Form 990

Return of Organization Exempt From Income Tax

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

A. For the 2008 calendar year, or tax year beginning and ending

B. Name of organization

LEGAL AID SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERLANDS

D. Employer identification number

62-0800756

E. Telephone number

615-244-6610

G. Gross receipts

6,519,823

H. Is this a group return for affiliates?

Yes

I. Tax-exempt status:

[X] 501(c)(3) (insert no.)

4947(a)(1) or 527

J. Website:

WWW.LAS.ORG

K. Type of organization:

[X] Corporation

L. Year of formation: 1968

M. State of legal domicile: TN

Part I

Summary

1. Briefly describe the organization's mission or most significant activities:

TO PROVIDE EXPERT LEGAL ASSISTANCE TO LOW-INCOME PEOPLE AND THEIR FAMILIES, ESPECIALLY ON

2. Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its assets.

3. Number of voting members of the governing body (Part VI, line 1a)

3

4. Number of independent voting members of the governing body (Part VI, line 1b)

33

5. Total number of employees (Part V, line 2a)

112

6. Total number of volunteers (estimate if necessary)

814

7a. Total gross unrelated business revenue from Part VIII, line 12, column (C)

0

7b. Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8. Contributions and grants (Part VIII, line 1h)

5,794,359

9. Program service revenue (Part VIII, line 2g)

5,997,532

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)

102,295

11. Other revenue (Part VIII, column (A), lines 5, 6c, 8c, 9c, 10c, and 11e)

43,903

12. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

6,032,932

13. Grants and similar amounts paid (Part IX, column (A), lines 1-3)

4,195,664

14. Benefits paid to or for members (Part IX, column (A), line 4)

4,396,154

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a. Professional fundraising fees (Part IX, column (A), line 11e)

150,645

17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)

1,585,828

18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

5,830,503

19. Revenue less expenses. Subtract line 18 from line 12

202,429

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.

Signature of officer

Date

Reported by

4/26/2009

Preparer's signature

GARY D. Houspath, CEO/Executive Director

Type or print name and title

Preparer's identifying number

Preparer's identifying number

See Schedule O for Organization Mission Statement Continuation

Paid

6/18/09

Check if self-employed

Preparer's signature

Date

Preparer's name (if yours if self-employed, address, and ZIP + 4)

EIN

KRAFTCPASS PLLC

555 GREAT CIRCLE ROAD, SUITE 200

NASHVILLE, TN 37228-1310

Phone no.

(615) 242-7351

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes

X

No

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2008)
1. Briefly describe the organization's mission: NONE

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

3. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
   - [ ] Yes □ No

4. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

   SEE SCHEDULE O FOR CONTINUATION(S)

4a. (Code: ) (Expenses $ 4,951,622 including grants of $ 0 ) (Revenue $ 35,400)

   THE LEGAL AID SOCIETY GIVES FREE LEGAL AID TO PEOPLE WHO HAVE NOWHERE ELSE TO TURN. IT PROVIDES DIRECT LEGAL ASSISTANCE, SELF-HELP BROCHURES AND ADVICE TO INDIVIDUAL CLIENTS AND LEGAL EDUCATION TO GROUPS AND THE PUBLIC. ITS FUNDAMENTAL MISSION IS TO PROVIDE SAFETY AND STABILITY TO FAMILIES AND CHILDREN. IT HELPS THEM BY PREVENTING AND ENDING DOMESTIC VIOLENCE; OBTAINING INCOME (FROM PUBLIC BENEFITS SUCH AS SOCIAL SECURITY, FOOD STAMPS AND WELFARE AND EMPLOYMENT COMPENSATION); RESOLVING INCOME TAX DISPUTES; OBTAINING HEALTH INSURANCE AND HEALTH SERVICES; RESOLVING CONSUMER DISPUTES; GAINING AND PROTECTING HOUSING, AND ASSURING APPROPRIATE EDUCATION AND OTHER SERVICES FOR CHILDREN. IN 2008, LEGAL AID REPRESENTED OVER 5,600 PEOPLE, GAINED MORE THAN $7 MILLION IN DIRECT FINANCIAL BENEFITS FOR ITS CLIENTS AND PROVIDED LEGAL

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 $ 4,951,622. (Must equal Part IX, Line 25, column (B))

