	Yes No 🗸	come, transactions, or liabilities of a spouse or dependent child es" unless you have first consulted with the Committee on	Exemptions— Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on
*	Yes 🗌 No 🗸	regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent	Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
٠٠,	SNOI	ATION ANSWER EACH OF THESE QUESTIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER
		schedule attached for each "Yes" response.	If yes, complete and attach Schedule V.
	nd the appropriate	Each question in this part must be answered and the appropriate	V. (more than \$10,000) during the reporting period? Yes No 📝
-		If yes, complete and attach Schedule IX.	If yes, complete and attach Schedule IV.
	ide Yes No 🗹	Did you have any reportable agreement or arrangement with an outside IX. entity?	IV. reportable asset in a transaction exceeding \$1,000 during the reporting Yes No V
		If yes, complete and attach Schedule Vill.	If yes, complete and attach Schedule III.
	in the Yes 🗸 No 🗌	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Did you, your spouse, or a dependent child receive "unearned" income of III. more than \$200 in the reporting period or hold any reportable asset worth Yes V No more than \$1,000 at the end of the period?
		If yes, complete and attach Schedule VII.	If yes, complete and attach Schedule II.
	avelor 335 Yes 🕢 No 🗔	Vil. reimbursements for travel in the reporting period (worth more than \$335 from one source)?	il. you for a speech, appearance, or article in the reporting period? Yes No
		If yes, complete and attach Schedule VI.	If yes, complete and attach Schedule I.
	ftin Yes No	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 No
		UESTIONS	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS
	more than 30 days late.	Termination Date:	Report Type Annual (May 15) Amendment Termination
	be assessed against		s House of Representatives District: 5
Teri	A \$200 penalty shall	Employing Office:	Filer Member of the U.S. State: TN
3	(Office Use Only)	(Daytime Telephone)	(Full Name)
10:12 . 1/4 /	2010 JUN 10 AM 10: 12 . 14	202-225-4311	James H.S. ("Jim") Cooper
	TOTAL CALL RESOURCE OF ST		
ERED	הברואו	For use by Members, officers, and employees	CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT
5	HAND	FORM A Page 1 of 9	UNITED STATES HOUSE OF REPRESENTATIVES

SCHEDULE I - EARNED INCOME

Name James H.S. ("Jim") Cooper

Page 2 of 9

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. Management Vanderbilt University Owen School of Source Approved Teaching Fee Type \$23,500 Amount

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If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), debt owed to you by your spouse, or by your or your spouse's child, plans that are not self-directed, name the institution holding the account mutual funds (do not use ticker symbols). For all IRAs and other than \$200 in "unearned" income during the year. For rental property or in the optional column on the far left. Government retirement programs. parent or sibling; any deposits totaling \$5,000 or less in personal Exclude: Your personal residence(s) (unless there is rental income); any information, see the Instruction booklet. that is not publicly traded, state the name of the business, the nature of and its value at the end of the reporting period. For an active business in the account that exceeds the reporting threshold. For retirement in which you have the power, even if not exercised, to select the specific retirement plans (such as 401(k) plans) that are self directed (i.e., plans land, provide a complete address. Provide full names of stocks and and (b) any other assets or sources of income which generated more a fair market value exceeding \$1,000 at the end of the reporting period, Identify (a) each asset held for investment or production of income with savings accounts; any financial interest in or income derived from U.S. its activities, and its geographic location in Block A. For additional investments), provide the value and income information on each asset Asset and/or income Source stock, wheelchair distribution, Coca-Cola Co. (KO) Berkshire Hathaway (BRK/A) AT&T (ATT) property at 1504 Beach Dr. In Nashville, TN (vacant lot) Naperville, IL Assistive Technology Company Adams Properties (owns 2319 Woodmont Blvd, Gulfport, MS) **BLOCK A** Ħ \$1,001 - \$15,000 \$1,000,000 \$100,000 \$1 - \$1,000 \$100,001 \$100,001 \$50,001 -\$250,000 \$250,000 \$500,001 -None. the value should be it is generated income, included only because asset was sold and is the method used. If an value, please specify other than fair market valuation method year. If you use a at close of reporting Value of Asset Year-End BLOCK B Name James H.S. ("Jim") Cooper DIVIDENDS None None None None Check all columns that DIVIDENDS Dividends and Interest income by checking the specific investments, you during the calendar year. not generate any income Check "None" if asset did be listed as income. even if reinvested, should appropriate box below. IRAs, indicate the type of other assets including all may write "NA". For all not allow you to choose plans or accounts that do apply. For retirement Type of Income BLOCK C NONE \$1 - \$200 \$1 - \$200 of income by checking the you to choose specific NONE NONE NONE earned or generated. listed as income. Check if reinvested, should be Dividends and interest, even appropriate box below. IRAs, indicate the category other assets, including all "NA" for income. For all investments, you may write accounts that do not allow For retirement plans or 'None" if no income was Amount of income BLOCK D Transaction reporting year. \$1,000 in exceeding exchanges (E) (P), sales (S), or Indicate if asset had purchases BLOCK E Page 3 of 9

