

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form

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.

8086 11/01/2010 3 39 PM OMB No 1545-0047 2009

Open to Public

Form 990 (2009)

Inspection For the 2009 calendar year, or tax year beginning Please C Name of organization Check if applicable Employer identification number use IRS Tennessee Juvenile Court Services Address change label or 62-1275470 Doing Business As print or Name change type. Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return P.O. Box 150749 615-862-8013 Specific Termination City or town, state or country, and ZIP + 4 G Gross receipts \$ Instruc 37215 Nashville TN Amended return tions. F Name and address of principal officer H(a) Is this a group return for Application pending Timothy Mott H(b) Are all affiliates included? Hamilton County Juvenile Court Yes Chattanooga TN 37404 If "No," attach a list (see instructions) **X** 501(c) (◀ (insert no) 4947(a)(1) or 527 www.tjcsa.com Website: **H(c)** Group exemption number ▶ Type of organization X Corporation 1973 Trust Year of formation M State of legal domicile Association Part I Summary Briefly describe the organization's mission or most significant activities: Continuing education courses for Tennessee Juvenile Court Activities & Governance employees. 2 Check this box ▶ │ │ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of employees (Part V, line 2a) 5 70 6 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a SCANNED FEB b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 136,152 119,243 Program service revenue (Part VIII, line 2g) 3,565 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and (1)e) Total revenue – add lines 8 through 11 (must equal Part VIII, column-(A) 122,575 139,717 Grants and similar amounts paid (Part IX, column (A), lines (1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) FEB **0.1** 2011 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 124,954 97,087 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 124,954 97,087 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 14,763 19 Revenue less expenses Subtract line 18 from line 12 25,488 Beginning of Current Year End of Year 132,335 183,697 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 132 335 183,697 Signature Block Under penalties of penulty. 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 m Here Signature of officer Type or print name and title Preparer's identifying number Check if Preparer's Paid signature 11/01/10 ASHLEY W. COLLIGNON, employed P00037129 Preparer's Price CPAs, PLLC 62-1016830 ΕIΝ Firm's name (or yours **Use Only** 3825 Bedford Ave Ste 202 if self-employed), Phone address, and ZIP + 4 Nashville, TN 37215-2507 ▶ 615-385-0686 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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

		-1275470	Page 2
	rt III Statement of Program Service Accomplishments	<u> </u>	
1 C	Bnefly describe the organization's mission. ontinuing education courses for Tennessee Juv	enile Court	
	mployees.	entie Coult	
			• •
		•	· · · · · · · · · · · · · · · · · · ·
2	Did the organization undertake any significant program services during the year which were no	ot listed on	
	the pnor Form 990 or 990-EZ?		Yes X 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 pr	ogram	Yes X No
	services?		Tes A No
4	Describe the exempt purpose achievements for each of the organization's three largest progra	m services by expenses.	
-	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to re		and
	allocations to others, the total expenses, and revenue, if any, for each program service reporte		
	(Code) (Expenses \$ 97,087 including grants of \$		enue \$ 1,22,575 _{.)}
	o provide quality continuing education course		
е	mployees of the Tennessee Juvenile Court Syst	em.	
		•	
		•	
		•	
		•	
		• •	
4b	(Code) (Expenses \$ including grants of \$	\ /Dav	•
40	(Code) (Expenses \$ including grants of \$) (Rev	enue \$.)
			·
		•	
	• • • • • • • • • • • • • • • • • • • •		
			• •
4c	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$
		•	•
	and the second s		
	· · · · · · · · · · · · · · · · · · ·		
	• • • • • • • • • • • • • • • • • • • •	••	
	• • • • • • • • • • • • • • • • • • • •	•	
			• • •
	···· · · · · · · · · · · · · · · · · ·	•••	••••••
4d	Other program services. (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 97,087		
			Form 990 (2009