Form 990 (2008)
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>Is the organization required to complete Schedule B, Schedule of Contributors?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If “Yes,” complete Schedule C, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If “Yes,” complete Schedule C, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5</td>
<td>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If “Yes,” complete Schedule C, Part III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6</td>
<td>Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If “Yes,” complete Schedule D, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7</td>
<td>Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If “Yes,” complete Schedule D, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>8</td>
<td>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If “Yes,” complete Schedule D, Part III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>9</td>
<td>Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If “Yes,” complete Schedule D, Part IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>10</td>
<td>Did the organization hold assets in term, permanent, or quasi-endowments? If “Yes,” complete Schedule D, Part V</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11</td>
<td>Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If “Yes,” complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12</td>
<td>Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If “Yes,” complete Schedule D, Parts XI, XII, and XIII</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>13</td>
<td>Is the organization a school as described in section 170(b)(1)(A)(ii)? If “Yes,” complete Schedule E</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>14a</td>
<td>Did the organization maintain an office, employees, or agents outside of the U.S.?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If “Yes,” complete Schedule F, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>15</td>
<td>Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If “Yes,” complete Schedule F, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>16</td>
<td>Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If “Yes,” complete Schedule F, Part III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>17</td>
<td>Did the organization report more than $15,000 on Part IX, column (A), line 11e? If “Yes,” complete Schedule G, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>18</td>
<td>Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? If “Yes,” complete Schedule G, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>19</td>
<td>Did the organization report more than $15,000 on Part VIII, line 9a? If “Yes,” complete Schedule G, Part III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>20</td>
<td>Did the organization operate one or more hospitals? If “Yes,” complete Schedule H</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>21</td>
<td>Did the organization report more than $5,000 on Part IX, column (A), line 1? If “Yes,” complete Schedule I, Parts I and II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>22</td>
<td>Did the organization report more than $5,000 on Part IX, column (A), line 21? If “Yes,” complete Schedule I, Parts I and III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>23</td>
<td>Did the organization answer “Yes” to Part VII, Section A, questions 3, 4, or 5? If “Yes,” complete Schedule J</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>24a</td>
<td>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 questions 24b-24d and complete Schedule K. If “No”, go to question 25</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>c</td>
<td>Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>25a</td>
<td>Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If “Yes,” complete Schedule L, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If “Yes,” complete Schedule L, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>26</td>
<td>Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization’s tax year? If “Yes,” complete Schedule L, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>27</td>
<td>Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If “Yes,” complete Schedule L, Part III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-----</td>
<td>----</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Legal Aid Society of Middle Tennessee and the Cumberlands**

**Form 990 (2008)**

**Page 5**

**Statements Regarding Other IRS Filings and Tax Compliance**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter “0” if not applicable</td>
<td>1a</td>
<td>35</td>
</tr>
<tr>
<td>b Enter the number of Forms W-2G included in line 1a. Enter “0” if not applicable</td>
<td>1b</td>
<td>0</td>
</tr>
<tr>
<td>c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>1c</td>
<td>X</td>
</tr>
<tr>
<td>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</td>
<td>2a</td>
<td>12</td>
</tr>
<tr>
<td>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td>2b</td>
<td>X</td>
</tr>
<tr>
<td>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?</td>
<td>3a</td>
<td>X</td>
</tr>
<tr>
<td>b If “Yes,” has it filed a Form 990-T for this year? If “No,” provide explanation in Schedule O</td>
<td>3b</td>
<td></td>
</tr>
<tr>
<td>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)?</td>
<td>4a</td>
<td>X</td>
</tr>
<tr>
<td>b If “Yes,” enter the name of the foreign country:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

See the Instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a  | X  |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b  | X  |
| c If “Yes,” to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5c  |    |
| 6a Did the organization solicit any contributions that were not tax deductible? | 6a  | X  |
| b If “Yes,” did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b  |    |

**Organizations that may receive deductible contributions under section 170(c).**

| a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75? | 7a  | X  |
| b If “Yes,” did the organization notify the donor of the value of the goods or services provided? | 7b  |    |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c  | X  |
| d If “Yes,” indicate the number of Forms 8282 filed during the year | 7d  |    |
| e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e  | X  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f  | X  |
| g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g  | X  |
| h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h  | X  |

**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?**

| 8 |    |

**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**

| a Did the organization make any taxable distributions under section 4966? | 9a  |    |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | 9b  |    |

**Section 501(c)(7) organizations.**

| Enter: N/A |     |
| 10 |    |
| 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 |    |

**Section 501(c)(12) organizations.**

| Enter: N/A |     |
| 11 |    |
| 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 |    |

**Section 4947(a)(1) non-exempt charitable trusts.**

| Is the organization filing Form 990 in lieu of Form 1041? | 12a | N/A |
| b If “Yes,” enter the amount of tax-exempt interest received or accrued during the year | 12b |    |
Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9 below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a Enter the number of voting members of the governing body ........................................... 1a 33

b Enter the number of voting members that are independent .................................................. 1b 33

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? ................................................................. 2 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? ................................................................. 3 X

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? ......................................................................................................................... 4 X

5 Did the organization become aware during the year of a material diversion of the organization’s assets? ................................................................................................................................. 5 X

6 Does the organization have members or stockholders? ............................................................................ 6 X

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? ................................................................. 7a X

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? ................................................................................................................................. 7b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
   a The governing body? .................................................................................................................. 8a X

b Each committee with authority to act on behalf of the governing body? ................................................ 8b X

9a Does the organization have local chapters, branches, or affiliates? .................................................. 9a X

b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? ................................................................................................................................. 9b X

10 Was a copy of the Form 990 provided to the organization’s governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 ................................................................................................................................. 10 X

11 Is there any officer, director or 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 ................................................................................................................................. 11 X

Section B. Policies

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 ............................... 12a X

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ......................................................................................................................... 12b X

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done ................................................................................................................................. 12c X

13 Does the organization have a written whistleblower policy? .............................................................. 13 X

14 Does the organization have a written document retention and destruction policy? .............................. 14 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? ........................................ 15a X

b Other officers or key employees of the organization? ............................................................................. 15b X

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? ............................................................................. 16a X

b If "Yes," has the organization adopted a written policy or procedures requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization’s exempt status with respect to such arrangements? ................................................................................................................................. 16b X

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 keep its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) only) available for public inspection. Indicate how you make these available. Check all that apply.
   [ ] Own website  [ ] Another's website  [X] Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶
THE ORGANIZATION – 615-244-6610
300 DEADERICK STREET, NASHVILLE, TN 37201

