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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2008Open to Public
Inspection**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization TENNESSEE BAR FOUNDATION		D Employer identification number 62-6074501
		Doing Business As		E Telephone number (615) 242-1531
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 618 CHURCH STREET, SUITE 120		G Gross receipts \$ 954,551.
		City or town, state or country, and ZIP + 4 NASHVILLE, TN 37219-2456		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer BARRI E BERNSTEIN SAME AS C ABOVE				
I Tax-exempt status: ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527				
J Website: ▶ WWW.TNBARFOUNDATION.ORG				
K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶			L Year of formation: 1958 M State of legal domicile: TN	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MISSION OF THE TENNESSEE BAR FOUNDATION, A PHILANTHROPIC ORGANIZATION, FUNDED BY TENNESSEE
	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 9
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9
	5 Total number of employees (Part V, line 2a) 5 2
	6 Total number of volunteers (estimate if necessary) 6 0
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 0.
b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 66,150. 68,550.
	9 Program service revenue (Part VIII, line 2g) 1,882,855. 775,516.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 103,149. 110,445.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 40.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,052,154. 954,551.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,400,000. 1,400,365.
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 176,453. 178,167.
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25)
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 158,919. 222,719.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,735,372. 1,801,251.	
19 Revenue less expenses. Subtract line 18 from line 12 316,782. <846,700.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 4,829,692. 3,795,184.
	21 Total liabilities (Part X, line 26) 754,482. 737,078.
	22 Net assets or fund balances. Subtract line 21 from line 20 4,075,210. 3,058,106.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer <i>Barr E Bernstein</i>	Date 4/28/10	
	BARRI E BERNSTEIN, EXECUTIVE DIRECTOR Type or print name and title		
Paid Preparer's Use Only	Preparer's signature <i>Lee Z. Hudson</i>	Date 4/24/10	Check if self-employed ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4 LATTIMORE BLACK MORGAN & CAIN, P/C. P.O. BOX 1869 BRENTWOOD, TN 37024-1869	EIN ▶	Preparer's identifying number (see instructions)
Phone no. ▶ (615) 377-4600			
May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No			

832001 12-18-08

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

Form 990 (2008)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED MAY 26 2010

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION
THE MISSION OF THE TENNESSEE BAR FOUNDATION, A PHILANTHROPIC
ORGANIZATION FOUNDED BY TENNESSEE LAWYERS, IS TO HONOR LAWYERS WHO
HAVE DISTINGUISHED THEMSELVES IN THE PROFESSION AND COMMUNITY AND TO
SUPPORT WITH MONETARY GRANTS, ORGANIZATIONS THAT PROVIDE CIVIL LEGAL

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

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

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

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

4 Describe the 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.

4a (Code:) (Expenses \$ 1,109,873. including grants of \$ 891,696.) (Revenue \$)
THE FOUNDATION AWARDS GRANTS TO ORGANIZATIONS THAT PROVIDE
REPRESENTATION, IN CIVIL LEGAL MATTERS, TO INDIGENT CLIENTS. SOME OF
THESE ORGANIZATIONS WORK WITHIN DEFINED GEOGRAPHIC AREAS THAT,
TOGETHER, SERVE THE WHOLE STATE; THUS A MINIMUM OF LEGAL ASSISTANCE IS
AVAILABLE TO THE POOR IN ALL COUNTIES IN TENNESSEE. OTHER ORGANIZATIONS
ARE INDEPENDENTLY FUNDED AND EITHER SERVE A SMALLER GEOGRAPHIC AREA OR,
FOR CERTAIN SUBJECT MATTERS, SERVE THE ENTIRE STATE.

4b (Code:) (Expenses \$ 134,679. including grants of \$ 108,204.) (Revenue \$)
THE FOUNDATION AWARDS GRANTS TO SEVERAL "PRO BONO" PROGRAMS. THESE
PROGRAMS COORDINATE FREE LEGAL ASSISTANCE FOR THE POOR, PROVIDED ON A
VOLUNTEER BASIS, BY ATTORNEYS IN PRIVATE PRACTICE.

4c (Code:) (Expenses \$ 490,981. including grants of \$ 394,465.) (Revenue \$)
THE FOUNDATION AWARDS GRANTS TO VARIOUS ORGANIZATIONS WHICH SEEK TO
IMPROVE THE ADMINISTRATION OF JUSTICE WITHIN THE STATE SUCH AS THE
PREVENTION OF DOMESTIC VIOLENCE OR THE PROMOTION OF MEDIATION.

