

## 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)

2004

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning 7/01/04, and ending 6/30/05

B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

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

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

NASHVILLE

TN 37210-2814

D Employer identification no.

61-614995

E Telephone number

615-390-8644

F Accounting method: ☐ Cash☒ Accrual ☐ Other (specify)

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

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 instr.)

H(d) Is this a separate return filed by an

organization 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).

G Website: N/A

J Organization type

(check only one) ☒ 501(c) ( 3 ) (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000.

The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 430,789

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received:			
a	Direct public support	1a	130,171	
b	Indirect public support	1b	140,197	
c	Government contributions (grants)	1c	80,000	
d	Total (add lines 1a through 1c) (cash \$ 344,968 noncash \$ 5,400 )	1d	350,368	
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		
5	Dividends and interest from securities	5		
6a	Gross rents	6a	78,771	
b	Less: rental expenses SEE STATEMENT 1	6b	10,139	
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	68,632	
7	Other investment income (describe )	7		
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		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 1a)	9a	1,650	
b	Less: direct expenses other than fundraising expenses	9b	1,370	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	280	
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 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	419,280	
13	Program services (from line 44, column (B))	13	261,368	
14	Management and general (from line 44, column (C))	14	88,809	
15	Fundraising (from line 44, column (D))	15	30,749	
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 44, column (A))	17	380,926	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	38,354	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	984,556	
20	Other changes in net assets or fund balances (attach explanation)	20		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,022,910	

**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 page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program	(C) Management	(D) Fundraising
22	Grants and allocations (attach schedule) <b>STMT 2</b> (cash \$ <b>260,185</b> non-cash \$ )	22 260,185	260,185		
23	Specific assistance to individuals	23			
24	Benefits paid to or for members	24			
25	Compensation of officers, directors, etc.	25			
26	Other salaries and wages	26 29,423		10,298	19,125
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29 2,251		788	1,463
30	Professional fundraising fees	30			
31	Accounting fees	31 8,955		8,955	
32	Legal fees	32			
33	Supplies	33 709		709	
34	Telephone	34 3,568			3,568
35	Postage and shipping	35 211		211	
36	Occupancy	36 13,670		13,670	
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39 97			97
40	Conferences, conventions, and meetings	40 1,207		882	325
41	Interest	41 3,243		3,243	
42	Depreciation, depletion, etc. (attach schedule)	42 40,588		40,588	
43	Other expenses not covered above (itemize): a	43a			
	b <b>SEE STATEMENT 3</b>	43b 16,819	1,183	9,465	6,171
	c	43c			
	d	43d			
	e	43e			
44	<b>Total functional expenses</b> (add lines 22 - 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 380,926	261,368	88,809	30,749

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 page 25 of the instructions.)

What is the organization's primary exempt purpose?

▶ **SEE STATEMENT 4**

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) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)
a <b>SEE STATEMENT 5</b>	
(Grants and allocations \$ 260,185 )	260,185
b	
(Grants and allocations \$ )	
c	
(Grants and allocations \$ )	
d	
(Grants and allocations \$ )	
e Other program services (attach schedule)	1,183
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	261,368

**Part IV** Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A)	(B)
		Beginning of year	End of year
45	Cash-non-interest-bearing	150,206	210,605
46	Savings and temporary cash investments		
47a	Accounts receivable	5,177	
b	Less: allowance for doubtful accounts		
47b		3,317	5,177
48a	Pledges receivable		
b	Less: allowance for doubtful accounts		
48b			
49	Grants receivable		
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		
51a	Other notes and loans receivable (attach schedule)		
b	Less: allowance for doubtful accounts		
51b			
52	Inventories for sale or use		
53	Prepaid expenses and deferred charges	2,404	1,557
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
55a	Investments-land, buildings, and equipment: basis		
b	Less: accumulated depreciation (attach schedule)		
55b			
56	Investments-other (attach schedule)		
57a	Land, buildings, and equipment: basis	1,102,899	
b	Less: accumulated depreciation (attach schedule) <b>SEE STATEMENT 6</b>		
57b		201,509	
58	Other assets (describe <b>SEE STATEMENT 7</b> )	941,027	901,390
59	<b>Total assets (add lines 45 through 58) (must equal line 74)</b>	1,097,144	1,124,329
60	Accounts payable and accrued expenses	4,134	6,018
61	Grants payable	48,750	49,310
62	Deferred revenue		
63	Loans from officers, directors, trustees, and key employees (attach schedule)		
64a	Tax-exempt bond liabilities (attach schedule)		
b	Mortgages and other notes payable (attach schedule) <b>SEE WORKSHEET</b>	59,704	46,091
65	Other liabilities (describe )		
66	<b>Total liabilities (add lines 60 through 65)</b>	112,588	101,419
67	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
68	Unrestricted	984,556	1,019,110
69	Temporarily restricted		3,800
70	Permanently restricted		
71	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
72	Capital stock, trust principal, or current funds		
73	Paid-in or capital surplus, or land, building, and equipment fund		
74	Retained earnings, endowment, accumulated income, or other funds		
75	<b>Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)</b>	984,556	1,022,910
76	<b>Total liabilities and net assets / fund balances (add lines 66 and 73)</b>	1,097,144	1,124,329