62-0800756  Page 6
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a. Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- 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 the organization did not compensate any officer, director, trustee, or key employee.**

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEE ATTACHED LIST</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GARY HOUSEPIAN</td>
<td>40.00 X</td>
<td></td>
<td>94,888.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>EXECUTIVE DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Individual Full-time employees (check all that apply)</td>
<td>Other employees</td>
<td>Key employees</td>
<td>Highest compensated employee</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**1b Total**

|                          | 94,888 | 0 | 0 |

| 2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization | 0 |

<table>
<thead>
<tr>
<th>3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If &quot;Yes,&quot; complete Schedule J for such individual</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If &quot;Yes,&quot; complete Schedule J for such individual</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If &quot;Yes,&quot; complete Schedule J for such person</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>X</td>
</tr>
</tbody>
</table>

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization | 0 |
**Part VIII | Statement of Revenue**

<table>
<thead>
<tr>
<th>Contributions, gifts, grants, and other similar amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512, 513, or 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 e Government grants (contributions)</td>
<td></td>
<td>4586823.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td>1410709.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 g Noncash contributions included in lines 1a-1f $</td>
<td>54,905.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 h Total. Add lines 1a-1f</td>
<td></td>
<td>5,997,532.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 a</td>
</tr>
<tr>
<td>2 b</td>
</tr>
<tr>
<td>2 c</td>
</tr>
<tr>
<td>2 d</td>
</tr>
<tr>
<td>2 e</td>
</tr>
<tr>
<td>2 f All other program service revenue</td>
</tr>
<tr>
<td>2 g Total. Add lines 2a-2f</td>
</tr>
</tbody>
</table>

| Investment income (including dividends, interest, and other similar amounts) | |
|------------------------------------------------------------------------------|
| 3                                                                             | 72,240. |
| 4 Income from investment of tax-exempt bond proceeds                          | 72,240. |

| Royalties | |
|-----------|
| 5 Royalties | |

| Gross Rents | |
|-------------|
| 6 a Gross Rents | |
| 6 b Less: rental expenses | |
| 6 c Rental income or (loss) | |
| 6 d Net rental income or (loss) | |

| Gross amount from sales of | |
|---------------------------|
| 7 a Gross amount from sales of | |
| 7 b Less: cost or other basis and sales expenses | |
| 7 c Gain or (loss) | |
| 7 d Net gain or (loss) | |

| Gross income from fundraising events not including $________________________ of contributions reported on line 1c. See Part IV, line 18 | |
|-----------------------------------------------------------------------------------------------------------------------------------|
| 8 a Gross income from fundraising events | |
| 8 b Less: direct expenses | |
| 8 c Net income or (loss) from fundraising events | |

| Gross income from gaming activities. See Part IV, line 19 | |
|-----------------------------------------------------------|
| 9 a Gross income from gaming activities | |
| 9 b Less: direct expenses | |
| 9 c Net income or (loss) from gaming activities | |

| Gross sales of inventory, less returns and allowances | |
|-------------------------------------------------------|
| 10 a Gross sales of inventory, less returns and allowances | |
| 10 b Less: cost of goods sold | |
| 10 c Net income or (loss) from sales of inventory | |

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 a MISCELLANEOUS</td>
</tr>
<tr>
<td>11 b</td>
</tr>
<tr>
<td>11 c</td>
</tr>
<tr>
<td>11 d All other revenue</td>
</tr>
<tr>
<td>11 e Total. Add lines 11a-11d</td>
</tr>
</tbody>
</table>

| Total Revenues, Add lines 1a, 2a, 3a, 4, 6a, 7a, 8a, 9a, 10a, and 11a | |
|---------------------------------------------------------------------|
| 12 a Total Revenue | |
| 12 b | |
| 12 c | |
| 12 d | |

Form 990 (2008) 02-02-09 09490618 781331 15430-15430 2008.03061 LEGAL AID SOCIETY OF MIDDLE 15430-11
### 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) but are not required to complete columns (B), (C), and (D).

<table>
<thead>
<tr>
<th>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to individuals in the U.S. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td>112,576</td>
<td>87,763</td>
<td>19,265</td>
<td>5,548</td>
</tr>
<tr>
<td>6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>3,425,268</td>
<td>3,031,680</td>
<td>299,129</td>
<td>94,459</td>
</tr>
<tr>
<td>8 Pension plan contributions (Include section 401(k) and section 403(b) employer contributions)</td>
<td>156,142</td>
<td>142,286</td>
<td>11,066</td>
<td>2,790</td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td>443,485</td>
<td>404,131</td>
<td>31,429</td>
<td>7,925</td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td>258,683</td>
<td>230,278</td>
<td>23,709</td>
<td>4,696</td>
</tr>
<tr>
<td>11 Fees for services (non-employee):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Office expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Information technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>366,826</td>
<td>281,834</td>
<td>80,446</td>
<td>4,546</td>
</tr>
<tr>
<td>17 Travel</td>
<td>159,068</td>
<td>145,629</td>
<td>12,046</td>
<td>1,393</td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>64,869</td>
<td>64,869</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a PROFESSIONAL FEES AND C</td>
<td>206,515</td>
<td>79,328</td>
<td>124,552</td>
<td>2,635</td>
</tr>
<tr>
<td>b PRINTING &amp; PUBLICATIONS</td>
<td>125,689</td>
<td>107,990</td>
<td>6,780</td>
<td>10,919</td>
</tr>
<tr>
<td>c SUPPLIES</td>
<td>120,228</td>
<td>70,216</td>
<td>44,798</td>
<td>5,214</td>
</tr>
<tr>
<td>d TELEPHONE</td>
<td>92,498</td>
<td>65,621</td>
<td>23,272</td>
<td>3,605</td>
</tr>
<tr>
<td>e COURT COSTS AND LITIGAT</td>
<td>81,439</td>
<td>81,439</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other expenses</td>
<td>217,217</td>
<td>158,558</td>
<td>51,744</td>
<td>6,915</td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24f</td>
<td>5,830,503</td>
<td>4,951,622</td>
<td>728,236</td>
<td>150,645</td>
</tr>
</tbody>
</table>

---

SOP 99-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation...

