69	
8	69	Permanently restricted anizations that do not follow SFAS 117, check here	and		- 50	
nuc	Orga	complete lines 70 through 74	— — — — — — — — — — — — — — — — — — —		\	
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds			70	
sts (71	Paid-in or capital surplus, or land, building, and equipme	ent fund		71	
\S\$(72	Retained earnings, endowment, accumulated income, of			72	
et A	73	Total net assets or fund balances. Add lines 67 throu				
Z		70 through 72 (Column (A) must equal line 19 and colu				
		equal line 21)		279,224		191,646
	74	Total liabilities and net assets/fund balances. Add li	nes 66 and 73	282,129	74	202,962

Form	990 (2007)	21st Drug Court, Inc	62-18674	89		Page 5
Pa	art iV-A	Reconciliation of Revenue per Audited Fina	ncial Statements With Reve	nue per Re	turn (See the	e
 a	Total revenue	instructions.) e. gains, and other support per audited financial statements				151 050
b		uded on line a but not on Part I, line 12		}	_a	151,959
1		ed gains on investments	b1			
2		vices and use of facilities	b2			
3		of prior year grants	b3			
4	Other (specif	, , ,				
	· (-1-	•	b4		}	
	Add lines b1	through b4			ь	
C	Subtract line	b from line a		L	С	151,959
d	Amounts incl	uded on Part I, line 12, but not on line a:				
1	Investment e	xpenses not included on Part I, line 6b	d1		ļ.	
2	Other (specif	y)				
			d2			
	Add lines d1	and d2			d	
<u>e</u>		ue (Part I, line 12) Add lines c and d		•	е	151,959
<u> Pa</u>	art IV-B	Reconciliation of Expenses per Audited Fin	nancial Statements With Ex	penses per	Return	
a		es and losses per audited financial statements		-	а	239,537
b .		uded on line a but not Part I, line 17	1 1			
1		vices and use of facilities	b1			
2	=	justments reported on Part I, line 20	b2		1	
3		ted on Part I, line 20	_b3			
4	Other (specif	ý)	1 . 1	1	l l	
			<u> b4 </u>			
	Add lines b1	_		<u> </u>	b	220 527
С		b from line a		-	_c	239,537
d		luded on Part I, line 17, but not on line a:	ابدا		Į.	
1		expenses not included on Part I, line 6b	d1			
2	Other (speci	у),	ا مد	1		
	Add lines d1	ond 40	d2		_]	
۵		ses (Part I, line 17) Add lines c and d		.	d e	239,537
P	art V-A	Current Officers, Directors, Trustees, and I	Kev Employees (List each person	on who was an		
		or key employee at any time during the year even if they w		ructions)		
			(B)	(C) Compensatio	(D) Contributions employee benefit plans & deferred compensation plan	(E) Expense
		(A) Name and address	Title and average hours per week devoted to position	(ir not paid, ente	plans & deferred compensation plan	account and other allowances
Gá	ayle Moyer		Coordinator		1	}
			0		<u> </u>	0 0
So	chedule att	ached				ľ
			0)	0 0
			1		1	
					+	
			ļ		1	-
					 	
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					1	
					1	
	 -					Form 990 (2007)

Form	1990 (2007) 21st Drug Court, Inc 62-1867489		F	age 6
<u>Pa</u>	art V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board			
	meetings	1		1
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated			
	employees listed in Schedule A, Part I, or highest compensated professional and other independent	İ		•
	contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business		i	
	relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
С	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest			ļ
	compensated employees listed in Schedule A, Part I, or highest compensated professional and other	i l	۱ ۱	
	independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other	İ		
	organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for			
	the definition of "related organization "	75c]	X
	If "Yes," attach a statement that includes the information described in the instructions			<u> </u>
d	Does the organization have a written conflict of interest policy?	75d		Х
	art V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Otl		enef	
	(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the			
	person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)	, oa.,	1100 (110	•
	(C) Compensation (D) Contributions to	Τ (E) Expe	ense
	(A) Name and address (if not paid, leaps & defendent leaps & defen	acco	ount and	d other
- NT /		+	allowan	ces
N/	A Company of the Comp	İ		
		┼		
		 		