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.

#### Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	392,435
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities		
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify): SEE STMT 9 11,509		
	Add amounts on lines (1) through (4)	b	11,509
c	Line a minus line b	c	380,926
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	380,926

[illegible]

► ☐ Yes ☒ No

**Part VI Other Information** (See page 28 of the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b If "Yes," enter the name of the organization <b>LIONS CLUBS VOLUNTEER SERVICES</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a Enter direct and indirect political expenditures. See line 81 instructions		
b Did the organization file Form 1120-POL for this year?		X
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.)		
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?	N/A	
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?	N/A	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
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.	N/A	
c Dues, assessments, and similar amounts from members	N/A	
d Section 162(e) lobbying and political expenditures		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
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?	N/A	
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	N/A	
b Gross receipts, included on line 12, for public use of club facilities		
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88 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
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>		
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
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90a List the states with which a copy of this return is filed <b>NONE</b>		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	1	
91 The books are in care of <b>LYNN WILHOITE</b> Telephone no. <b>615-690-8644</b> Located at <b>505 FESSLERS LANE NASHVILLE, TN</b> ZIP + 4 <b>37210</b>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

## 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 \_\_\_\_\_

## 96 Dividends and interest from securities \_\_\_\_\_

## 97 Net rental income or (loss) from real estate:

- a debt-financed property \_\_\_\_\_  
b not debt-financed property \_\_\_\_\_

## 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)) \_\_\_\_\_

## 105 Total (add line 104, columns (B), (D), and (E)) \_\_\_\_\_

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of 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 page 34 of 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 page 34 of 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).

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

Date

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature

Heri Marmad, CPA

Date

11/14/05

Check if self-employed ☐

Preparer's SSN or PTIN (See Gen. Instr. W)

P00014126

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

PURYEAR HAMILTON HAUSMAN &amp; WOOD, PLC

PO BOX 190663

NASHVILLE, TN 37219-0663

Phone no.

615-259-9038

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

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

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

**2004**

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

Name of the organization

Employer identification number

**TENNESSEE LIONS CHARITIES, INC.**

**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 pension plans or deferred comp.	(e) Expense account and other allowances
NONE				

Total number of other employees paid over

\$50,000 ▶

**Part II 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 ▶

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

Schedule A (Form 990 or 990-EZ) 2004

**Part II** 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.) 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.		X
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?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

SEE STATEMENT 11

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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 supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	291,990	263,799	452,552	680,314	1,688,655
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, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	77,815	128,837	54,969	84,300	345,921
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	369,805	392,636	507,521	764,614	2,034,576
24 Line 23 minus line 17	369,805	392,636	507,521	764,614	2,034,576
25 Enter 1% of line 23	3,698	3,926	5,075	7,646	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	40,692
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	54,116
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	2,034,576
d Add: Amounts from column (e) for lines: 18 <u>345,921</u> 19 <u>54,116</u> 22 <u>                    </u> 26b <u>54,116</u>	26d	400,037
e Public support (line 26c minus line 26d total)	26e	1,634,539
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	80.3381%

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

(2003) (2002) (2001) (2000)

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 11, 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

(2003) (2002) (2001) (2000)

c Add: Amounts from column (e) for lines: 15 <u>                    </u> 16 <u>                    </u> 17 <u>                    </u> 20 <u>                    </u> 21 <u>                    </u>	27c	
d Add: Line 27a total <u>                    </u> and line 27b total <u>                    </u>	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 2000 through 2003, 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 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	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?		
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?		
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.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
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?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
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?		
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.		
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		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 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**

(The term "expenditures" means amounts paid or incurred.)