Pa	art 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)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		
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? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or 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	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		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? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	_11	X	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>	<u> </u>	
	Schedule D, Parts XI, XII, and XIII.	12	<u> </u>	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	1		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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 United States? If "Yes," complete Schedule F, Part I	14b		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? If "Yes," complete Schedule F, Part II	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			l
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			1
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Form 990 (2009) Tennessee Juvenile Court Services Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			4,5
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	l		77
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	05-		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	O.E.h.		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		x
0 7	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		A
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	27		x
28	If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
ŭ	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c	1	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		İ	
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	<u> </u>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			l
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related		1	
	organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	ļ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	1 (2000

Pa:	rt V Statements Regarding Other IRS Fillings and Tax Compliance					
_					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		0			
	U.S. Information Returns. Enter -0- if not applicable	1a	0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able			x	
2-	gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W. 3. Transmittel of Warrs and Tay.	1		1c	^	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2-	0		[
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	<u> </u>	1	İ	
þ	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			2b		
	Instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	,				
- U	this return?	,		3a	Ì	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		_==_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ontv		-		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	_			- 1	
	account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶		•			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bar	ık	•			
	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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng	•			
	Prohibited Tax Shelter Transaction?		_	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible?			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		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds			İ	
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					77
	required to file Form 8282?	1 1	•	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		-		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal page 15 contract?	onai				X
f	benefit contract?	,		7e		X
,	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	•	•	7f 7g		
9 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		••	79		
••	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		•			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	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.					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations. Enter		1			
а	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		1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1		12a	ļ	ļ
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		I	l	L

62-	4	~	7		A	7	\sim	
n/-	•	_	•	_	4	•	.,	

Page 6

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
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	<u></u>	X
3	Did the organization delegate control over management duties customanly 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			
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	. 8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	ļ	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			ĺ
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		l	
	form?	11	X	ļ
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<u> </u>	ļ	<u> </u>
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	<u> </u>	├
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	ļ		
	describe in Schedule O how this is done	12c	-	
13	Does the organization have a written whistleblower policy?	13	 	X
14	Does the organization have a written document retention and destruction policy?	. 14	ļ	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
Ь	Other officers or key employees of the organization	15b	 	X
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1	1	v
L	with a taxable entity during the year?	16a	-	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	1	1	
800	the organization's exempt status with respect to such arrangements?	16b	J	
	List the states with which a copy of this Form 990 is required to be filed TN			
17		• •		
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.			
40	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			
20	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			
NT.	organization: Price CPAs, PLLC 3825 Bedford Avenue	15-38	25_0	169 <i>6</i>
N	ashville TN 37215 6	TO-25	35-L	000

Form 990 (2009)

Form 990 (2009) Tennessee Juvenile Court Services

62-1275470

Page 7

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII **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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."

DAA

- 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		sate	any d	curre	nt of	ficer,	dıre	ctor, or trustee.		
(A) Name and Title	(B) Average hours per	Pos	ition ((C checl)	C) k all t	hat a	oply)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Timothy Mott										
President	10.00		_	X		ļ. <u>.</u>	ļ	0	0	0
Barry Mitchell Vice-President	10.00			x				o	o	0
Nika Anderson								-		
Secretary	10.00			x				o	0	0
Carl Miller										
Treasurer	10.00			X		<u> </u>		0	0	0
								;		
	:			<u> </u>						
						<u> </u>				

62-1275470

orm 990 (2009													<u>Pa</u>	age 8
Part VII		1	tees	, Ke			yees,	and	Highest Compensated E			/= >		
Nam `	(A) ne and Title	(B) Average hours per week	-	_	chec	$\overline{}$	hat ap		(D) Reportable compensation from	(E) Reportable compensation from related	ar	(F) stimate nount other		
		WEEK	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	com fi org an	npensa rom th janizat d relat anizati	e ion ed	
	•													
•	• ••											·		
•														
										,				
•														
1b Total								<u> </u>			<u> </u>			
	nber of individuals (inc e compensation from			to th	ose	liste	d abo	ove)	who received more than \$1	00,000 in				
3 Did the o	•	rmer officer, dire	ctor	or tru					ee, or highest compensated			3	Yes	No X
4 For any in the organ	ndıvıdual listed on line nization and related or	1a, is the sum o	f rep	ortat	ole co	omp	ensa	ion	and other compensation fro complete Schedule J for su			4		x
									unrelated organization for uch person	•		5		X
	dependent Contract													
1 Complete compens	ation from the organiz	zation.	nsate	ea in	аере	enae	nt co	ntra	ctors that received more tha					
	Name and	(A) d business address						-	Descrip	(B) otion of services		Соп	(C) pensat	ion
								\vdash						
														