4d Other program services. (Describe in Schedule O)
 (Expenses \$ 7,468. including grants of \$ 6,000.) (Revenue \$)

4e Total program service expenses ► \$ 1,743,001. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 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? <i>If "Yes," complete Schedule C, Part III</i>		
6 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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b 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.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 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? <i>If "Yes," complete Schedule F, Part II</i>		X
16 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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K</i> <i>If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 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? <i>If "Yes," complete Schedule L, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
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	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	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	
9	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	
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	9	
b	Enter the number of voting members that are independent	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?		X
9a	Does the organization have local chapters, branches, or affiliates?		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?		
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	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		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers or key employees of the organization?	X	
	Describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure 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			

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ 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 **BARRI BERNSTEIN - 615-242-1531**
618 CHURCH STREET, SUITE 120,, NASHVILLE, TN 37219

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BARRI BERNSTEIN EXECUTIVE DIRECTOR	40.00	X		X				106,472.	0.	19,566.
HONORABLE J. STEVEN STAF CHAIRMAN	1.00	X						0.	0.	0.
HOWARD H. VOGEL IMMEDIATE PAST CHAIRMAN	1.00	X						0.	0.	0.
B. RINEY GREEN CHAIRMAN-ELECT	1.00	X						0.	0.	0.
CHARLES M. KEY TRUSTEE	1.00	X						0.	0.	0.
HARRY P. OGDEN TRUSTEE	1.00	X						0.	0.	0.
DONNA L. PIERCE TRUSTEE	1.00	X						0.	0.	0.
MICHAEL E. SPITZER TRUSTEE	1.00	X						0.	0.	0.
WILLIAM L HARBISON TREASURER	1.00	X						0.	0.	0.
HONORABLE C. CREED MCGIN TRUSTEE	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								106,472.	0.	19,566.

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

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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 "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
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				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	68,550.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		68,550.			
	Program Service Revenue	2 a	I.O.L.T.A. INCOME	Business Code 900099	738,466.	738,466.	
b		FELLOWS' DINNER	900099	37,050.	37,050.		
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		775,516.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		110,445.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	MISCELLANEOUS	900099	40.	40.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		40.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		954,551.	775,556.	0.	110,445.	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,400,365.	1,400,365.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	126,038.	116,585.	9,453.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	34,550.	31,959.	2,591.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,855.	1,716.	139.	
9 Other employee benefits	5,228.	4,836.	392.	
10 Payroll taxes	10,496.	9,709.	787.	
11 Fees for services (non-employees)				
a Management				
b Legal	6,547.	6,056.	491.	
c Accounting	12,600.	11,655.	945.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	9,079.		9,079.	
g Other	34,493.	31,907.	2,586.	
12 Advertising and promotion				
13 Office expenses	3,455.	2,951.	504.	
14 Information technology				
15 Royalties				
16 Occupancy	39,261.	36,316.	2,945.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,980.	8,306.	674.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,407.	4,076.	331.	
23 Insurance	1,441.	1,333.	108.	
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.)				
a FELLOWS' DINNER	37,734.	37,734.		
b I.O.L.T.A.	17,106.	17,106.		
c MISCELLANEOUS	16,983.	529.	16,454.	
d LEGAL HISTORY PROJECT	7,506.		7,506.	
e TELEPHONE	6,284.	5,813.	471.	
f All other expenses	16,843.	14,049.	2,794.	
25 Total functional expenses. Add lines 1 through 24f	1,801,251.	1,743,001.	58,250.	0.
26 Joint Costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	459,317.
	2 Savings and temporary cash investments	1,353,435.	2	473,708.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	22,916.	4	26,902.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis	67,443.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	57,646.	5,886.	10c 9,797.
	11 Investments - publicly traded securities	1,377,023.	11	1,278,725.
	12 Investments - other securities. See Part IV, line 11	1,913,281.	12	1,475,092.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	157,151.	15	71,643.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,829,692.	16	3,795,184.	
Liabilities	17 Accounts payable and accrued expenses	17,641.	17	10,558.
	18 Grants payable	713,438.	18	713,083.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	23,403.	25	13,437.
	26 Total liabilities. Add lines 17 through 25	754,482.	26	737,078.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	446,663.	27	<570,441.>
	28 Temporarily restricted net assets	3,474,439.	28	3,474,439.
	29 Permanently restricted net assets	154,108.	29	154,108.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	4,075,210.	33	3,058,106.
	34 Total liabilities and net assets/fund balances	4,829,692.	34	3,795,184.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c 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?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