---

Form 990 (2008) 632010 12-18-08

09490618 781331 15430-15430 2008.03061 LEGAL AID SOCIETY OF MIDDLE 15430-11
### Part X | Balance Sheet

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>896,213. 1</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>2,173,915. 2</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>517,354. 3</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>42,138. 4</td>
</tr>
<tr>
<td>5</td>
<td>Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>15,414. 9</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost basis</td>
<td>851,348. 10a</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation. Complete Part VI of Schedule D</td>
<td>473,654. 10b</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>4,054,814. 16</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>533,583. 17</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>37,336. 19</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Escrow account liability. Complete Part IV of Schedule D</td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities. Complete Part X of Schedule D</td>
<td>16,572. 25</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>587,491. 26</td>
</tr>
</tbody>
</table>

### Part XI | Financial Statements and Reporting

1. Accounting method used to prepare the Form 990: [ ] Cash  [X] Accrual  [ ] Other
   - 2a. Were the organization's financial statements compiled or reviewed by an independent accountant? [X]
   - 2b. Were the organization's financial statements audited by an independent accountant? [X]
   - 2c. If "Yes" to lines 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? [X]

3. 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. If "Yes," did the organization undergo the required audit or audits? [X]

---

09490618 781331 15430-15430 2008.03061 LEGAL AID SOCIETY OF MIDDLE 15430-11
Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

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

Employer identification number: 62-0800756

Part I: Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

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

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)(iii). (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)

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)(v). (Complete Part II.)

8 ☐ An organization 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 the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)

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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I

b ☐ Type II

c ☐ Type III - Functionally Integrated

d ☐ Type III - Other

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box .

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) ☐ A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) ☐ A family member of a person described in (i) above?

(iii) ☐ A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the organizations the organization supports.

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))</th>
<th>(iv) Is the organization in col. (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in col. (i) of your support?</th>
<th>(vi) Is the organization in col. (i) organized in the U.S.?</th>
<th>(vii) Amount of support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

09490618 781331 15430-15430 2008.03061 LEGAL AID SOCIETY OF MIDDLE 15430-11
**Section A. Public Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2004</th>
<th>(b) 2005</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
<th>(e) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>5190430.</td>
<td>5440434.</td>
<td>6906633.</td>
<td>5697711.</td>
<td>5997532.</td>
<td>29232740.</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1-3</td>
<td>5190430.</td>
<td>5440434.</td>
<td>6906633.</td>
<td>5697711.</td>
<td>5997532.</td>
<td>29232740.</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public Support. Support line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>29232740.</td>
</tr>
</tbody>
</table>

**Section B. Total Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2004</th>
<th>(b) 2005</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
<th>(e) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>5190430.</td>
<td>5440434.</td>
<td>6906633.</td>
<td>5697711.</td>
<td>5997532.</td>
<td>29232740.</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>10,348.</td>
<td>19,046.</td>
<td>76,489.</td>
<td>102,295.</td>
<td>18,050.</td>
<td>226,228.</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td>17,909.</td>
<td>31,418.</td>
<td>31,574.</td>
<td>37,553.</td>
<td>17,350.</td>
<td>135,804.</td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>29594772.</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□</td>
</tr>
</tbody>
</table>

**Section C. Computation of Public Support Percentage**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2004</th>
<th>(b) 2005</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
<th>(e) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))</td>
<td>98.78 %</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f</td>
<td>99.11 %</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a 33 1/3% support test - 2008. 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</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16b 33 1/3% support test - 2007. 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</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a 10% facts-and-circumstances test - 2008. 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 &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part IV how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17b 10% facts-and-circumstances test - 2007. 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 &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part IV how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 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)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2004</th>
<th>(b) 2005</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
<th>(e) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 - 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1½ of the total of lines 9, 10a, 11, and 12 for the year or $5,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2004</th>
<th>(b) 2005</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
<th>(e) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support (Add lines 9, 10a, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

| | | | | | | |
|---|---|---|---|---|---|
| 15 Public support percentage for 2008 (line 8, column (f)) divided by line 13, column (f) | 15 | % | | | |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | % | | | |

#### Section D. Computation of Investment Income Percentage

| | | | | | | |
|---|---|---|---|---|---|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 17 | % | | | |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | % | | | |

- **19a 33 1/3% support tests - 2008.** 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.
- **19b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 18 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.
Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
► Attach to Form 990, 990-EZ, and 990-PF.