								-						
2 Total nur	mber of independent of	contractors (inclu	dina	but r	not lir	nite	d to th	nose	e listed above) who received					
	ın \$100,000 ın compe									*		0		
DAA	·											Form	990	(200

n 990 (2009)			Court	Services	62-1275470		Page
rt VIII	Statement of Reve	enue					
+				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a Federa	ted campaigns	1a			TOVENDO		012, 010, 01011
	ership dues	1b					
	ising events	1c					
	d organizations	1d					
	ent grants (contributions)	1e					
f All other	contributions, gifts, grants,						
and simil	ar amounts not included above	1f					
g Noncash	contributions included in lines 1a	-1f \$					
h Total.	Add lines 1a-1f						
			Busn. Code				
2a C	nference Registra	tion .		71,691	71,691		
b . P:	ogram Ads, Events	, Sponsor		33,400	33,400		
C M	mbership Dues .		<u> </u>	10,140	10,140		
d D	nations		<u> </u>	4,012	4,012		
е.		•					
	er program service reve	nue	L				
	Add lines 2a-2f			119,243			
	nent income (including	dividends, intere	_	2 220			
	imilar amounts)			3,332			3,33
	from investment of tax	-exempt bond p	roceeds				-
5 Royalt		1 4	Bomonol				
6 - 0	(ı) Real	(11)) Personal				
6a Gross							
b Less rer	,						
	or (loss) Lancome or (loss)						
7a Gross ar		es (ii) Other				
sales of	ssets	,	10,000				
b Less co	· [
	ales exps		10,000				
c Gain o	·		•				
	in or (loss)	•	•				
	ncome from fundraising eve	ents					
(not inc	uding \$						
of contr	butions reported on line 1c)					
See Pa	rt IV, line 18	a					
b Less	direct expenses	ь					
c Net in	come or (loss) from fund	Iraising <u>events</u>					
	ncome from gaming activition	es					
	rt IV, line 19	a					
	direct expenses	b [
	come or (loss) from gam	ning activities	<u> </u>				
	sales of inventory, less						
	and allowances	a					
	cost of goods sold	b					
c Net in	come or (loss) from sale		Buan Cada				
44-	Miscellaneous Revenu	PC	Busn. Code				
	•••						- -
b .		•					
C .				····			
	er revenue	• • • • • •					
	Add lines 11a–11d Revenue. See instruction			122,575	119,243		0 3,33

Form 990 (2009) 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,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
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				
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 salanes and wages				
8	Pension plan contributions (include section 401(k)				<u> </u>
Ŭ	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
b	Legal			· · · · · · · · · · · · · · · · · · ·	······································
	Accounting	1,383	1,383		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion			-	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	66,521	66,521		
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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.)			· · · · · · · · · · · · · · · · · · ·	
а	Committee Planning	9,275	9,275		
b	Printing	7,460	7,460		
С	Hospitality Expense	6,887	6,887		
d	Donations	5,100	5,100		
е	Office/bank charges	461	461		
	All other expenses	07 007	07 007		+
25	Total functional expenses. Add lines 1 through 24f	97,087	97,087		 -
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	1	L		. I

62-1275470

· Form 990 (2009)

