

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

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning **7/01/07**, and ending **6/30/08****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
Instruc-
tions.**C** Name of organization**TENNESSEE LIONS CHARITIES, INC.**

Number and street (or P.O. box if mail is not delivered to street address)

505 FESSLERS LANE

Room/suite

City or town, state or country, and ZIP + 4

NASHVILLE**TN 37210-2814**

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

D Employer identification number**62-1614995****E** Telephone number**615-690-8644****F** Accounting method: ☐ Cash☒ Accrual ☐ Other (specify)**G** Website: **N/A****J** Organization type(check only one) ☒ 501(c) (**3**) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates **▶****H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by anorganization covered by a group ruling? ☐ Yes ☐ No**I** Group Exemption Number **▶****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **▶** **430,392****Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b	83,722	
	c Indirect public support (not included on line 1a)	1c	165,024	
	d Government contributions (grants) (not included on line 1a)	1d	80,000	
	e Total (add lines 1a through 1d) (cash \$ 328,746 noncash \$)	1e	328,746	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4	31,667	
	5 Dividends and interest from securities	5	3,863	
	6a Gross rents	6a	66,116	
	b Less: rental expenses See Statement 1	6b	10,167	
c Net rental income or (loss). Subtract line 6b from line 6a	6c	55,949		
7 Other investment income (describe ▶)	7			
Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b Less: cost or other basis and sales expenses	8a		
	c Gain or (loss) (attach schedule)	8b		
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
	8d			
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ of contributions reported on line 1b)	9a		
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
	10a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	420,225		
Expenses	13 Program services (from line 44, column (B))	13	195,726	
	14 Management and general (from line 44, column (C))	14	115,758	
	15 Fundraising (from line 44, column (D))	15	43,858	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 16 and 44, column (A)	17	355,342	
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	64,883	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,655,027	
	20 Other changes in net assets or fund balances (attach explanation) See Statement 2	20	-10,580	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	1,709,330	

Part II Statement of
Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>195,726</u> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a	195,726			
22b Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a				
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	65,000	32,000	33,000	
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29	4,974	2,448	2,526	
30 Professional fundraising fees	30				
31 Accounting fees	31	9,583	9,583		
32 Legal fees	32				
33 Supplies	33	2,536	2,536		
34 Telephone	34	6,914	528	6,386	
35 Postage and shipping	35	383	383		
36 Occupancy	36	14,654	14,654		
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40	548	419	129	
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	42,342	0	42,342	
43 Other expenses not covered above (itemize):					
a See Statement 4	43a	12,682	10,865	1,817	
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	355,342	195,726	115,758	43,858

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ ; (ii) the amount allocated to Program services \$ _____ ;

(iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ **See Statement 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a **See Statement 6**(Grants and allocations \$ **195,726**) If this amount includes foreign grants, check here ▶ ☐**195,726**b
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐c
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐d
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐e Other program services (attach schedule)
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐f **Total of Program Service Expenses (should equal line 44, column (B), Program services)** ▶ **195,726**

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
45	Cash—non-interest-bearing		45	
46	Savings and temporary cash investments	639,107	46	326,801
47a	Accounts receivable			
b	Less: allowance for doubtful accounts	500	47c	
48a	Pledges receivable			
b	Less: allowance for doubtful accounts		48c	
49	Grants receivable		49	
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b	
51a	Other notes and loans receivable (attach schedule)			
b	Less: allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	1,658	53	1,802
54a	Investments—publicly-traded securities		54a	
b	Investments—other securities (attach schedule) See Stmt 7		54b	549,366
55a	Investments—land, buildings, and equipment: basis			
b	Less: accumulated depreciation (attach schedule)		55c	
56	Investments—other (attach schedule)	187,884	56	
57a	Land, buildings, and equipment: basis	1,157,406		
b	Less: accumulated depreciation (attach schedule) See Statement 8	319,669	57c	837,737
58	Other assets, including program-related investments (describe ► See Statement 9)	5,600	58	5,600
59	Total assets (must equal line 74). Add lines 45 through 58	1,661,033	59	1,721,306
60	Accounts payable and accrued expenses	6,006	60	6,001
61	Grants payable		61	5,975
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe ►)		65	
66	Total liabilities. Add lines 60 through 65	6,006	66	11,976
67	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
67	Unrestricted	1,527,421	67	1,571,094
68	Temporarily restricted	127,606	68	138,236
69	Permanently restricted		69	
70	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.			
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	1,655,027	73	1,709,330
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	1,661,033	74	1,721,306