		┿		
		-		
		┵		
Pa	art VI Other Information (See the instructions.)		Yes	No
 76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a			
	detailed statement of each change	76	L	Х
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		Х
•	If "Yes," attach a conformed copy of the changes			
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
,	this return?	78a	[X
h	The state of the s	78b		
ь 70	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach	<u></u> _		1
79		79		Х
00-	a statement Is the organization related (other than by association with a statewide or nationwide organization) through		<u> </u>	<u> </u>
80a			'	
	common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt	80a		X
	organization?	ova	_	- ^`
b	If "Yes," enter the name of the organization	i	1	1
	and check whether it is exempt or nonexempt	ŀ		1
	NI / 7\	044		
h	Did the organization file Form 1120-POL for this year?	010	1	1

Form **990** (2007)

Form	990 (2007) 21st Drug Court, Inc 62-18	67489	•		F	Page 7
_Pa	rt VI Other Information (continued)				Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no cha	irge				1
	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		Ţ			<u> </u>
	amount as revenue in Part I or as an expense in Part II					1
	(See instructions in Part III.)	82b				
83a	Did the organization comply with the public inspection requirements for returns and exemption applical	ions?		83a	Χ	
þ	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		/-	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		Γ	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or	["			
	gifts were not tax deductible?		N/A	84b		ļ
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		· -	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organi	zation				
	received a waiver for proxy tax owed for the prior year	1 1				}
C .	Dues, assessments, and similar amounts from members	85c				1
ď	Section 162(e) lobbying and political expenditures	85d				
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e				ĺ
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f				
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line to its reasonable estimate of dues allegable to pend due this labburg and return to the reasonable settings.		ļ			ŀ
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?)	N/A			
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A	85h		├
ь	Gross receipts, included on line 12, for public use of club facilities	86b				1
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a]
ь	Gross income from other sources (Do not net amounts due or paid to other	074				ŀ
~	sources against amounts due or received from them)	87b				
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation					Ì
•••	partnership, or an entity disregarded as separate from the organization under Regulations sections	. 01				1
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX			88a		X
ь	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the	!				
	meaning of section 512(b)(13)? If "Yes," complete Part XI		•	88b		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under					
	section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955	•	0			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transact	ion				ĺ
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," atta					
	a statement explaining each transaction			89b		X
С	Enter Amount of tax imposed on the organization managers or disqualified					
	persons during the year under sections 4912, 4955, and 4958	>	0			-
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization	-	0			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelt	er		.		
	transaction?) -	89e		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance of	ontract?	-	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 hol	aings	}	90-		X_
	at any time during the year?		L	89g		
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, 2007 (See	1.	ю			7
0.4	Instructions) The backs are in care of Gayle Mover		► 615-5	95	- 7 A	68
91a	The books are in care of ▶ Gayle Moyer	тетернопе по.	- OTO-3	, , ,	, 0	00
	Logated at	ZIP + 4 ▶				
L	Located at At any time during the calendar year, did the organization have an interest in or a signature or other au					
ь	over a financial account in a foreign country (such as a bank account, securities account, or other final				Yes	No
	account)?		Γ	91b		X
	If " Yes," enter the name of the foreign country		<u> </u>			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign E	Bank				
	and Financial Accounts					L
					000	\