36 Total lobbying expenditures to influence public opinion (grassroots lobbying)

37 Total lobbying expenditures to influence a legislative body (direct lobbying)

38 Total lobbying expenditures (add lines 36 and 37)

39 Other exempt purpose expenditures

40 Total exempt purpose expenditures (add lines 38 and 39)

41 Lobbying nontaxable amount. Enter the amount from the following 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

42 Grassroots nontaxable amount (enter 25% of line 41)

43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36

44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38

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 11 of the instructions.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(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 11 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:

- 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.

Yes	No	Amount



Form 4562

## Depreciation and Amortization

OMB No. 1545-0172

(Including Information on Listed Property)

2004

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Attachment  
Sequence No. 67

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 page 2 of the instructions for a higher limit for certain businesses	1	102,000
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	410,000
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 page 3 of the 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 2003 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 2005. 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.)

14	Special depreciation allowance for qualified prop (other than listed prop) placed in service during the tax year (see pg 3 of the instructions)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	

## Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)

## Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	40,119
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		

## Section B-Assets Placed in Service During 2004 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						
c 7-year property						
d 10-year property		951	10.0	HY	200DB	32
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	
i Nonresidential real property			39 yrs.	MM	S/L	

## Section C-Assets Placed in Service During 2004 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 page 8 of the 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	40,151
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 (2004)

DAA

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
 Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A-Depreciation and Other Information** (Caution: See page 9 of the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?		Yes	No	24b If "Yes," is the evidence written?		Yes	No
(a) Type of prop (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method Convention	(h) Depreciation deduction
25	Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 8 of the instructions)						25
26 Property used more than 50% in a qualified business use (see page 8 of the instructions):							
		%					
		%					
27 Property used 50% or less in a qualified business use (see page 8 of the instructions):							
		%			S/L-		
		%			S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1						29	

**Section B-Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	30 Total business/investment miles driven during the year (do not include commuting miles-See page 2 of the instructions)											
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 10 of the instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 10 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 10 of the instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2004 tax year (see page 11 of the instructions):						
43 Amortization of costs that began before your 2004 tax year					43	437
44 Total. Add amounts in column (f). See page 12 of the instructions for where to report					44	437

## Federal Statements

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

Description

RENTAL TO OTHERS  
CAM EXPENSES  
TOTAL

Deduction

**COPY**  
10,139  
10,139

Form **990**

2004

For calendar year 2004, or tax year beginning 7/01/04, and ending 6/30/05

Name

**Employer Identification Number**

TENNESSEE LIONS CHARITIES, INC.

62-1614995

	(A)	(B)	(C)	Other	Total
Gross receipts	1,650	0	0	0	1,650
Less contributions	0	0	0	0	0
Gross revenue	1,650	0	0	0	1,650
Less direct expenses	1,370	0	0	0	1,370
Net income (loss)	280	0	0	0	280

Description:	(A)	FISH FRY
	(B)	
	(C)	
	Others	



## Federal Statements

Statement 2 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions

Name Address	Relationship to Org	Class of Activity					
Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explantr	
VANDERBILT UNIVERSITY MEDICAL CENTE	NONE	\$ 260,185	\$	\$			
NASHVILLE, TN, 37212							
TOTAL		\$ 260,185	\$ 0	\$ 0			


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## Federal Statements

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	
EXPENSES				
PROPERTY TAXES	8,740		8,740	
PROMOTIONAL EXPENSES	4,320			4,320
OTHER TAXES AND LICENSES	270		270	
MISCELLANEOUS	3,459	1,183	425	1,851
PRINTING	30		30	
TOTAL	\$ 16,819	\$ 1,183	\$ 9,465	\$ 6,171

Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose

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

Statement 5 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

THIS WAS PAID TO VANDERBILT UNIVERSITY MEDICAL CENTER FOR  
THE TENNESSEE LIONS EYE CENTER FOR CHILDREN. \$200,560 IS  
PART OF A FUNDRAISING PROJECT, KIDSIGHT OUTREACH, TO RAISE  
MONEY TO FUND THE OUTREACH ACTIVITIES OF THE EYE CENTER.  
\$59,625 WAS PAID TO VANDERBILT UNIVERSITY MEDICAL CENTER  
TO HELP PURCHASE THER RETCAM II, A NEEDED PIECE OF  
EQUIPMENT, FOR THE TENNESSEE LIONS EYE CENTER. AS OF JUNE  
30, 2005, THE EYE CENTER'S OUTREACH PROGRAM HAS SCREENED  
OVER 150,000 CHILDREN WITH THE HELP OF NUMEROUS  
VOLUNTEERS WHO TOOK PHOTOGRAPHS OF THE CHILDREN'S EYES.