[illegible]

Yes	No
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Part V-B **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits**
 (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Yes	No
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Form 990 (2007)

Part VI Other Information (continued)

	Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
83b		
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b		
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members		
85c		
d Section 162(e) lobbying and political expenditures		
85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h		
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86a		
b Gross receipts, included on line 12, for public use of club facilities		
86b		
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b		
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b		
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0		
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b		
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e		
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f		
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g		
90a List the states with which a copy of this return is filed None		
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	2
91a The books are in care of LYNN WILHOITE Telephone no. 615-690-8644		
505 FESSLERS LANE		
Located at NASHVILLE, TN ZIP + 4 37210		
b 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)?		
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 Bank and Financial Accounts.		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	Yes	No
If "Yes," enter the name of the foreign country ▶			X

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 | **N/A** ☐

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	31,667	
96 Dividends and interest from securities			14	3,863	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	55,949	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		91,479	0
105 Total (add line 104, columns (B), (D), and (E))					91,479

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI

Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

N/A

Yes	No

**Please
Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: [Signature] Date: 30 Dec 08
Type or print name and title: Lynn Weikert, EX DIR

**Paid
Preparer's
Use Only**

Preparer's signature: Michelle Brann, CPA Date: 12/29/08 Check if self-employed: ☐
Firm's name (or yours if self-employed), address, and ZIP + 4: Puryear Hamilton Hausman & Wood, PLC
1000 Corporate Centre Drive, Suite 200
Franklin, TN 37067 EIN: 62-0788068 Phone no.: 615-771-3600
Preparer's SSN or PTIN (See Gen. Instr. X): 000254619

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization

TENNESSEE LIONS CHARITIES, INC.

Employer identification number

62-1614995

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred comp.	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V-A, Form 990 See Statement 14	X	
e Transfer of any part of its income or assets?		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b Did the organization have a section 403(b) annuity plan for its employees?		X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?		
c Did the organization make a distribution to a donor, donor advisor, or related person?		
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____		0

Part IV

Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

5

☐

A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6

☐

A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7

☐

A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8

☐

A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9

☐

A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►

10

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)

11a

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

11b

☐

A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

12

☐

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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)

13

☐

An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

☐ Type I

☐ Type II

☐ Type III-Functionally Integrated

☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ►					

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

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	288,425	650,788	352,018	291,990	1,583,221
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	114,532	83,276	76,911	77,815	352,534
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	402,957	734,064	428,929	369,805	1,935,755
24 Line 23 minus line 17	402,957	734,064	428,929	369,805	1,935,755
25 Enter 1% of line 23	4,030	7,341	4,289	3,698	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					38,715
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					419,121
c Total support for section 509(a)(1) test: Enter line 24, column (e)					1,935,755
d Add: Amounts from column (e) for lines: 18 352,534 19 419,121					771,655
e Public support (line 26c minus line 26d total)					1,164,100
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					60.1367%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					N/A
(2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					N/A
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c
d Add: Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		
32 Does the organization maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations												
(The term "expenditures" means amounts paid or incurred.)															
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table-														
<table border="0"> <tr> <td>If the amount on line 40 is-</td> <td>The lobbying nontaxable amount is-</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		If the amount on line 40 is-	The lobbying nontaxable amount is-	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is-	The lobbying nontaxable amount is-														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2007

Attachment
Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

TENNESSEE LIONS CHARITIES, INC.