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEGAL AID SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERLANDS</td>
<td>62-0800756</td>
</tr>
</tbody>
</table>

Organization type (check one):

- Form 990 or 990-EZ
  - 501(c)(3) exempt private foundation
  - 501(c)(3) taxable private foundation
  - 501(c)(3) tax-exempt private foundation
  - 501(c)(6) tax-exempt social club
  - 501(c)(7) tax-exempt social club
  - 501(c)(8) tax-exempt social club
  - 501(c)(9) tax-exempt association
  - 501(c)(10) tax-exempt foundation
  - 501(c)(11) tax-exempt agricultural cooperative
  - 501(c)(12) tax-exempt labor organization
  - 501(c)(13) tax-exempt employees' union

- Form 990-PF
  - 501(c)(3) exempt private foundation
  - 501(c)(3) tax-exempt private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (9), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)/8(vi), and received from any one contributor, during the year, a contribution of the greater of (1) $5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

- For a section 501(c)(7), (9), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- For a section 501(c)(7), (9), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 of $5,000 or more during the year.) 

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. These instructions will be issued separately.
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Aggregate contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>LEGAL SERVICES CORPORATION</td>
<td>$2,507,508.</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>COMPTROLLERS OFFICE, 3333 K STREET, NW 3RD FLOOR</td>
<td></td>
<td>Payroll [X] Noncash</td>
</tr>
<tr>
<td></td>
<td>WASHINGTON, DC 20007</td>
<td></td>
<td>(Complete Part II if there is a noncash contribution.)</td>
</tr>
<tr>
<td>2</td>
<td>STATE OF TENNESSEE, DEPARTMENT OF FINANCE &amp; ADMINISTRATION</td>
<td>$221,575.</td>
<td>Person [X]</td>
</tr>
<tr>
<td></td>
<td>WILLIAM SNODGRASS TOWER, 312 8TH AVE NORTH, SUITE 1200</td>
<td></td>
<td>Payroll [] Noncash</td>
</tr>
<tr>
<td></td>
<td>NASHVILLE, TN 37243</td>
<td></td>
<td>(Complete Part II if there is a noncash contribution.)</td>
</tr>
<tr>
<td>3</td>
<td>TENNESSEE BAR FOUNDATION</td>
<td>$242,648.</td>
<td>Person [X]</td>
</tr>
<tr>
<td></td>
<td>618 CHURCH ST., SUITE 120</td>
<td></td>
<td>Payroll [] Noncash</td>
</tr>
<tr>
<td></td>
<td>NASHVILLE, TN 37219</td>
<td></td>
<td>(Complete Part II if there is a noncash contribution.)</td>
</tr>
<tr>
<td>4</td>
<td>ADMINISTRATIVE OFFICE OF THE COURTS, STATE OF TENNESSEE</td>
<td>$1,115,100.</td>
<td>Person [X]</td>
</tr>
<tr>
<td></td>
<td>NASHVILLE CITY CENTER, 511 UNION STREET, SUITE 600</td>
<td></td>
<td>Payroll [] Noncash</td>
</tr>
<tr>
<td></td>
<td>NASHVILLE, TN 37219</td>
<td></td>
<td>(Complete Part II if there is a noncash contribution.)</td>
</tr>
</tbody>
</table>
Supplemental Financial Statements

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

1. Total number at end of year ..................................................  
   (a) Donor advised funds ..................................................
   (b) Funds and other accounts ..............................................

2. Aggregate contributions to (during year) .................................

3. Aggregate 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? □ Yes □ No

6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? □ Yes □ No

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).
   - Preservation of land for public use (e.g., recreation or pleasure)
   - Preservation of an historically important land area
   - Protection of natural habitat
   - Preservation of certified historic structure
   - Preservation of open space

2. Total number of conservation easements held by the organization ..........................................

3. Total acreage restricted by conservation easements ...............................

4. Number of conservation easements on a certified historic structure included in 1 ...........................................

5. Number of conservation easements acquired after 9/17/06 ...........................................

6. Number of conservation easements acquired after 9/17/06 ...............................

7. Number of conservation easements held at the end of the year ...........................................

8. Number of states where property subject to conservation easement is located ...........................................

9. Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? □ Yes □ No

10. Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ...........................................

11. Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ...........................................

12. 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

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, 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 XIV, the text of the footnote to its financial statements that describes these items.

1b. If the organization elected, as permitted under SFAS 116, 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:
   - Revenues included in Form 990, Part VIII, line 1 ...........................................
   - 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 relating to these items:
   - Revenues included in Form 990, Part VIII, line 1 ...........................................
   - Assets Included in Form 990, Part X ...........................................
Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization’s accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a ☐ Public exhibition
   b ☐ Scholarly research
   c ☐ Preservation for future generations
   d ☐ Loan or exchange programs
   e ☐ Other

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

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 | Trust, Escrow and Custodial Arrangements. Complete if 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 XIV and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21?
   ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

1a Beginning of year balance
   (a) Current year
   (b) Prior year
   (c) Two years back
   (d) Three years back
   (e) Four years back

b Contributions

1c Investment earnings or losses

1d Grants or scholarships

1e Other expenditures for facilities and programs

1f Administrative expenses

1g End of year balance

2 Provide the estimated percentage of the year end balance held as:
   a Board designated or quasi-endowment ☐ %
   b Permanent endowment ☒ %
   c Term endowment ☐ %

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

3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
   ☐ Yes ☐ No

4 Describe in Part XIV the intended uses of the organization’s endowment funds.

Part VI | Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of Investment</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Land</td>
<td>83,000.</td>
<td></td>
<td>83,000.</td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td>479,582.</td>
<td>251,316.</td>
<td>228,266.</td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total, Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)
### Part VII Investments - Other Securities