TENNESSEE BAR FOUNDATION

Employer identification number	
--------------------------------	--

62-6074501

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)(ii).** (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)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete 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

g ☐ 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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
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 ☐		
b 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 ☐		
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 "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 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 "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
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 ☐		

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**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,090,750.	1,992,705.	2,507,625.	1,949,005.	844,066.	8,384,151.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5	1,090,750.	1,992,705.	2,507,625.	1,949,005.	844,066.	8,384,151.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						8,384,151.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	1,090,750.	1,992,705.	2,507,625.	1,949,005.	844,066.	8,384,151.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,261.	46,188.	117,944.	103,149.	101,366.	392,908.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	24,261.	46,188.	117,944.	103,149.	101,366.	392,908.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)		3,554.			40.	3,594.
13 Total support (Add lines 9, 10c, 11, and 12)						8,780,653.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	95.48 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	96.50 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	4.47 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	3.44 %

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 ☒

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

TENNESSEE BAR FOUNDATION

Employer identification number

62-6074501

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

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

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

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

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116, 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

b 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:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b 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:

- c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	154,108.				
b Contributions	17,550.				
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	171,658.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ _____ %
b Permanent endowment ☒ 100.00 %
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
3a(i)		X
3a(ii)		X
3b		

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

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.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		67,443.	57,646.	9,797.
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				9,797.

Schedule D (Form 990) 2008

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	954,551.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,801,251.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<846,700.>
4	Net unrealized gains (losses) on investments	4	<170,404.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	<170,404.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<1,017,104.>

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

1	Total revenue, gains, and other support per audited financial statements	1	775,331.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<170,404.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	263.
e	Add lines 2a through 2d	2e	<170,141.>
3	Subtract line 2e from line 1	3	945,472.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,079.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	9,079.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	954,551.

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

1	Total expenses and losses per audited financial statements	1	1,792,434.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	262.
e	Add lines 2a through 2d	2e	262.
3	Subtract line 2e from line 1	3	1,792,172.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,079.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	9,079.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,801,251.

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 V, LINE 4: TO SUPPORT THE COSTS OF THE FOUNDATIONS LEGAL HISTORY

PROJECT AND FOR SUCH OTHER NEEDS AS THE BOARD OF TRUSTEES MAY DIRECT.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INCOME CLASSIFIED AS EXPENSE ON FINANCIAL STATEMENTS: 262.

ROUNDING: 1.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

Part XIV Supplemental Information *(continued)*

INCOME CLASSIFIED AS EXPENSE ON FINANCIAL STATEMENTS: 262.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

TENNESSEE BAR FOUNDATION

Employer identification number
62-6074501

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ►

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABUSE ALTERNATIVES, INC. 104 MEMORIAL DRIVE BRISTOL, TN 37620	54-1101180	501C3	5,000.	0.			
AGING SERVICES FOR THE UPPER CUMBERLANDS, INC. - 1225 SOUTH WILLOW AVENUE - COOKEVILLE, TN 38506	62-1040828	501C3	12,000.	0.			
AVALON CENTER P.O. BOX 3063 CROSSVILLE, TN 38557	62-1238499	501C3	11,000.	0.			
UCHRA CASA - PUTNAM COUNTY CASA 3300 WILLIAMS ENTERPRISE DRIVE COOKEVILLE, TN 38506	62-0906260	501C3	3,000.	0.			
CASA - SUMNER COUNTY CASA 393 MAPLE STREET, SUITE 400 GALLATIN, TN 37066	62-1465336	501C3	3,000.	0.			
CASA - WILLIAMSON COUNTY CASA, INC. - P.O. BOX 681846 - FRANKLIN, TN 37068	62-1583334	501C3	4,000.	0.			

2 Enter total number of section 501(c)(3) and government organizations

56.