Identifying number
62-1614995

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	36,963
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B-Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		53,795	5.0	MO	SL	5,379
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	42,342
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2007)

DAA

There are no amounts for Page 2

Federal Statements

Statement 1 - Form 990, Part I, Line 6b - Rental Expenses

<u>Description</u>	<u>Deduction</u>
RENTAL TO OTHERS CAM EXPENSES	<u>10,167</u>
Total	<u><u>10,167</u></u>

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
	\$
UNREALIZED LOSS ON INVESTMENTS	<u>-10,580</u>
Total	<u><u>\$ -10,580</u></u>

62-1614995

Federal Statements

Statement 3 - Form 990, Part II, Line 22a - Grants Paid from Donor Advised Funds

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity		Book Value	BV Expl	FMV Expl
				Cash Contrib	NonCash Contrib			
VANDERBILT UNIVERSITY MEDICAL CENTE NASHVILLE TN 37212		NONE		\$ 195,726	\$			
Total				\$ 195,726	\$ 0	\$ 0		

Federal Statements

Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
Expenses	\$	\$	\$	\$
PROPERTY TAXES	8,992		8,992	
OTHER TAXES AND LICENSES	455		455	
MISCELLANEOUS	1,597			1,597
PRINTING	220			220
INVESTMENT FEES	1,418		1,418	
Total	<u>\$ 12,682</u>	<u>\$ 0</u>	<u>\$ 10,865</u>	<u>\$ 1,817</u>

Federal Statements**Statement 5 - Form 990, Part III - Organization's Primary Exempt Purpose****Description**

TO COORDINATE FUNDRAISING CAMPAIGN TO ESTABLISH AND PERPETUATE THE NEW TENNESSEE LIONS CLUB EYE CENTER AT VANDERBILT CHILDREN'S HOSPITAL.

Statement 6 - Form 990, Part III, Line a - Statement of Program Service Accomplishments**Description**

THIS WAS PAID TO VANDERBILT UNIVERSITY MEDICAL CENTER FOR THE TENNESSEE LIONS EYE CENTER FOR CHILDREN. \$195,726 IS PART OF A FUNDRAISING PROJECT, KIDSIGHT OUTREACH, TO RAISE MONEY TO FUND THE OUTREACH ACTIVITIES OF THE EYE CENTER. AS OF JUNE 30, 2008, THE EYE CENTER'S OUTREACH PROGRAM HAS SCREENED APPROXIMATELY 240,700 CHILDREN WITH THE HELP OF NUMEROUS VOLUNTEERS WHO TOOK PHOTOGRAPHS OF THE CHILDREN'S EYES.

Federal Statements

Statement 7 - Form 990, Part IV, Line 54b - Other Securities

Description	Beginning of Year	End of Year	Basis of Valuation
US and State Government THOROUGHBRED FINANCIAL-MUTUAL FUNDS	\$	\$ 549,366	Market
Total	\$ 0	\$ 549,366	

Statement 8 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
COMPUTER	\$ 1,638	\$ 1,638	\$ 1,638	\$ 1,638
COMPUTER	1,280	1,280	1,280	1,280
SOFTWARE	10,500	10,500	10,500	10,500
BUILDING	723,583	176,876	723,583	200,995
TELEPHONE SYSTEM	7,927	7,927	7,927	7,927
FURNITURE	3,000	2,200	3,000	2,500
CARPET & FLOORING	5,175	5,175	5,175	5,175
CARPET	1,000	1,000	1,000	1,000
HANDICAP RAMP	2,466	602	2,466	684
SIGN	2,331	2,331	2,331	2,331
FURNITURE & FIXTURES	10,000	7,250	10,000	8,250
HVAC SHAFT & THERMOSTAT	10,448	9,951	10,448	10,448
RUBBER ROOF	2,850	879	2,850	1,021
HVAC DAMPER MOTOR	1,025	952	1,025	1,025
SOFTWARE	2,250	2,250	2,250	2,250
SOFTWARE	2,015	2,015	2,015	2,015
SOFTWARE	2,250	2,250	2,250	2,250
HVAC	68,772	39,298	68,772	49,123
COMPUTER	3,438	2,695	3,438	3,383
URINAL	951	222	951	317
WATER HEATER	712	36	712	178
LAPTOP			1,570	157