(a) Description of security or category (including name of security)  
(b) Book value  
(c) Method of valuation: Cost or end-of-year market value

| Financial derivatives and other financial products |  |  |
| Closely-held equity interests |  |  |
| Other |  |  |

Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)

### Part VIII Investments - Program Related

(a) Description of investment type  
(b) Book value  
(c) Method of valuation: Cost or end-of-year market value

### Part IX Other Assets

(a) Description  
(b) Book value

### Part X Other Liabilities

(a) Description of liability  
(b) Amount

#### Federal income taxes

|  |  |
|  |  |
|  |  |
|  |  |

Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)

In Part XIV, 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.
**Schedule D (Form 990) 2008**

### Part XI: Reconciliation of Change in Net Assets from Form 990 to Financial Statements

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (Form 990, Part VIII, column (A), line 12)</td>
<td>6,032,932.0</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (Form 990, Part IX, column (A), line 25)</td>
<td>5,830,503.0</td>
</tr>
<tr>
<td>3</td>
<td>Excess or (deficit) for the year. Subtract line 2 from line 1</td>
<td>202,429.0</td>
</tr>
<tr>
<td>4</td>
<td>Net unrealized gains (losses) on investments</td>
<td>&lt;337,213.0</td>
</tr>
<tr>
<td>5</td>
<td>Donated services and use of facilities</td>
<td>5.0</td>
</tr>
<tr>
<td>6</td>
<td>Investment expenses</td>
<td>6.0</td>
</tr>
<tr>
<td>7</td>
<td>Prior period adjustments</td>
<td>7.0</td>
</tr>
<tr>
<td>8</td>
<td>Other (Describe in Part XIV)</td>
<td>8.0</td>
</tr>
<tr>
<td>9</td>
<td>Total adjustments (net). Add lines 4-8</td>
<td>337,213.0</td>
</tr>
<tr>
<td>10</td>
<td>Excess or (deficit) for the year per financial statements. Combine lines 3 and 9</td>
<td>134,784.0</td>
</tr>
</tbody>
</table>

### Part XII: Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>6,904,197.0</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains on investments</td>
<td>&lt;337,213.0</td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
<td>1,208,478.0</td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
<td>2.0</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIV)</td>
<td>2d</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>871,265.0</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>6,032,932.0</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIV)</td>
<td>4b</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>0.0</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4e. (This should equal Form 990, Part I, line 12.)</td>
<td>6,032,932.0</td>
</tr>
</tbody>
</table>

### Part XIII: Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>7,038,981.0</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
<td>1,208,478.0</td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td>c</td>
<td>Losses reported on Form 990, Part IX, line 25</td>
<td>2c</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIV)</td>
<td>2d</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>1,208,478.0</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>5,830,503.0</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIV)</td>
<td>4b</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>0.0</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4e. (This should equal Form 990, Part I, line 18.)</td>
<td>5,830,503.0</td>
</tr>
</tbody>
</table>

### Part XIV: Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**PART IV, LINE 2B: A SEPARATE TRUST BANK ACCOUNT IS MAINTAINED AS DEPOSITORY FOR CLIENTS' FUNDS ASSOCIATED WITH OUR REPRESENTATION OF THOSE CLIENTS. ALL FUNDS MUST BE AVAILABLE IMMEDIATELY FOR WITHDRAWAL UPON REQUEST TO THE CLIENT OR THIRD PARTY.**

---

Schedule D (Form 990) 2008

094230018 781331 15430-15430 2008.03061 LEGAL AID SOCIETY OF MIDDLE 15430-11
### NonCash Contributions

#### Part I: Types of Property

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions</th>
<th>(c) Revenues reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining revenues</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Boats and planes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Qualified conservation contribution (historic structures)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Qualified conservation contribution (other)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Real estate - Residential</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Real estate - Commercial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Real estate - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Collectibles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Food inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Taxidermy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Historical artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Scientific specimens</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Archeological artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other (SOFTWARE)</td>
<td>X</td>
<td>1</td>
<td>31,662.COST OR SELLING PRICE</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Other (PAID PARKING)</td>
<td>X</td>
<td>1</td>
<td>12,570.COST OR SELLING PRICE</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Other (CONFERENCE TA)</td>
<td>X</td>
<td>1</td>
<td>4,000.COST OR SELLING PRICE</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Other (STATIONARY)</td>
<td>X</td>
<td>1</td>
<td>2,697.COST OR SELLING PRICE</td>
<td></td>
</tr>
</tbody>
</table>

#### Number of Forms 8283

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donor Acknowledgment: 29

#### Additional Questions

30a. During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? [Yes] [No]  

31a. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? [Yes] [No]  

32a. Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? [Yes] [No]  

33. If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.
PART I, OTHER TYPES OF PROPERTY:

WEBSITE EXPENSE

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII § 1800.

(D) METHOD OF DETERMINING REVENUE: COST OR SELLING PRICE

ADVERTISEMENT

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII § 1058.

(D) METHOD OF DETERMINING REVENUE: COST OR SELLING PRICE

ADVOCACY CARDS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII § 801.

(D) METHOD OF DETERMINING REVENUE: COST OR SELLING PRICE

MISCELLANEOUS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII § 317.

(D) METHOD OF DETERMINING REVENUE: COST OR SELLING PRICE
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BEHALF OF ELDERLY, CHILDREN, VICTIMS OF DOMESTIC VIOLENCE AND PERSONS WITH DISABILITIES.