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SCHEDOL	SCHEDOLE III - ASSETS AND UNEARNED INCOME	Name James H.S. ("Jim") Cooper	S. ("Jim") Cooper		Page 4 of 9
	Comcast Corp. Class A (CMCSA)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Congressional Federal Credit Union	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	Cooper Bros. Partnership, farm, land and lots, Shelbyville, TN and Smith Mills, KY, and Nashville TN	\$1,000,001 - \$5,000,000	Partnership Income	\$100,001 - \$1,000,000	
	Discovery Fund, LP	None	Partnership income	\$2,501 - \$5,000	(fn1)
	DNP Select Income FD Inc. (DNP)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Essent Health Care	None	None	NONE	(fn3)
;	Evergreen Municipal Money Market Fund (formerly Centennial Tax Ex Trust)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Federated GNMA Inst. Fund (FGMAX)	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	Fidelity Contra Fund (FCNTX)	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
:	Fidelity Growth and Income Fund (FGRIX)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Fidelity Municipal Money Market Fund (FTEXX)	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	Fifth Third Bancorp. (FITB)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	***************************************
	General Electric Co. (GE)	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME Hamilton Fairfax, LLC (apt	Name James H.S. ("Jim") Cooper \$100,001 - Partnership	S. ("Jim") Cooper Partnership	\$5,001 - \$15,000
Hamilton Fairfax, LLC (apt. Bldg at 2106 Fairfax, Nashville. TN)	\$100,001 - \$250,000		\$5,001 - \$15,000
Harpeth Green Properties, LLC, Brentwood TN (holds interest Heritage Retirement Facilities, LLC and Heritage Health Center LLC)	\$100,001 - \$250,000	None	NONE
Hewlett Packard Co. (HPQ)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200
iLinc Communications	None	None	NONE
Intel Corp. (INTC)	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500
International Business Machines (IBM)	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500
Lennox Intl Inc.	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000
Microsoft Corp. (MSFT)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200
Nortel Networks (NT)	\$1 - \$1,000	None	NONE
Northern Trust Inst. Gov't Portfolio	\$100,001 - \$250,000	INTEREST	\$1 - \$200
Northwestern Mutual "Adjustable Comp Life" policy	\$100,001 - \$250,000	DIVIDENDS	\$5,001 - \$15,000
Phoenix Companies Inc. (PNX)	\$1,001 - \$15,000	None	NONE

SCHEDULE III - ASSETS AND "UNEARNED" INCOME PLC Properties, Brentwood, TN Virginia Way, undeveloped changed from LLC to general land, and warehouse at 5557 Hwy 31, Orinda TN (status \$500,001 -\$1,000,000 Name James H.S. ("Jim") Cooper Income Partnership \$15,001 - \$50,000 Page 6 of 9

	partership in 2008)				
:	Proctor and Gamble Co. (PG)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	3
	Qualcomm Inc. (QCOM)	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	Sun Trust Accounts	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
	Suntrust Banks Inc. (STI)	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	Thoma Cressey Friends Fund VI LP (fn 5)	\$15,001 - \$50,000	None	NONE	
	Thoma Cressey Friends Fund VII LP (fn 5)	\$100,001 - \$250,000	Partnership Income	\$50,001 - \$100,000	;
	TIAA CREF Stock	\$15,001 - \$50,000	None	NONE	
	TIAA Traditional	\$1,001 - \$15,000	None	NONE	
	Wells Fargo Co. (WFC)(formerly Wachovia)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Wells Fargo Money Market Deposits	\$500,001 - \$1,000,000	INTEREST	\$1 - \$200	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name James H.S. ("Jim") Cooper

Page 7 of 9

spouse or dependent child that is totally independent of his or her relationship to you.	sponsor. Exclude: I ravel-related expenses provided by rederal, state, and local governments, or by a foreign government required to be separately reported under the Foderal Election Campaign Act; travel provided to a the Foderal Election Campaign Act; travel provided to a	amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the	your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the	Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you
his or her relationship	receral, state, and local olitical travel that is re	ense. Disclosure is rec	eriod. Indicate whethe	ture of expenses provid
to you.	equired to be reported a	quired regardless of w	श a family member acc	ded for travel and trave
	i foreign government r under the Federal Elec	hether the expenses w	companied the traveler	el-related expenses to
	required to be separation Campaign Act; t	vere reimbursed or pa	r at the sponsor's exp	taling more than \$335
	ravel provided	aid directly by t	ense, and the	ore than \$335 received by you,

None	Z	Υ	Y	Alliance for Health Reform Jan. 10-12 Nashville, TN-Ft. Lauderdale, FL-Nashville, TN	Jan. 10-12	Alliance for Health Reform
Days not at sponsor's expense	Was a Family Lodging? Food? Member Included? sponsor's (Y/N) (Y/N) (Y/N) expense	Food? (Y/N)	Lodging? (Y/N)	Point of Departure DestinationPoint of Return	Date(s)	Source

SCHEDULE VIII - POSITIONS

Name James H.S. ("Jim") Cooper

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representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I. Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor,

Position	Name of Organization
Adjunct Professor	Owen School of Management, Vanderbilt University
General Partner	PLC Properties, LLC
Member	Hamilton Fairfax, LLC
Partner	Cooper Bros. Land Company
Member	Harpeth Green Properties, LLC

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FOOTNOTES	ES	Name James H.S. ("Jim") Cooper	Page 9 of 9
Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	The Discovery Fund, LP was liquidated in 2009. The income disclosed represents a final distribution.	Discovery Fund, LP
2	Schedule III	According to policy statement, dividend is applied towards the cash value of policy.	Northwestern Mutual "Adjustable Comp Life" policy
ω	Schedule III	Interest has became valueless. Option to purchase 58,628 shares at \$.50 per share expired in 2009.	Essent Health Care
4	Schedule III	Interest has become valueless.	iLinc Communications
55	Schedule III	Funds VI and VII were disclosed in a single line in prior years and are disclosed separately this year to provide additional detail.	Thoma Cressey Friends Funds VI and VII

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