Tennessee Juvenile Court Services

Page 11

	Balance Sheet			(A) Beginning of year		(B) End of year
14	Cash—non-interest bearing			13,464	1	40,634
2	Savings and temporary cash investments		<u> </u>	20,101	2	20,002
3	Pledges and grants receivable, net	• • •	-		3	
4	Accounts receivable, net	• • • • • • • • • • • • • • • • • • • •	· -		4	
5	Receivables from current and former officers, directors, t	nietooe kov	· •			······································
"	employees, and highest compensated employees. Comp					
	Schedule L	nete rait ii oi	į		5	
6	Receivables from other disqualified persons (as defined	-				
"	4958(f)(1)) and persons described in section 4958(c)(3)(
	Part II of Schedule L	b) complete	j	:	6	
7	Notes and loans receivable, net				7	· ·
7 8	Inventories for sale or use	ļ-		8		
9	Prepaid expenses and deferred charges	• • •	· ·		9	
	Land, buildings, and equipment cost or	1 1	<u> </u>		-	
Iva	other basis Complete Part VI of Schedule D	10a	4,505			
١,	Less: accumulated depreciation	10b	4,505	•	10c	
	Investments—publicly traded securities	[100]	1,505	118,871	11	143,063
11 12	Investments—other securities. See Part IV, line 11	••	· · -		12	210/000
13	Investments—program-related. See Part IV, line 11	• • •	·		13	
14	Intangible assets	• •	F		14	
15	Other assets See Part IV, line 11	•	<u> </u>		15	··· ···
16	Total assets. Add lines 1 through 15 (must equal line 34		· ·	132,335		183,697
17	Accounts payable and accrued expenses	''		202,000	17	200,700
18	Grants payable			····	18	
19	Deferred revenue		<u> </u>		19	***
20	Tax-exempt bond liabilities	•••	<u> </u>		20	
	Escrow or custodial account liability. Complete Part IV of	f Schedule D	•	······	21	
22	•					
21 22	employees, highest compensated employees, and disqu	•				
	persons Complete Part II of Schedule L			,	22	
	Secured mortgages and notes payable to unrelated third	 I narties			23	
24	Unsecured notes and loans payable to unrelated third pa	•	Ī		24	
25	Other liabilities Complete Part X of Schedule D	•		·	25	
26	Total liabilities. Add lines 17 through 25		.		26	
	Organizations that follow SFAS 117, check here ▶	X and				
27 28	complete lines 27 through 29, and lines 33 and 34.					
27	Unrestricted net assets			132,335	27	183,697
28	Temporarily restricted net assets	•	. [28	•
29		•			29	
;	Organizations that do not follow SFAS 117, check he	ere 🕨 📋				
29	and complete lines 30 through 34.		Į			
30			Ì		30	
31		t fund	[31	
30 31 32	· · · · · · · · · · · · · · · · · · ·		Ţ		32	
33	Total net assets or fund balances	•	·· }	132,335		183,69
34	Total liabilities and net assets/fund balances		·	132,335		183,69

Form **990** (2009)

orm	990 (2009) Tennessee Juvenile Court Services 62-1275470		Pag	ge 12
Рa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_		į
	Schedule O			į
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		L
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			į
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			ĺ
	issued on a consolidated basis, separate basis, or both			ĺ
	Separate basis Consolidated basis Both consolidated and separate basis			Ĺ
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1 1	-	l
	the Single Audit Act and OMB Circular A-133?	3a		<u></u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		L
		Form	990	(2009)

· SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

ame	of the organization		Employer identification number	
Te	nnessee Juvenile Court Services	62-1275470		
Pa		nds or Other Similar Funds or Ac		
		(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	he assets held in donor advised	-	
	funds are the organization's property, subject to the organization's exclus		☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in w	•		
	used only for chantable purposes and not for the benefit of the donor or d	lonor advisor, or for any other		
	purpose conferring impermissible private benefit?	•	Yes No	
Pa	ct II Conservation Easements. Complete if the orga	inization answered "Yes" to Form		
1	Purpose(s) of conservation easements held by the organization (check a	·	- I a second	
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impo	ortant land area	
	Protection of natural habitat	Preservation of certified historic stri		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservation	ion	
	easement on the last day of the tax year.			
			Held at the End of the Tax Yea	
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic structure include	ded in (a)	2c	
ď	Number of conservation easements included in (c) acquired after 8/17/06	` '	2d	
3	Number of conservation easements modified, transferred, released, extir	• •		
-	the taxable year		g	
4	Number of states where property subject to conservation easement is loc	cated >		
5	Does the organization have a written policy regarding the periodic monitor			
	violations, and enforcement of the conservation easements it holds?	, J, p	Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	a conservation easements during the year	. 🗆 🗆	
	>	· ,		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	nservation easements during the year		
	▶ \$	•		
8	Does each conservation easement reported on line 2(d) above satisfy the	e 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 easemer	nts in its revenue and expense statement, ar	.nd	
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that descri	ıbes	
	the organization's accounting for conservation easements			
Pa	rt III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to		imilar Assets.	
1a	If the organization elected, as permitted under SFAS 116, not to report in		vorks of	
-	art, historical treasures, or other similar assets held for public exhibition,			
	provide, in Part XIV, the text of the footnote to its financial statements that	•	·	
b	If the organization elected, as permitted under SFAS 116, to report in its		s of art.	
-	historical treasures, or other similar assets held for public exhibition, edu			
	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		▶ s	
2	If the organization received or held works of art, historical treasures, or o		e the	
-	following amounts required to be reported under SFAS 116 relating to the			
а	Revenues included in Form 990, Part VIII, line 1		▶ \$	
	Assets included in Form 990, Part X		• s	
_			· · · ·	

che			urt Service			Page 2	
Pa	rt III Organizations Maintaining C					continued)	
3	Using the organization's acquisition, accession, a collection items (check all that apply)	and other records, ched	ck any of the following the	hat are a significant ι	use of its		
а	Public exhibition	d Loar	n or exchange program:	S			
b	Scholarly research	e Othe	er				
С	Preservation for future generations						
4	Provide a description of the organization's collect Part XIV.	tions and explain how t	they further the organiza	ation's exempt purpo	se in		
5	During the year, did the organization solicit or recassets to be sold to raise funds rather than to be	ceive donations of art, I	historical treasures, or c the organization's collec	other similar		Yes No	
Pa	rt IV Escrow and Custodial Arrar	gements. Compl	ete if the organiza	tion answered "	Yes" to Form 99	0, Part	
	IV, line 9, or reported an amo	•	_			•	
1a	Is the organization an agent, trustee, custodian of			assets not			
	included on Form 990, Part X?	,				Yes No	
b	If "Yes," explain the arrangement in Part XIV and	 I complete the following	table .				
-	, 55, 67, 67, 67, 67, 67, 67, 67, 67, 67, 67		,			Amount	
	Beginning balance				1c	 -	
	Additions during the year		• •	•	1d		
	• •		•		1e		
e	Distributions during the year				• -		
1	Ending balance				1f		
	Did the organization include an amount on Form	990, Part X, line 21?	•			☐ Yes ☐ No	
	If "Yes," explain the arrangement in Part XIV			F 000 D	107 1 40		
Pa	rt V Endowment Funds. Comple					T =	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back	
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains,						
	and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs		}				
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the year en	d balance held as	•			<u> </u>	
_	a Board designated or quasi-endowment ► %						
- h	Permanent endowment ▶ %	~					
	Term endowment ▶ %						
	Are there endowment funds not in the possession	on of the organization th	nat are held and admini	stared for the			
va	organization by	an on the organization t	iat are now and admitte	COLOR OF THE		Yes No	
	(i) unrelated organizations					3a(i)	
	.,		•	•	•	3a(ii)	
	(ii) related organizations	tod on an armond on Cab	Jadula DO	•			
	If "Yes" to 3a(II), are the related organizations lis	<u>-</u>				3b	
4	Describe in Part XIV the intended uses of the or			Dort V line 40	· · · · · · · · · · · · · · · · · · ·		
<u> </u>	Investments—Land, Buildin Description of investment	(a) Cost or other basi				(d) Book value	
	Description of investment	1 ''	s (b) Cost or other	1 ''	cumulated reciation	(u) book value	
		(investment)	Dasis (Other	, dep	GCIGUOII		
	Land				· ·		
	Buildings						
	Leasehold improvements			505	4 505		
d	Equipment		4	,505	4,505	 .	
	Other						
Tata	I Add lines to through to (Column (d) must equi	al Form 990 Part Y or	Jump (B) line 10(c) \		▶ I		