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

SERVICES THAT HAD A COMMERCIAL VALUE OF MORE THAN $6.5 MILLION.

VOLUNTEER AND CONTRACT ATTORNEYS, WORKING THROUGH THE NASHVILLE PRO BONO PROGRAM AND OTHER LOCAL PRO BONO PROGRAMS, HANDLED AN ADDITIONAL 1,240 CASES AND PROVIDED LEGAL SERVICES THAT HAD A COMMERCIAL VALUE OF OVER $1 MILLION. ITS CLIENTS RECEIVED A POSITIVE OUTCOME IN ABOUT 97% OF THE CASES THAT LEGAL AID HANDLED.


FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY REQUIRES BOARD MEMBERS TO ANNUALLY REVIEW CONFLICT OF INTEREST POLICY AND TO SIGN STATEMENT. THE POLICY PROVIDES FOR PRESIDENT OF BOARD TO APPOINT COMMITTEE TO PERIODICALLY REVIEW.

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

FORM 990, PART V, LINE 7G & 7H: NONE WERE REQUIRED FOR THE CURRENT YEAR.
Form 8868
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ➤
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I**

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ➤

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6034, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/e-file and click on e-file for Charities & Nonprofits.

*Type or print*

**Name of Exempt Organization**

LEGAL AID SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERLANDS

**Employer identification number**

62-0800756

*File by the due date for filing your return. See instructions.*

**Number, street, and room or suite no. If a P.O. box, see instructions.**

300 DEADERICK STREET

**City, town or post office, state, and ZIP code. For a foreign address, see instructions.**

NASHVILLE, TN 37201

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

**X** Form 990

☐ Form 990-BL

☐ Form 990-EZ

☐ Form 990-PF

☐ Form 990-T (corporation)

☐ Form 990-T (sec. 401(a) or 408(a) trust)

☐ Form 990-T (trust other than above)

☐ Form 1041-A

☐ Form 4720

☐ Form 5227

☐ Form 6069

☐ Form 8870

**THE ORGANIZATION**

The books are in the care of ➤ 300 DEADERICK STREET - NASHVILLE, TN 37201

**Telephone No.:** 615-244-6610

**FAX No.:**

If the organization does not have an office or place of business in the United States, check this box ➤

If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) , if this is for the whole group, check this box ➤

If it is for part of the group, check this box ➤ and attach a list with the names and EINs of all members the extension will cover.

1. I request an automatic 3-month (9-months for a corporation required to file Form 990-T) extension of time until

AUGUST 15, 2009 , to file the exempt organization return for the organization named above. The extension is for the organization’s return for:

- [X] calendar year 2008 or

- [ ] tax year beginning , and ending .

2. If this tax year is for less than 12 months, check reason:

☐ Initial return

☐ Final return

☐ Change in accounting period

3a. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3a $

3b. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

3b $

3c. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

3c $ N/A

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

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

Form 8868 (Rev. 4-2009)
LEGAL AID SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERLANDS
BOARD OF DIRECTORS – 2008

President
N. Houston Parks (attorney)
Vice Chairman & Chief Operating Officer
First Farmers & Merchants Bank
816 South Garden Street
Columbia, TN 38401-3226
P.O. Box 1148
Columbia, TN 38402-1148
931-380-8245
931.380.8392 fax
houston.parks@fandmbank.com
Maury County Bar Association
12/10

First Vice President
Susan L. Kay (attorney)
Vanderbilt University Legal Clinic
131 21st Avenue South
Nashville, TN 37203-1181
615-322-4151
615.343.6662 fax
susan.kay@vanderbilt.edu
Vanderbilt University Law School
12/09

Second Vice President
Clisby H. Barrow (attorney)
University Litigation Counsel
2100 West End Avenue, Suite 700
Nashville, TN 37203
615-936-5935
615.936.0665
clisby.h.barrow@vanderbilt.edu
Nashville Bar Association
12/10

Third Vice President
James L. Weatherly, Jr. (attorney)
Hollins Wagster Weatherly & Raybin
424 Church Street, Suite 2200
Nashville, TN 37219-2374
615-256-6666
615.254.4254 fax
jweatherly@hwylaw.com
Nashville Bar Association
12/08

Secretary
Turner McCullough (client-eligible)
83 Cedar Crest Drive, Apt. 30
Clarksville, TN 37042-4466
931-552-9597
legacymacman_413@yahoo.com
NAACP Clarksville
12/10

Treasurer
John Andrew Goddard (attorney)
Bass Berry & Sims
315 Deaderick Street, Suite 2700
Nashville, TN 37238-3001
615-742-6224
615.742.2724 fax
dgoddard@bassberry.com
Nashville Bar Association
12/09

Executive Committee Member at Large
Charles H. Warfield (attorney)
Stites & Harbison PLLC
800 SunTrust Plaza
401 Commerce Street
Nashville, TN 37219-2449
615-782-2200
615.726.3185 fax
charles.warfield@stites.com
Tennessee Bar Association
12/10

Past President
Kathryn R. Edge (attorney)
Miller & Martin
150 Fourth Avenue North, Suite 1200
Nashville, TN 37219-2433
615-744-8400
615.256.8197 fax
kedge@millermartin.com
Nashville Bar Association
12/08
John T. Blankenship (attorney)
Blankenship & Blankenship
307 Hickerson Drive
Murfreesboro, TN 37129
615-893-4160
615.895.3942 fax
JohnB@blankenshiplawoffice.com
Rutherford-Cannon Bar Association
12/09