Federal Statements

Statement 8 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment (continued)

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Depr</u>	<u>End of Year</u>	<u>Accum Depr</u>
PROJECTOR	\$	\$	\$ 981	\$ 98
CAMERAS			51,244	5,124
LAND	240,000		240,000	
Total	<u>\$ 1,103,611</u>	<u>\$ 277,327</u>	<u>\$ 1,157,406</u>	<u>\$ 319,669</u>

Statement 9 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DEPOSITS	\$ 100	\$ 100
PROPERTY HELD FOR SALE	5,500	5,500
Total	<u>\$ 5,600</u>	<u>\$ 5,600</u>

Federal Statements**Statement 10 - Form 990, Part IV-A - Other Revenue Included on Financial Statements**

Description	Amount
RENTAL EXPENSES	\$ 10,167
Total	\$ 10,167

Statement 11 - Form 990, Part IV-A - Other Revenue Included on Return

Description	Amount
UNREALIZED LOSS	\$ 10,580
Total	\$ 10,580

Statement 12 - Form 990, Part IV-B - Other Expenses included on Financial Statements

Description	Amount
RENTAL EXPENSES	\$ 10,167
Total	\$ 10,167

Federal Statements

Statement 13 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
EDWARD LINDSEY P.O. BOX 429 LAWRENCEBURG TN 38464	PRESIDENT	AS NEEDED	0	0	0
AUSTIN JENNINGS P.O. BOX 10 WOODBURY TN 37190	VICE PRESIDE	AS NEEDED	0	0	0
LYNN WILHOITE 505 FESSLERS LANE NASHVILLE TN 37210	SECRETARY	40	35,000	0	0
SHIRLEY STAATS 911 WESTSIDE COURT MURFREESBORO TN 37130	EX-OFFICIO	AS NEEDED	0	0	0
BILLY PEARSON 803 WILES COURT MURFREESBORO TN 37130	TREASURER	AS NEEDED	0	0	0
ALLEN BROUGHTON 1540 INDIAN HAWTHORNE CT BRENTWOOD TN 37027	2ND VICE PRE	AS NEEDED	0	0	0
WILLIAM CROCKETT P.O. BOX 164 HUMBOLDT TN 38343	TRUSTEE	AS NEEDED	0	0	0
KEITH PONTIUS P.O. BOX 2090 FAIRFIELD GLADE TN 38558	TRUSTEE	AS NEEDED	0	0	0
WILLIAM WATKINS 219 RIVERBEND DRIVE LOUDON TN 37774	TRUSTEE	AS NEEDED	0	0	0
LINDA JUSTICE 118 JUSTICE	TRUSTEE	AS NEEDED	0	0	0

Federal Statements

Statement 13 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
TULLAHOMA TN 37388					
DAVID MARTIN 2780 BEAU BETH DR HUMBOLDT TN 38343	TRUSTEE	AS NEEDED	0	0	0
BILL VEEVERS 238 POLK PLACE FRANKLIN TN 37064	TRUSTEE	AS NEEDED	0	0	0
HUGH MARLIN JR. 5707 RIVER GLADE DRIVE CHATTANOOGA TN 37416	TRUSTEE	AS NEEDED	0	0	0
JOE DAILEY 8512 GARRISON ROAD KNOXVILLE TN 37931	TRUSTEE	AS NEEDED	0	0	0
JAMES GOURLEY 1011 DURHAM DRIVE GALLATIN TN 37066	TRUSTEE	AS NEEDED	0	0	0
ROBERT HURT 1114 EASTWOOD DRIVE TRIMBLE TN 38259	TRUSTEE	AS NEEDED	0	0	0
JOHN BERKHEISER 1669 CORNERSVILLE HWY LEWISBURG TN 37091	TRUSTEE	AS NEEDED	0	0	0
MARK ROGERS 212 MASTERS COURT HIXSON TN 37343	TRUSTEE	AS NEEDED	0	0	0
JOHN SANDERS 116 NEBRASKA AVE. OAK RIDGE TN 37830	TRUSTEE	AS NEEDED	0	0	0