6218	67489 05/0	5/2008 11 32 ₄ AM						~
Form	990 (200	7) 21st Drug Cour	t, Inc		62-1	86748	9	Page 8
Pa	rt VI	Other Information (con	tinued)					Yes No
c	At any tu	me during the calendar year, did the	e organization maintain	an office outs	side of the United Sta	ates?		91c X
		enter the name of the foreign count	•					
92		4947(a)(1) nonexempt charitable tri					1 r	▶ [
		r the amount of tax-exempt interes					▶ 92	
	rt VII	Analysis of Income-Pro	ducing Activities			<u> </u>		
	•	oss amounts unless otherwise	<u> </u>		d business income	Excluded	by section 512, 513, or 514	(E) Related or
indica			E	(A) Business code	(B) Amount	(C) Exclusion	(D) Amount	exempt function
93		service revenue.	-			code		income
a		gram fees				41	22,871	
b b								
d						 		
e								
f	Medicare	e/Medicaid payments				 		
g		d contracts from government agenc	cies			 		
94		ship dues and assessments						
95	Interest	on savings and temporary cash inv	estments					10,225
96	Dividend	s and interest from securities						<u> </u>
97	Net renta	al income or (loss) from real estate:						
а	debt-fina	nced property						
b	not debt	-financed property						
98	Net renta	al income or (loss) from personal pr	operty					
99	Other in	vestment income						
100	Gain or (loss) from sales of assets other that	an inventory					
101	Net inco	me or (loss) from special events	_			<u> </u>		
102	Gross p	ofit or (loss) from sales of inventory	<i>'</i>			ļ		
103		venue a						
b	_Cou	rt case income						12,085
С								
d						 		
е		(5) (5)				0	22,871	22,310
104		(add columns (B), (D), and (E))	E.\\			<u> </u>	22,0/1	45,181
		dd line 104, columns (B), (D), and (ort I				45,101
	rt VIII	plus line 1e, Part I, should equal the Relationship of Activiti			of Evernt Pur	10888 (5	See the instruction	<u> </u>
	ne No.	Explain how each activity for w						
	▼	of the organization's exempt pu					ay to allo aboumplionin	
\overline{N}	/A							
	,				·			
Pa	ırt IX	Information Regarding	Taxable Subsidia	aries and	Disregarded En	tities (S	ee the instructions	
	Jame add	(A) dress, and EIN of corporation,	(B) Percentage of		(C) lature of activities		(D) Total income	(E) End-of-year
	partner	ship, or disregarded entity	ownership interest					assets
	N/A	·	<u> </u>	%		-		
		<u> </u>		%				
			 	%				
			<u></u>	%	D	514 () = = :		tructions \
	art X	Information Regarding						
		e organization, during the year, rec e organization, during the year, pay					benefit contract?	Yes X No
	Note: If "Y	es" to (b), file Form 8870 and Form	n 4720 (see instructions	5)				Form 990 (2007)

Please Sign Date Here

Type or print name and title

Preparer's Paid signature Preparer's Firm's name (or yours **Use Only** if self-employed),

address, and ZIP + 4

Fourth Ave N

Check if employed

5.5.08

(See Gen Instr X) 0007186 26-1865984

Preparer's SSN or PTIN

ΕIN Phone 615-794-4313

Form 990 (2007)

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

Employer identification number

2007

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

				62-186/48	9
Compensation of the Five Highest Paid Emplo	oyees Oth	er Than Officers, D	irectors, and	Trustees	
(See page 1 of the instructions. List each one.	If there ar	e none, enter "Non	e ")		
(a) Name and address of each employee paid more than \$50,000	(b)	Title and average hours	(c) Compensation	empl benefit plans	(e) Expense account and other allowances
	_		<u> </u>		
					·
					-
			†		
f other employees paid over \$50,000	•	0		L	
Compensation of the Five Highest Paid Indep		ontractors for Profe			
	·	ndıvıduals or firms)			"None ")
(a) Name and address of each independent contractor paid more to	than \$50,000		(b) Type of se	ervice (c) Compensation
					
	· ·				
				·	
· · · · · · · · · · · · · · · · · · ·					
f others receiving over \$50,000 for					
Compensation of the Five Highest Paid Index	nendent (Contractors for Oth	er Services		<u></u>
· · · · · · · · · · · · · · · · · · ·	-			individuals (or
		instructions.)	····		
(a) Name and address of each independent contractor paid more to	than \$50,000		(b) Type of se	ervice (c) Compensation
					·
	 -				
f other contractors receiving over					
	and Form 9		Schedule	e A (Form 990	or 990-EZ) 20
	Compensation of the Five Highest Paid Emple (See page 1 of the instructions. List each one. (a) Name and address of each employee paid more than \$50,000 fother employees paid over \$50,000 Compensation of the Five Highest Paid Indep (See page 2 of the instructions. List each one (a) Name and address of each independent contractor paid more to the five Highest Paid Independent contractor paid more to the five Highest Paid Independent contractor paid more (List each contractor who performed services firms. If there are none, enter "None." See page (a) Name and address of each independent contractor paid more for the first paid independent contractor paid more (b) Name and address of each independent contractor paid more for the first paid independent contractor paid more for the first pa	Compensation of the Five Highest Paid Employees Oth (See page 1 of the instructions. List each one. If there are (a) Name and address of each employee paid more than \$50,000 per (b) per (b) per (c)	(a) Name and address of each employee paid more than \$50,000 Compensation of the Five Highest Paid Independent Contractors for Prof. (see page 2 of the instructions. List each one (whether individuals or firms) (a) Name and address of each independent contractor paid more than \$50,000 fothers receiving over \$50,000 for Prof. (See page 2 of the instructions. List each one (whether individuals or firms) (a) Name and address of each independent contractor paid more than \$50,000 fothers receiving over \$50,000 for Prof. (See page 2 of the instructions) (a) Name and address of each independent contractor paid more than \$50,000 fothers receiving over \$50,000 for Prof. (See page 2 of the instructions) (a) Name and address of each independent contractor paid more than \$50,000 for the prof. (See page 2 of the instructions) (a) Name and address of each independent contractor paid more than \$50,000	Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and (See page 1 of the instructions. List each one. If there are none, enter "None") (a) Name and address of each employee paid more than \$50,000 [c) Diffile and average hours per week devoted to postion than \$50,000 [c) Compensation of the Five Highest Paid Independent Contractors for Professional Ser (See page 2 of the instructions. List each one (whether individuals or firms) If there are (a) Name and address of each independent contractor paid more than \$50,000 [c) Type of some compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether firms. If there are none, enter "None" See page 2 of the instructions.) [a) Name and address of each independent confractor paid more than \$50,000 [b) Type of some contractor who performed services other than professional services, whether firms. If there are none, enter "None." See page 2 of the instructions.) [a) Name and address of each independent confractor paid more than \$50,000 [b) Type of some contractor who performed services other than professional services, whether firms. If there are none, enter "None." See page 2 of the instructions.)	Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None") (a) Name and address of each employee paid more than \$50,000 (b) Tighe of services (c) Compensation (