Toni Boss (client-eligible)
108 Cottonwood Drive
Shelbyville, TN 37160
615-995-0805
Rosebed1@aol.com
Domestic Violence Program, Inc.
12/08

Richard M. Brooks (attorney)
215 Smotherman Avenue
Carthage, TN 37030-1126
P.O. Box 255
Carthage, TN 37030-0332
615-735-0807
615.735.1921 fax
utkrmb@comcast.net
Seven-County Bar Association
12/10

Melanie T. Cagle (attorney)
Harvill & Associates, P.C.
820 Highway 100
Centerville, TN 37033
931-729-4659
melanie@harvill-law.com
Hickman County Bar Association
12/09

Tove Christmon (client-eligible)
121 Silver Street, Apt. 605
Tullahoma, TN 37388
931-307-3286 or 931-454-1212
South Central Human Resource Agency
12/09

Stanley D. Darnell
120 South Second Street, Suite 202
Clarksville, TN 37040-3486
931-503-9910
standarnellatty@bellsouth.net
Montgomery County Bar Association
12/10

Robert A. Dickens (client-eligible)
166 Calvert Ridge Road
Westmoreland, TN 37186-5405
615-644-2180
darlene12@ncitc.com
Good Neighbor Mission
12/10

Robert Dobbins (client-eligible)
903 East End Street, Apt. C-1
Columbia, TN 38401-3821
931-388-1280
Carver House Tenant Association
12/10

Trudy Edwards (attorney)
300 South College Street
Winchester, TN 37398-1570
931-967-4303
931.967.4368 fax
trudy_edwards@bellsouth.net
Franklin County Bar Association
12/10

Richard K. Evans (attorney)
1000 Waterford Place, Suite 200
Kingston, TN 37763-2674
P.O. Box 777
Kingston, TN 37763-0777
865-376-5353
865.376.1241 fax
revans@richardevansoffice.com
Roane & Morgan County Bar Association
12/09
Craig P. Fickling (attorney)
P.O. Box 1483
Cookeville, TN 38501-1483
931-528-6403 or 931-526-6101
931.528.1909 fax
crfickling@hotmail.com
Putnam County Bar Association
12/09

Michael E. Giffin
Robertson, Worsham, Gregory & Giffin
P.O. Box 790
Tullahoma, TN 37388-0790
931-455-5407
michelegiffin@yahoo.com
Coffee County Bar Association
12/09

Charles K. Grant (attorney)
Baker Donelson Beaman Caldwell & Berkowitz, P.C.
211 Commerce Street, Suite 1000
Nashville, TN 37201
615-726-5767
615.744.5767 fax
cgrant@bakerdonelson.com
Nashville Bar Association
12/08

Fannie J. Harris (attorney)
1507 Sixteenth Avenue South
Nashville, TN 37212
615-298-9332
615.332.0255
615-498-2141 (cell)
fannijh@aol.com
Napier-Looby Bar Association
12/08

Amy V. Hollars (attorney)
1010 East Main Street
Livingston, TN 38570-1322
931-403-0707
ahollars@twlakes.net
Cumberland VanBuren & White Bar Association
12/10

G Wilson Horde (attorney)
Kramer Rayson LLP
800 South Gay Street, Suite 2500
Knoxville, TN 37929-9702
P.O. Box 629
Knoxville, TN 37901-0629
865-525-5134 Ext. 158
865.522.5723 fax
gwhorde@kramer-rayson.com
Anderson County Bar Association
12/08

Lou Lavender (client-eligible)
2312 Campbell Drive
Nashville, TN 37206
615-226-2933
Martha O'Bryan Center
12/09

Valerie Martin (client-eligible)
1408B Cecilia Street
Nashville, TN 37208-1136
615-244-2206
MANNA
12/08

Robert J. Martineau, Jr. (attorney)
Waller Lansden Dorich & Davis
511 Union Street, Suite 2100
Nashville, TN 37219
P.O. Box 198966
Nashville, TN 37219-8966
615-850-8910
bob.martineau@wallerlaw.com
Nashville Bar Association
12/09

Judy Oxford (attorney)
400 Sugartree Lane, Suite 520
Franklin, TN 37064
615-791-8511
615.791.1346 fax
judyoxford@mindspring.com
Williamson County Bar Association
12/09
LEGAL AID SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERLANDS
BOARD OF DIRECTORS – 2008

John Pellegrin (attorney)
113 West Main Street
Gallatin, TN 37066-3272
615-452-5844
615.452.6203 fax
johnpellegrin@bellsouth.net
Sumner County Bar Association
12/08

Teresa Poston (client-eligible)
3180 Edwards Lane
Bloomington Springs, TN 38545-5512
931-525-1325
931-333-3369
teeast@charter.net
Habitat for Humanity
12/09

Adrie Mae Rhodes (client-eligible)
301 28th Avenue North, Apt. 106
Nashville, TN 37203
615-244-6347
Bethlehem Center
12/08

Steve Rhody (client-eligible)
231 Jarnigan Chapel Road
Clinton, TN 37716-5796
865-457-4106
stethunderbird@aol.com
Anderson County Community Action Agency
12/10

Shelby York (client-eligible)
1012 West Forest Street
Lafollette, TN 37766
P.O. Box 63
Clairfield, TN 37715-0063
Model Valley Economic Development Corporation
12/08