3 Enter total number of other organizations

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

Schedule I (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008

Open to Public
Inspection

Name of the organization

Employer identification number
62-6074501

TENNESSEE BAR FOUNDATION

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA - WILSON COUNTY CASA P.O. BOX 594 LEBANON, TN 37088	62-1354029	501C3	7,000.	0.			
CASA CORRIDOR OF EAST TENNESSEE 110 NORTH JACKSON STREET ATHENS, TN 37303	20-8726704	501C3	5,000.	0.			
CASA FOR KIDS, INC. 317 SHELBY, SUITE 206 KINGSPORT, TN 37660	62-1464923	501C3	10,000.	0.			
CASA MONROE 301 COLLEGE STREET MADISONVILLE, TN 37354	32-0204451	501C3	3,000.	0.			
CASA OF CAMPBELL COUNTY, INC. P.O. BOX 1054 JACKSBORO, TN 37757	20-5755609	501C3	6,000.	0.			
CASA OF MAURY COUNTY, INC. 22 PUBLIC SQUARE, SUITE 2 COLUMBIA, TN 38401	20-3878738	501C3	10,000.	0.			
CASA OF MEMPHIS AND SHELBY COUNTY, INC. - 868 N. MANASSAS STREET - MEMPHIS, TN 38107	58-1831753	501C3	9,000.	0.			
CASA OF NORTHEAST TENNESSEE P.O. BOX 1021 JOHNSON CITY, TN 37605	45-0515257	501C3	5,000.	0.			

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

TENNESSEE BAR FOUNDATION

Employer identification number

62-6074501

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CASA OF RUTHERFORD COUNTY P.O. BOX 3135 MURFREESBORO, TN 37133	31-1471662	501C3	7,000.	0.					
CASA OF THE CENTER FOR FAMILY DEVELOPMENT - 100 EAST SIDE SQUARE - SHELBYVILLE, TN 37160	62-1746003	501C3	10,000.	0.					
CASA OF THE TENNESSEE HEARTLAND, INC. - P.O. BOX 4426 - OAK RIDGE, TN 37831	62-1372126	501C3	14,000.	0.					
CASA, INC. OF NASHVILLE 601 WOODLAND STREET NASHVILLE, TN 37206	62-1203459	501C3	6,000.	0.					
CATHOLIC CHARITIES OF EAST TENNESSEE, INC. (I.S.) - 3009 LAKE BROOK BOULEVARD - KNOXVILLE, TN 37909	62-1377551	501C3	5,000.	0.					
CATHOLIC CHARITIES OF EAST TENNESSEE, INC. (P.P.) - 3009 LAKE BROOK BOULEVARD - KNOXVILLE, TN 37909	62-1377551	501C3	13,000.	0.					
CEASE DOMESTIC VIOLENCE & SEXUAL ASSAULT, INC. - P.O. BOX 3359 - MORRISTOWN, TN 37815	62-1202623	501C3	6,365.	0.					
CENTER FOR COURT INVOLVED CHILDREN, INC. - 110 IRBY STREET - JACKSON, TN 38301	62-1643603	501C3	10,000.	0.					

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)**▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).OMB No. 1545-0047
2008Open to Public
Inspection

Name of the organization

Employer identification number
62-6074501**TENNESSEE BAR FOUNDATION****Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY LEGAL CENTER 910 VANCE AVENUE MEMPHIS, TN 38126	62-1558575	501C3	36,000.	0.			
COMMUNITY MEDIATION SERVICES P.O. BOX 4081 OAK RIDGE, TN 37831	58-1697179	501C3	6,000.	0.			
COMMUNITY RECONCILIATION, INC. P.O. BOX 390 CHATTANOOGA, TN 37401	62-1858591	501C3	7,500.	0.			
DISMAS HOUSE OF NASHVILLE 1513 16TH AVENUE SOUTH NASHVILLE, TN 37212	23-7376100	501C3	5,000.	0.			
DISMAS HOUSE OF THE UPPER CUMBERLAND - 1226 BYRNE AVENUE - COOKEVILLE, TN 38502	23-7376100	501C3	12,500.	0.			
DOMESTIC VIOLENCE PROGRAM, INC. P.O. BOX 2652 MURFREESBORO, TN 37133	62-1303874	501C3	15,800.	0.			
EXCHANGE CLUB FAMILY CENTER, INC. 139 THOMPSON LANE NASHVILLE, TN 37211	62-1237360	501C3	10,000.	0.			
FAMILIES IN CRISIS, INC. - NEW BEGINNINGS - P.O. BOX 621 - MCMINNVILLE, TN 37111	62-1448190	501C3	4,000.	0.			