Pa	art III Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		X
	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)		
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?	-	X
ď	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	1	X
е	Transfer of any part of its income or assets?	-	X
3a	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	ļ 	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	-	X
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?		X
С	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		
е	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

			ilion Status (See)	pages 4 through 8	of the insti	uctions.)	
l cer 5	tify th	at the organization is not a private foundation bed A church, convention of churches, or association			ox)		
6		A school Section 170(b)(1)(A)(II) (Also complete	e Part V)				
7		A hospital or a cooperative hospital service orga	nization Section 170(b)((1)(A)(III)			
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 coll (Also complete the Support Schedule in Part IV		or operated by a goverr	nmental unit S	ection 170(b)(1)	(A)(ıv)
11a	X	An organization that normally receives a substar 170(b)(1)(A)(vi) (Also complete the Support Sc		om a governmental unit	or from the ge	neral public Sed	ction
11b		A community trust Section 170(b)(1)(A)(vi) (Als	o complete the Support	Schedule in Part IV-A)		
12		An organization that normally receives (1) more from activities related to its charitable, etc., funct from gross investment income and unrelated but organization after June 30, 1975. See section 50	tions-subject to certain ex siness taxable income (le	xceptions, and (2) no mess section 511 tax) fror	ore than 33 1	/3% of its suppo	
13		An organization that is not controlled by any disc requirements of section 509(a)(3). Check the bo	•	•	•	rise meets the	
		Type I Type II	Type III-Functionally Into	egrated Typ	e III-Other		
		Provide the following inform	ation about the suppor	ted organizations. (Se	e page 8 of the	e instructions)	
		(a)	(b)	(c)	(d)	(e)
		Name(s) of supported organization(s)	Employer	Type of	Is the s	upported	Amount of
			identification	organization	_	on listed in	support
			number (EIN)	(described in lines		pporting	
				5 through 12 above or IRC		zation's documents?	
				section) .	governing	documents?	
					Yes	No	
							
-							
Tota	1					•	
14		An organization organized and operated to test f	or public safety. Section	509(a)(4) (See page 8	of the instructi	ons)	
 -		7 M Gigaritzation organized and operated to test i	2. 200.00000000000000000000000000000000	(a)(1) (add page 0			orm 990 or 990-EZ) 2007

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

(e) Total
757,981
0
0
16,765
0
0
0
Ω
774,746
774,746
15,495
13,433
774,746
774,740
16 765
16,765 757,981
97.8361%
NT / T
A\N
to
00
puting
NT / 70
N/A
%
%