Federal Statements

Statement 13 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
RONALD BIRDWELL 773 COLD SPRINGS ROAD LAFAYETTE TN 37083	TRUSTEE	AS NEEDED	0	0	0
THOM WILSON P.O. BOX 26 CHAPEL HILL TN 37034	TRUSTEE	AS NEEDED	0	0	0

Federal Statements

Statement 14 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of
Exp

Description

SEE 990, PART V

Book Asset Detail - Annual

Asset	Property Description	Date In Service	Book Period	Book-Meth Conv	Book Cost	Book Sec 179 Exp	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book YTD Depreciation
Group: BUILDING											
7	BUILDING	3/27/00	30.0	S/L-MO	723,583	0	176,876	24,119	200,995	522,588	0
13	HANDICAP RAMP	3/27/00	30.0	S/L-MO	2,466	0	602	82	684	1,782	0
14	OUTDOOR SIGNAGE	3/27/00	5.0	S/L-MO	2,331	0	2,331	0	2,331	0	0
16	RUBBER ROOF	5/15/01	20.0	S/L-MO	2,850	0	879	142	1,021	1,829	0
19	HVAC SHAFT & THERMOSTAT	11/14/00	7.0	S/L-MO	10,448	0	9,951	497	10,448	0	0
20	HVAC DAMPER MOTOR	1/31/01	7.0	S/L-MO	1,025	0	952	73	1,025	0	0
22	HVAC	6/18/03	7.0	S/L-MO	68,772	0	39,298	9,825	49,123	19,649	0
	BUILDING				811,475	0	230,889	34,738	265,627	545,848	0
Group: COMPUTERS											
3	COMPUTERS	10/01/95	5.0	S/L-MO	1,638	0	1,638	0	1,638	0	0
4	COMPUTERS	3/27/98	5.0	S/L-MO	1,280	0	1,280	0	1,280	0	0
23	DELL COMPUTER	8/11/03	5.0	S/L-MO	3,439	0	2,694	688	3,382	57	0
27	VOSTRO LAPTOP	12/21/07	5.0	S/L-MO	1,570	0	0	157	157	1,413	0
	COMPUTERS				7,927	0	5,612	845	6,457	1,470	0
Group: EQUIPMENT											
9	TELEPHONE SYSTEM	4/03/00	5.0	S/L-MO	7,927	0	7,927	0	7,927	0	0
28	DELL PROJECTOR	12/21/07	5.0	S/L-MO	981	0	0	98	98	883	0
	EQUIPMENT				8,908	0	7,927	98	8,025	883	0
Group: FURNITURE & FIXTURES											
10	CHAIRS	3/27/00	10.0	S/L-MO	3,000	0	2,200	300	2,500	500	0
11	CARPET & FLOORING	3/27/00	5.0	S/L-MO	5,175	0	5,175	0	5,175	0	0
12	CARPET(GIFTS)	3/27/00	5.0	S/L-MO	1,000	0	1,000	0	1,000	0	0
15	MISC FURNITURE & FIXTURES	4/30/00	10.0	S/L-MO	10,000	0	7,250	1,000	8,250	1,750	0
25	URINAL	2/25/05	10.0	S/L-MO	951	0	222	95	317	634	0
26	WATER HEATER	4/05/07	5.0	S/L-MO	712	0	36	142	178	534	0
	FURNITURE & FIXTURES				20,838	0	15,883	1,537	17,420	3,418	0
Group: LAND											
8	LAND	3/27/00	0.0	--	240,000	0	0	0	0	240,000	0
24	LAND	2/25/05	0.0	--	100	0	0	0	0	100	0
	LAND				240,100	0	0	0	0	240,100	0
Group: ORGANIZATIONAL COSTS											
6	ORGANIZATIONAL COSTS	10/01/95	5.0	MO	645	0	645	0	645	0	0
	ORGANIZATIONAL COSTS				645	0	645	0	645	0	0
Group: SCREENING EQUIPMENT											
29	12 CAMERAS	1/04/08	5.0	S/L-MO	51,244	0	0	5,124	5,124	46,120	0