2 Enter total number of Section 501(c)(3) and government organizations**3** Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008

Open to Public
Inspection

Name of the organization

Employer identification number
62-6074501

TENNESSEE BAR FOUNDATION

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENESIS HOUSE, INC. P.O. BOX 1180 COOKEVILLE, TN 38503	58-1485957	501C3	10,000.	0.			
HOPE HOUSE P.O. BOX 1961 COLUMBIA, TN 38402	62-1375056	501C3	10,000.	0.			
JACKSON-MADISON COUNTY BAR ASSOCIATION - P.O. BOX 1147 - JACKSON, TN 38301	62-1688130	501C3	4,800.	0.			
KNOXVILLE FAMILY JUSTICE CENTER 400 HARRIET TUBMAN STREET KNOXVILLE, TN 37915	30-0342598	501C3	11,000.	0.			
LEGAL AID OF EAST TENNESSEE 502 S. GAY STREET, SUITE 404 KNOXVILLE, TN 37902	58-9132803	501C3	211,875.	0.			
LEGAL AID SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERLANDS - 300 DEADERICK STREET - NASHVILLE, TN 37201	62-0800075	501C3	242,326.	0.			
MEDIATION SERVICES OF PUTNAM COUNTY - 117 SOUTH JEFFERSON AVENUE - COOKEVILLE, TN 38501	62-1701679	501C3	12,000.	0.			
MEMPHIS AREA LEGAL SERVICES, INC. 109 N. MAIN, SUITE 200 MEMPHIS, TN 38103	62-0841436	501C3	150,295.	0.			

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

Employer identification number

TENNESSEE BAR FOUNDATION

62-6074501

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MID SOUTH MEDIATION SERVICES P.O. BOX 13 HOHENWALD, TN 38462	62-1823518	501C3	8,000.	0.					
MONROE COUNTY HEALTH COUNCIL P.O. BOX 1119 MADISONVILLE, TN 37354	58-2046314	501C3	6,000.	0.					
MORNING STAR SANCTUARY P.O. BOX 568 MADISON, TN 37116	27-0039292	501C3	8,000.	0.					
RECONCILIATION, INC. 702 - 51ST AVENUE NORTH NASHVILLE, TN 37209	58-1593837	501C3	10,500.	0.					
SAFE HAVEN CRISIS & RECOVERY CENTER FOR SEXUAL ASSAULT - 900 E. HILL AVENUE, SUITE 145 - KNOXVILLE, TN 37915	23-7430851	501C3	10,000.	0.					
SOUTHEAST TENNESSEE LEGAL SERVICES 29 PATTEN PARKWAY CHATTANOOGA, TN 37402	62-6051128	501C3	5,000.	0.					
SUMNER MEDIATION SERVICES (VORP OF SUMNER CO., INC.) - 600 SMALL STREET, SUITE 102B - GALLATIN, TN 37066	62-1799062	501C3	5,000.	0.					
TENN. COALITION AGAINST DOMESTIC AND SEXUAL VIOLENCE - 2 INTERNATIONAL PLAZA DRIVE, SUITE 425 - NASHVILLE, TN 37217	58-1632437	501C3	25,000.	0.					

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008

Open to Public
Inspection

Name of the organization

Employer identification number

TENNESSEE BAR FOUNDATION

62-6074501

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I)									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TENNESSEE JUSTICE CENTER 301 CHARLOTTE AVENUE NASHVILLE, TN 37217	62-1630417	501C3	270,200.	0.					
THE EXCHANGE CLUB FAMILY CENTER OF THE MID-SOUTH, INC. - 2180 UNION AVENUE - MEMPHIS, TN 38104	58-1502697	501C3	10,000.	0.					
THE EXCHANGE CLUB/HOLLAND J. STEPHENS CENTER FOR THE PREVENTION OF CHILD AB - 307A WEST BROAD STREET - LIVINGSTON, TN 38570	62-1358487	501C3	3,000.	0.					
THE H.O.P.E. CENTER, INC. P.O. BOX 1561 ATHENS, TN 37371	62-1481111	501C3	5,000.	0.					
THE MEDIATION CENTER 1 PUBLIC SQUARE, SUITE 10 COLUMBIA, TN 38401	62-1616137	501C3	4,000.	0.					
VORP/COMMUNITY MEDIATION CENTER, INC. - 584 HIGHWAY 70 EAST - CROSSVILLE, TN 38555	62-1402856	501C3	15,000.	0.					
WEST TENNESSEE LEGAL SERVICES, INC. - P.O. BOX 2066 - JACKSON, TN 38302	58-1326791	501C3	72,204.	0.					
YWCA KNOXVILLE 420 W. CLINCH AVENUE KNOXVILLE, TN 37902	62-0475701	501C3	12,000.	0.					