	form 990) 2009 Tennessee Juvenile		es 62-1275470	Page 3
Part VII	Investments—Other Securities. See Form			
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-yea	r market value
Financial denv				
	equity interests			
Other				
		-		
				
	-			
		-		
		-		
	-	-		
Tetal (Calum	m /h) much asual Farm 000. Both V. cal. (D) line 40.)			***************************************
Part VIII	in (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. See Form	900 Part V line 13		
Fait VIII	(a) Description of investment type	(b) Book value	(c) Method of	valuation
	(a) Description of investment type	(b) book value	Cost or end-of-yea	
			- Cost of one of you	
	<u> </u>			
-			·	
				· · ·
				· · · · · · · · · · · · · · · · · · ·
				
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX	Other Assets. See Form 990, Part X, line 1	5.		
	(a) Description	1		(b) Book value
		·		
	····			
	,,-,-,-,-			· · · · · · · · · · · · · · · · · · ·
				
				
	a . ·			 -
-				
	·			
Total (Colum	in (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. See Form 990, Part X, line	e 25		
1.	(a) Description of liability	(b) Amount		
Federal incom		`,,		
-				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25)	•		
2. FIN 48 Fo	potnote. In Part XIV, provide the text of the footnote to the or	ganızatıon's financial stater	ments that reports the	-
organization's	liability for uncertain tax positions under FIN 48.			

Sche	dute D (Form 990) 2009 Tennessee Juvenile Court Serv	vices	62-12754	70	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audite	ed Financial Stater	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			_ 3	
4	Net unrealized gains (losses) on investments			4	
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 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	
	Reconciliation of Revenue per Audited Financial Statement	ents Wi	ith Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		·		
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recovenes of pnor year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		•••	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:]			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b		1	
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		• 	5	
	it XIII Reconciliation of Expenses per Audited Financial Staten	nents V	Vith Expenses per	Return	
1	Total expenses and losses per audited financial statements		•	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a		-	
b	Pnor year adjustments	2b		7	
С	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d	•		2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
P	art XIV Supplemental Information	-			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lin	es 1a and	d 4; Part IV, lines 1b		
and	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, line	es 2d and	4b Also complete		
this	part to provide any additional information				
_ '					
_					
			. 		
_	- 			- -	
_		- - -			
_		- - -	. – – – – –		
_ ·		 	· – – – – – -	 	
_ ·		 		· ·	
_ ·		 	·	·	

Schedute D (Fo	rm 990) 2009	Tennessee Ju	venile C	ourt Service:	s 62-1275470	Page 5
Part YIV	Supplemen	Tennessee Ju tal Information (cor	tinued)			
FaitAdv	<u>ouppicition</u>	tar imormation (co.	itii iuou j		-10-1	
•						
						_
					- -	
	-					
						•
					- 	
					- 	
						
					_ 	
						
	. – – –					
	. – – –					
		. <i>– – – –</i> –				
				-		
						
		- 				
		- -				

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

▶ Attach to Form 990.

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	10es 62-12/54/0	
Form 990, Part VI, Line 11A - Organization	on's Process to Review Form	990
A copy of Form 990 is sent to and review	ed by the President and	•••
Secretary/Treasurer prior to signing and	filing tax return with the	IRS.
Form 990, Part VI, Line 19 - Governing D		
Govening documents are made available to		
govening documents are made available to	the public on the website.	••
		·
	·	•
		•
		•