Book Asset Detail - Annual

Asset	Property Description	Date In Service	Book Period	Book-Meth Conv	Book Cost	Book Sec 179 Exp	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book YTD Depreciation
<u>Group: SCREENING EQUIPMENT (continued)</u>											
	SCREENING EQUIPMENT				51,244	0	0	5,124	5,124	46,120	0
<u>Group: SOFTWARE</u>											
5	SOFTWARE	2/27/98	3.0	S/L-MO	10,500	0	10,500	0	10,500	0	0
17	BLACKBAUD SOFTWARE	8/30/00	3.0	S/L-MO	2,015	0	2,015	0	2,015	0	0
18	BLACKBAUD SOFTWARE	2/13/01	3.0	S/L-MO	2,250	0	2,250	0	2,250	0	0
21	BLACKBAUD SOFTWARE	2/11/02	3.0	S/L-MO	2,250	0	2,250	0	2,250	0	0
	SOFTWARE				17,015	0	17,015	0	17,015	0	0
	Grand Total				1,158,152	0	277,971	42,342	320,313	837,839	0

Form **8868**
(Rev. April 2007)**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ **X**
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only ☐

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	TENNESSEE LIONS CHARITIES, INC.	62-1614995
	Number, street, and room or suite no. If a P.O. box, see instructions. 505 FESSLERS LANE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE TN 37210-2814	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► LYNN WILHOITE

Telephone No. ► 615-690-8644 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 2/17/09, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year or
- ☒ tax year beginning 7/01/07, and ending 6/30/08.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

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

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

Form 8868 (Rev. 4-2007)

Form **8868**

(Rev. April 2007)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☐
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only ☒

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions.	TENNESSEE LIONS CHARITIES, INC.	62-1614995
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	505 FESSLERS LANE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NASHVILLE TN 37210-2814	

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

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **LYNN WILHOITE**

Telephone No. ► **615-690-8644** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until **5/15/09**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year or
 ► ☒ tax year beginning **7/01/07**, and ending **6/30/08**.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

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

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

Form **8868** (Rev. 4-2007)

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2007Open to Public Inspection
for 501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue Service (77)For calendar year 2007 or other tax year beginning 7/01/07, and
ending 6/30/08 ▶ See separate instructions.

A <input type="checkbox"/> Check box if address changed	B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 408A <input type="checkbox"/> 529(a) <input type="checkbox"/> 220(e) <input type="checkbox"/> 530(a)	C Book value of all assets at end of year <u>1,721,306</u>	D Employer identification number (Employees' trust, see instructions for Block D on page 9.) <u>62-1614995</u>	E Unrelated business activity codes (See instructions for Block E on page 9.) <u>N/A</u>	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) TENNESSEE LIONS CHARITIES, INC. Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. 505 FESSLERS LANE City or town, state, and ZIP code NASHVILLE TN 37210-2814
F Group exemption number (See instructions for Block F on page 9.) ▶			G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

H Describe the organization's primary unrelated business activity.