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

Employer identification number
62-6074501

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)
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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF GREATER MEMPHIS 766 SOUTH HIGHLAND MEMPHIS, TN 38111	62-0475754	501C3	12,000.	0.			
UNIVERSITY OF TENNESSEE COLLEGE OF LAW - 1505 W. CUMBERLAND AVE. - KNOXVILLE, TN 37996		501C3	3,000.	0.		SCHOLARSHIP	
UNIVERSITY OF MEMPHIS SCHOOL OF LAW - ONE NORTH FRONT STREET - MEMPHIS, TN 38103		501C3	3,000.	0.		SCHOLARSHIP	

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

TENNESSEE BAR FOUNDATION

Employer identification number
62-6074501

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LAWYERS, IS TO HONOR LAWYERS WHO HAVE DISTINGUISHED THEMSELVES IN THE
PROFESSION AND COMMUNITY AND TO SUPPORT WITH MONETARY GRANTS,
ORGANIZATIONS THAT PROVIDE CIVIL LEGAL SERVICES TO THE INDIGENT, AND
THAT WORK TO IMPROVE THE ADMINISTRATION OF JUSTICE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVICES TO THE INDIGENT, AND THAT WORK TO IMPROVE THE ADMINISTRATION
OF JUSTICE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE FOUNDATION AWARDS SCHOLARSHIP FUNDS AT THE TWO STATE-SUPPORTED LAW
SCHOOLS. THE INDIVIDUAL RECIPIENT IS SELECTED BY EACH SCHOOL IN
ACCORDANCE WITH FOUNDATION-PROVIDED GUIDELINES.

EXPENSES \$ 7468. INCLUDING GRANTS OF \$ 6000. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 8B: COMMITTEE ACTION IS IN THE FORM OF
RECOMMENDATIONS TO THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 10: A DRAFT OF THE FORM 990 WILL BE
SENT BY EMAIL TO BOARD MEMBERS WITH A DEADLINE TO RETURN ANY CONCERNS OR
QUESTIONS BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION HAS A WRITTEN
CONFLICT OF INTEREST POLICY PROVIDED TO EACH MEMBER OF THE BOARD OF
TRUSTEES. THE POLICY WAS DISCUSSED AT A STRATEGIC PLANNING SESSION IN MAY,

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

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

TENNESSEE BAR FOUNDATION

Employer identification number
62-6074501

2009. A NEW BOARD WILL BE ELECTED IN JUNE, 2010. AT THAT BOARD'S FIRST MEETING, A FORM WILL BE DISTRIBUTED TO EACH TRUSTEE, WHO WILL BE REQUIRED TO SIGN IT, ATTESTING ^(TO) HAVING READ THE POLICY AND AGREEING TO DISCLOSE, AT THE APPROPRIATE TIME, ANY OF THE OUTLINED CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15: A COMMITTEE COMPOSED OF CURRENT AND FORMER MEMBERS OF THE BOARD OF TRUSTEES CONSIDER THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND REVIEW THE SALARY SURVEY DATA COMPILED BY THE NATIONAL ASSOCIATION OF IOLTA PROGRAMS (NAIP) TO DETERMINE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE ON FILE AT THE ORGANIZATION'S OFFICE AND MAY BE SEEN ON REQUEST.

THE FULL BOARD IN THE PAST HAS OVERSEEN THE AUDIT, BUT FOR THE YEAR ENDING 6/30/2010, THE ORGANIZATION HAS FORMED AN AUDIT COMMITTEE THAT WILL REVIEW THE AUDIT AND MEET WITH THE AUDITORS BEFORE THE FINANCIALS ARE FINALIZED. THE COMMITTEE WILL THEN PRESENT THE AUDIT TO THE BOARD.