	(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	1.00	1.0
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		<u> </u>
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during		1	}
	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	 	<u> </u>
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	l		
	basis?	32b	ļ	ļ
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c	<u> </u>	} _
d	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			
			Ì	
а	Students' rights or privileges?	33a	ļ	
b	Admissions policies?	33b	 -	
С	Employment of faculty or administrative staff?	33c		
·	Employment of lacuity of administrative stand	330		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e	_	ļ
			ĺ	
f	Use of facilities?	33f	-	
_	Athletic programs?	33g		
g	Attlietic brodianio .	1 339	†	
h	Other extracurricular activities?	33h		<u> </u>
			1	1
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b	 	
	If you answered "Yes" to either 34a or b, please explain using an attached statement			1
				ļ
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation •	35	L.,	

62-	1	0	67	1	0.0	`
りノー	- 1	ਨ	01	4	ห ๖	,

Page 6

Par	t VI-A Lobbying Expend (To be completed	itures by Electing ONLY by an eligit	Public Charities de organization t	(See pa h <u>at</u> filed F	ge 1 orm	1 of the ins 5768)	tructions.)
Check	. []						d "limited cor	ntrol" provisions apply
,		Lobbying Expen				Affiliate	a)	(b) To be completed for all electing
		ures" means amounts p						organizationš
	tal lobbying expenditures to influence				36	 		
	tal lobbying expenditures to influence		ct lobbying)		37			
	tal lobbying expenditures (add lines 3	6 and 37)			38	ļ		
	her exempt purpose expenditures				39	 		
	tal exempt purpose expenditures (add				40			
	bbying nontaxable amount. Enter the		•					
	the amount on line 40 is-		ntaxable amount is-	7		Į		
	it over \$500,000	20% of the amount of			İ			
	er \$500,000 but not over \$1,000,000		of the excess over \$500,0	ŀ	l	1		
	rer \$1,000,000 but not over \$1,500,000		of the excess over \$1,000		41	 		
	er \$1,500,000 but not over \$17,000,000	•	f the excess over \$1,500,	000	Ì	1		
	er \$17,000,000	\$1,000,000						
	assroots nontaxable amount (enter 25	•			42	 		
	ibtract line 42 from line 36 Enter -0- if	_			43	 		
44 50	ibtract line 41 from line 38 Enter -0- if	line 41 is more than line	e 38		44	<u> </u>		
		han 40 antina 44	1 St. F 4700					
	aution: If there is an amount on either			lan Castia		4/5)	 -	
	(6		iging Period Und			• •		
	(Some organization	ons that made a section					columns belo)W
		See the instructions for	lines 45 inrough 50 o	n page 13 of	the ir	istructions)		
			Lobbying Expe	enditures Du	uring	4-Year Avera	ging Period	
Ca	alendar year (or	(a)	(b)	(0	:)		(d)	(e)
fis	scal year beginning in)	2007	2006	20	05		2004	Total
45 Lo	bbying nontaxable amount			ļ <u>-</u>				
46 Lo	obbying ceiling amount (150% of							
lin	e 45(e))			 				
47 7	hall to be a second decree							
47 10	otal lobbying expenditures							
48 G	rassroots nontaxable amount							
	rassroots ceiling amount (150% of							
	e 48(e))							
50 G	rassroots lobbying expenditures					i		
Pai	rt VI-B Lobbying Activity	by Nonelecting F	Public Charities					
	(For reporting onl	y by organizations	that did not com	plete Parl	: VI-/	<u>۹) (See pag</u>	e 14 of th	ne instructions) N/A
During	the year, did the organization attemp	t to influence national, s	state or local legislation	n, including a	iny		Yes No	Amount
attemp	ot to influence public opinion on a legis	slative matter or referen	dum, through the use	of			163	Amount
а	Volunteers							
b	Paid staff or management (Include co	mpensation in expense	s reported on lines c t	hrough h.)				_
С	Media advertisements							
d	Mailings to members, legislators, or the	ne public						
е	Publications, or published or broadca	st statements						ļ <u>.</u>
f	Grants to other organizations for lobb	ying purposes						
	Direct contact with legislators, their st		ls, or a legislative bod	у				
	Rallies, demonstrations, seminars, co							
	Total lobbying expenditures (Add line						L	
	If "Yes" to any of the above, also atta	ch a statement giving a	detailed description of	the lobbying	activ	ities		
							Schedule A	(Form 990 or 990-EZ) 200