▶ N/A

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation.**J** The books are in care of ▶ **LYNN WILHOITE** Telephone number ▶ **615-690-8644**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c Balance		1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, & rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See page 11 of the instructions; attach schedule.)	12		
13	Total. Combine lines 3 through 12	13	0	0

Part II Deductions Not Taken Elsewhere (See page 12 of the instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See page 14 of the instructions for limitation rules.)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b 0
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	1,000
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15.
 Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:
 a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ (2) \$ (3) \$
 b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$
 (2) Additional 3% tax (not more than \$100,000) \$
 c Income tax on the amount on line 34 35c
 36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on
 the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) 36
 37 Proxy tax. See page 16 of the instructions 37
 38 Alternative minimum tax 38
 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a
 b Other credits (see page 17 of the instructions) 40b
 c General business credit. Check here and indicate which forms are attached:
☐ Form 3800 ☐ Form(s) (specify) 40c
 d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d
 e Total credits. Add lines 40a through 40d 40e
 41 Subtract line 40e from line 39 41
 42 Other taxes. ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other 42
 Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other
 43 Total tax. Add lines 41 and 42 43 0
 44a Payments: A 2006 overpayment credited to 2007 44a
 b 2007 estimated tax payments 44b
 c Tax deposited with Form 8868 44c
 d Foreign organizations: Tax paid or withheld at source (see instructions) 44d
 e Backup withholding (see instructions) 44e
 f Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total 44f
 45 Total payments. Add lines 44a through 44f 45
 46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached ☐ 46
 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47
 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48
 49 Enter the amount of line 48 you want: Credited to 2008 estimated tax Refunded 49

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

1 At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority
 over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file
 Form TD F 90-22.1. If YES, enter the name of the foreign country here Yes No
 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?
 If YES, see page 5 of the instructions for other forms the organization may have to file. Yes No
 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A—Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year 1
 2 Purchases 2
 3 Cost of labor 3
 4a Additional sec. 263A costs (attach sch.) 4a
 b Other costs (attach schedule) 4b
 5 Total. Add lines 1 through 4b 5
 6 Inventory at end of year 6
 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7
 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No
 X

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here *Michelle Branul* 12/29/08 *Edwin*
 Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer's Use Only
 Preparer's signature *Michelle Branul, CPA* Date 12/29/08 Check if self-employed ☐ Preparer's SSN or PTIN P00254619
 Firm's name (or yours if self-employed) Puryear Hamilton Hausman & Wood, PLC
 address, and ZIP code 1000 Corporate Centre Drive, Suite 200 Franklin, TN 37067 EIN 62-0788068 Phone # 615-771-3600

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions on page 20)**1 Description of property**

(1) N/A

(2)

(3)

(4)

2 Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)

(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)

3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)

(1)

(2)

(3)

(4)

Total

Total

Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

Schedule E—Unrelated Debt-Financed Income (see instructions on page 20)**1 Description of debt-financed property****2 Gross income from or allocable to debt-financed property****3 Deductions directly connected with or allocable to debt-financed property**

(a) Straight line depreciation (attach schedule)

(b) Other deductions (attach schedule)

(1) N/A

(2)

(3)

(4)

4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)**5 Average adjusted basis of or allocable to debt-financed property (attach schedule)****6 Column 4 divided by column 5****7 Gross income reportable (column 2 x column 6)****8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))**

(1)

(2)

(3)

(4)

Enter here and on page 1, Part I, line 7, column (A).

Enter here and on page 1, Part I, line 7, column (B).

Totals ▶

Total dividends-received deductions included in column 8 ▶

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 21)**1 Name of Controlled Organization****2 Employer Identification Number****Exempt Controlled Organizations****3 Net unrelated income (loss) (see instructions)****4 Total of specified payments made****5 Part of column 4 that is included in the controlling organization's gross inc.****6 Deductions directly connected with income in column 5**

(1) N/A

(2)

(3)

(4)

Nonexempt Controlled Organizations**7 Taxable income****8 Net unrelated income (loss) (see instructions)****9 Total of specified payments made****10 Part of column 9 that is included in the controlling organization's gross income****11 Deductions directly connected with income in column 10**

(1)

(2)

(3)

(4)

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals ▶

DAA

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 22)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1) N/A				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 22)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule J—Advertising Income (see instructions on page 22)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1) N/A						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions on page 23)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
N/A		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			