Book Asset Detail 7/01/08 - 6/30/09

Page 1

FYE: 6/30/2009

Form 990, Page 11, Part X, Lines 10a & 10b

Asset *	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: FURNITURE & FIXTURES											
2	EXEC CHAIR	10/14/85	317.08	0.00	0.00	317.08	0.00	317.08	0.00	PRE	5.0
3	4 FILING CABINETS	10/14/85	565.47	0.00	0.00	565.47	0.00	565.47	0.00	PRE	5.0
12	DOCUMENT SAFE	4/14/88	657.40	0.00	0.00	657.40	0.00	657.40	0.00	S/L	7.0
14	CREDENZA	8/16/88	2,121.50	0.00	0.00	2,121.50	0.00	2,121.50	0.00	S/L	7.0
15	FURNITURE	9/22/88	9,139.50	0.00	0.00	9,139.50	0.00	9,139.50	0.00	S/L	7.0
17	FURNITURE	12/15/88	6,308.11	0.00	0.00	6,308.11	0.00	6,308.11	0.00	S/L	7.0
18	CHAIR MATS	12/15/88	462.00	0.00	0.00	462.00	0.00	462.00	0.00	S/L	7.0
19	BOOKCASE	12/29/88	57.06	0.00	0.00	57.06	0.00	57.06	0.00	S/L	7.0
20	REFRIGERATOR	12/30/88	150.00	0.00	0.00	150.00	0.00	150.00	0.00	S/L	5.0
23	BOOKCASE	2/27/89	1,014.75	0.00	0.00	1,014.75	0.00	1,014.75	0.00	S/L	7.0
24	CONFERENCE TABLE	4/14/89	2,469.07	0.00	0.00	2,469.07	0.00	2,469.07	0.00	S/L	7.0
25	FURNITURE	4/26/89	3,225.60	0.00	0.00	3,225.60	0.00	3,225.60	0.00	S/L	7.0
26	FURNITURE	4/27/89	250.00	0.00	0.00	250.00	0.00	250.00	0.00	S/L	7.0
27	PAINTINGS	6/28/89	511.10	0.00	0.00	511.10	0.00	511.10	0.00	S/L	7.0
29	FILING CABINET	2/28/90	256.90	0.00	0.00	256.90	0.00	256.90	0.00	S/L	7.0
31	WORKROOM TABLES & CHAIR	6/19/91	507.81	0.00	0.00	507.81	0.00	507.81	0.00	S/L	7.0
32	STORAGE SYSTEM	6/19/91	1,723.23	0.00	0.00	1,723.23	0.00	1,723.23	0.00	S/L	7.0
33	MAKESTAD POSTER	6/19/91	66.00	0.00	0.00	66.00	0.00	66.00	0.00	S/L	7.0
34	O'KEEFE POSTER	6/19/91	90.00	0.00	0.00	90.00	0.00	90.00	0.00	S/L	7.0
35	MOSES POSTER	6/19/91	70.50	0.00	0.00	70.50	0.00	70.50	0.00	S/L	7.0
36	HOMER POSTER	6/19/91	67.50	0.00	0.00	67.50	0.00	67.50	0.00	S/L	7.0
37	PENDERGAST POSTER	6/19/91	71.25	0.00	0.00	71.25	0.00	71.25	0.00	S/L	7.0
39	FILE CABINET	4/10/92	261.80	0.00	0.00	261.80	0.00	261.80	0.00	S/L	7.0
40	COFFEE MAKER	4/30/92	39.99	0.00	0.00	39.99	0.00	39.99	0.00	S/L	7.0
42	LATERAL FILE CABINET	9/30/92	632.00	0.00	0.00	632.00	0.00	632.00	0.00	S/L	7.0
45	FILE CABINET	8/30/93	300.75	0.00	0.00	300.75	0.00	300.75	0.00	S/L	7.0
53	PAPER SHREDDER	8/29/96	133.27	0.00	0.00	133.27	0.00	133.27	0.00	S/L	7.0
54	DICTATION TRANSCRIBER	5/06/97	399.00	0.00	0.00	399.00	0.00	399.00	0.00	S/L	7.0
56	SAVIN COPIER	1/06/98	6,620.00	0.00	0.00	6,620.00	0.00	6,620.00	0.00	S/L	7.0
57	Panasonic 20" TV/VCR	1/16/98	329.99	0.00	0.00	329.99	0.00	329.99	0.00	S/L	7.0
58	TV Cart	2/17/99	293.25	0.00	0.00	293.25	0.00	293.25	0.00	S/L	7.0
59	Conference Speakerphone	1/16/98	1,098.50	0.00	0.00	1,098.50	0.00	1,098.50	0.00	S/L	7.0
62	Printer	2/29/00	410.12	0.00	0.00	410.12	0.00	410.12	0.00	S/L	5.0
63	SHELVING/BOOKCASE	1/07/00	480.20	0.00	0.00	480.20	0.00	480.20	0.00	S/L	7.0
65	Fax Machine	4/29/02	1,350.00	0.00	0.00	1,350.00	0.00	1,350.00	0.00	S/L	5.0
66	File Cabinets	12/20/02	1,129.00	0.00	0.00	887.09	161.29	1,048.38	80.62	S/L	7.0
67	Reception desk	1/14/03	950.00	0.00	0.00	746.41	135.71	882.12	67.88	S/L	7.0
68	Phone system	1/27/03	3,225.00	0.00	0.00	3,225.00	0.00	3,225.00	0.00	S/L	5.0
69	Keyboard platform	2/11/03	194.00	0.00	0.00	150.10	27.71	177.81	16.19	S/L	7.0
70	Reception desk	3/04/03	3,315.00	0.00	0.00	2,525.71	473.57	2,999.28	315.72	S/L	7.0
71	Reception chairs	3/31/03	890.00	0.00	0.00	667.49	127.14	794.63	95.37	S/L	7.0
72	Window Shades	5/23/03	300.00	0.00	0.00	217.87	42.86	260.73	39.27	S/L	7.0
73	Chair upholstery	5/23/03	3,434.00	0.00	0.00	2,493.73	490.57	2,984.30	449.70	S/L	7.0
74	Telephone Cables	6/23/03	332.00	0.00	0.00	332.00	0.00	332.00	0.00	S/L	5.0
75	Computer Monitor	7/26/02	180.00	0.00	0.00	180.00	0.00	180.00	0.00	S/L	5.0
76	Dictator	9/18/03	339.95	0.00	0.00	322.95	17.00	339.95	0.00	S/L	5.0
77	File Folder	8/15/03	79.00	0.00	0.00	55.51	11.29	66.80	12.20	S/L	7.0
78	Computer equipment	7/24/03	1,320.47	0.00	0.00	1,298.45	22.02	1,320.47	0.00	S/L	5.0
79	Office furniture	2/25/05	409.20	0.00	0.00	194.87	58.46	253.33	155.87	S/L	7.0