	7489 05/05/20							
	ule A (Form t VII			Orug Court, Inc	62-1867489)	Р	age 7
	. •	Exempt Organiza	ations (Se	ee page 14 of the instruction	s and Relationships With Noncharital	ole		
51	Did the repo	rting organization direc	otly or indirec	tly engage in any of the following wi	th any other organization described in section			
;	501(c) of the	e Code (other than sec	tion 501(c)(3)	organizations) or in section 527, re	lating to political organizations?			
а		om the reporting organi	zation to a n	oncharitable exempt organization of			Yes	No
	(i) Cash					51a(ı)		Χ
		assets				a(ıi)		X
b (Other transa			handalda assaultas s				
		ases of assets from a r		haritable exempt organization		b(1)		X
		l of facilities, equipmen		, •		b(II)		X
		oursement arrangemen				b(111)		X
		or loan guarantees				b(v)		X
(nembership o	or fundraising solicitations		b(vi)		X
с 9				er assets, or paid employees		c		X
d i	f the answe	r to any of the above is	"Yes," comp	lete the following schedule Column	(b) should always show the fair market value of the			
ç	goods, other	assets, or services giv	ven by the re	porting organization. If the organiza	tion received less than fair market value in any			
t	ransaction o	or sharing arrangement	t, show in col	umn (d) the value of the goods, other	er assets, or services received			
	(a)	(b)	Name of	(c)	(d)			
	ine no	Amount involved	Name of	noncharitable exempt organization	Description of transfers, transactions and shari	ng arrangem	ents	
A/N								
			-					
•								
<u> </u>								
			L., .,					
	_	· · · · · · · · · · · · · · · · · · ·		with, or related to, one or more tax-		. —	r	ה
				nan section 501(c)(3)) or in section s	527?	► [] Ye	es X	No
b l	f "Yes," com	plete the following sch	edule					
		(a) lame of organization		(b) Type of organization	(c) Description of relationship			
- NI	/A			.,,:				
1.1	/ 🕰							
	-			-				
_		-						

621867489 21st Drug Court, Inc

62-1867489 FYE: 12/31/2007 **Federal Statements**

5/5/2008 11:32 AM

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

Description		Total Expenses	_	Program Service		Mgt & General		Fund- Raising
Expenses	\$	Š	\$		\$	1	\$	
Gifts		200			•	200	,	
Dues and subscriptions		257				257		
Licenses and permits		440				440		
Consulting - grant		14,700				14,700		
Consulting - non grant		850				850		
Reconciliation discrepanies		133		133				
Participants emergency needs		4,472		4,472				
Reimbursed expenses		28		28				
Bank charges		43		43				
Insurance		2,268		2,268				
Miscellaneous		2,223		2,223				
Contract labor		13,037		13,037				
Mileage & reimbursement		2,411		2,411				
Supplies - office - grant		526		526				
Supplies - office - non grant		1,786		1,786				
Training - grant		2,500		2,500				
Training - non grant	_	80		80	_		_	
Total	\$	45,954	\$	29,507	\$	16,447	\$	0

621867489 21st Drug Court, Inc

62-1867489 FYE: 12/31/2007

Federal Statements

5/5/2008 11:32 AM

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

Description	Beg of	End of Year			
Payroll taxes payable	\$	2,905	\$_	11,316	
Total	\$	2,905	\$	11,316	

ATTACHMENT - FORM 990 for 2007

OFFICERS AND DIRECTORS

21ST DRUG COURT, INC.

Bob Adgent President and Board Member 9311 Navaho Drive Brentwood, TN 37027

Elaine B. Beeler Vice President and Board Member P. O. Box 1666 Franklin, TN 37064

Robert V. Bolen Treasurer and Board Member Bolen | Dodson & Associates 7003 Chadwick Drive, Suite 350 Brentwood, TN 37027

Gayle Moyer Harris Secretary P. O. Box 757 Franklin, TN 37065

Vanessa Bryan Board Member P. O. Box 68 Franklin, TN 37065

Sharon Guffee Board Member Juvenile Justice Center 408 Century Court Franklin, TN 37064

Marcia E. Williams Board Member Independence Trust Company P. O. Box 682188 Franklin, TN 37068-2188 Officers and Directors -21^{st} Drug Court, Inc. Page -2-

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

Steve Cates Board Member Cates-Kottas Development 1612 Westgate Circl, Suite220 Brentwood, TN 37027

Brent Peterson Board Member 501 Broadway
Nashville, TN 37203

Eunetta Kready Board Member 1008 Ruth Court Franklin, TN 37064