Book Asset Detail 7/01/08 - 6/30/09

FYE: 6/30/2009

Asset #	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: FURNITURE & FIXTURES (continued)											
80	Monitor/Printer	6/02/05	679.98	0.00	0.00	419.33	136.00	555.33	124.65	S/L	5 0
81	Dell Server	10/31/05	1,517.14	0.00	0.00	809.15	303.43	1,112.58	404.56	S/L	5 0
82	Desktop computer (Rhonda)	5/09/06	689.98	0.00	0.00	299.00	138.00	437.00	252.98	S/L	5 0
83	Software upgrade	11/17/05	620.00	0.00	0.00	533.90	86.10	620.00	0.00	S/L	3 0
84	Donor Perfect Software	11/09/06	3,690.00	0.00	0.00	2,050.00	1,230.00	3,280.00	410.00	S/L	3 0
85	Ricoh Copier - RJ Young	9/15/08	7,700.00	0.00c	0.00	0.00	916.67	916.67	6,783.33	S/L	7 0
86	Refrigerator	3/05/09	408.43	0.00c	0.00	0.00	19.45	19.45	388.98	S/L	7 0
87	Sony BM575 Portable Dictation rec	2/24/09	209.95	0.00c	0.00	0.00	10.00	10.00	199.95	S/L	7 0
	FURNITURE & FIXTURES		74,063.80	0.00c	0.00	59,859.26	4,407.27	64,266.53	9,797.27		
	*Less: Dispositions		6,620.00	0.00	0.00	6,620.00	0.00	6,620.00	0.00		
	Net FURNITURE & FIXTURES		67,443.80	0.00c	0.00	53,239.26	4,407.27	57,646.53	9,797.27		
	Grand Total		74,063.80	0.00c	0.00	59,859.26	4,407.27	64,266.53	9,797.27		
	Less: Dispositions		6,620.00	0.00	0.00	6,620.00	0.00	6,620.00	0.00		
	Net Grand Total		67,443.80	0.00c	0.00	53,239.26	4,407.27	57,646.53	9,797.27		

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)	
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization TENNESSEE BAR FOUNDATION	Employer identification number 62-6074501
	Number, street, and room or suite no. If a P.O. box, see instructions 618 CHURCH STREET, SUITE 120	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions NASHVILLE, TN 37219-2456	

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

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

BARRI BERNSTEIN

- The books are in the care of **618 CHURCH STREET, SUITE 120, - NASHVILLE, TN 37219**

Telephone No **615-242-1531**

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 is for.

4 I request an additional 3-month extension of time until **MAY 15, 2010**.

5 For calendar year _____, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension
TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME IN ORDER TO GATHER ALL INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a	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	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. 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.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶**

Title **▶ EXECUTIVE DIRECTOR**

Date **▶**

Form 8868 (Rev 4-2009)

COPY