## Federal Statements

## Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
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	104,518	723,583	128,637
TELEPHONE SYSTEM	7,927	6,737	7,927	7,927
FURNITURE	3,000	1,300	3,000	1,600
CARPET & FLOORING	5,175	4,485	5,175	5,175
CARPET	1,000	867	1,000	1,000
HANDICAP RAMP	2,466	356	2,466	438
SIGN	2,331	2,019	2,331	2,331
FURNITURE & FIXTURES	10,000	4,250	10,000	5,250
HVAC SHAFT & THERMOSTAT	10,448	5,474	10,448	6,965
RUBBER ROOF	2,850	451	2,850	594
HVAC DAMPER MOTOR	1,025	512	1,025	659
SOFTWARE	2,250	2,250	2,250	2,250
SOFTWARE	2,015	2,015	2,015	2,015
SOFTWARE	2,250	1,813	2,250	2,250
HVAC	68,772	9,825	68,772	19,649
COMPUTER	3,438	631	3,438	1,319
URINAL			951	32
LAND				
	240,000		240,000	
TOTAL	\$ 1,101,948	\$ 160,921	\$ 1,102,899	\$ 201,509

## Federal Statements

Statement 7 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
DEPOSITS	\$ 100	\$ 60
PROPERTY HELD FOR SALE		\$ 5,000
TOTAL	\$ 100	\$ 5,600

**COPY**

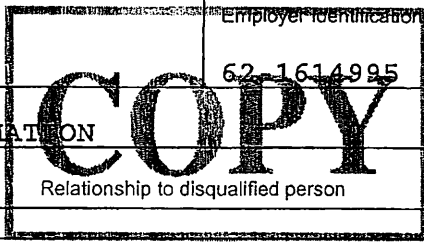
Forms <b>990 / 990-PF</b>	<b>Mortgages and Other Notes Payable</b>	<b>2004</b>
For calendar year 2004, or tax year beginning <u>7/01/04</u> , and ending <u>6/30/05</u>		

Name \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

**TENNESSEE LIONS CHARITIES, INC.**

**62-1614995**

**FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION**



Name of lender	Relationship to disqualified person
(1) <b>BANK OF NASHVILLE</b>	<b>NONE</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>72,500</b>	<b>6/09/03</b>	<b>6/09/08</b>	<b>\$1404.72/MO FOR 60 MONTHS</b>	<b>6.000</b>
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) <b>UNSECURED</b>	<b>PURCHASE OF NEW HVAC SYSTEM</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) <b>CASH - \$72,500</b>	<b>59,704</b>	<b>46,091</b>
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Totals</b>	<b>59,704</b>	<b>46,091</b>

## Federal Statements

Statement 8 - Form 990, Part IV-A - Other Revenue Included on Financial Statements

Description	Amount
RENTAL EXPENSES	\$ 10,139
COST OF GOODS SOLD	1,370
TOTAL	<u>\$ 11,509</u>

Statement 9 - Form 990, Part IV-B - Other Expenses Included on Financial Statements

Description	Amount
RENTAL EXPENSES	\$ 10,139
COST OF GOODS SOLD	1,370
TOTAL	<u>\$ 11,509</u>

## Federal Statements

## Statement 10 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

Name	Address	Average Hours	Compensation	Benefits	Expenses
	City, State, Zip	Title			
EDWARD LINDSEY	P.O. BOX 429 LAWRENCEBURG TN 38464	PRESIDENT	0	0	0
AUSTIN JENNINGS	P.O. BOX 10 WOODBURY TN 37190	VICE PRESIDE	0	0	0
LYNN WILHOITE	505 FESSLERS LANE NASHVILLE TN 37210	SECRETARY	29,423	0	0
JOHN JUSTICE	505 FESSLERS LANE NASHVILLE TN 37210	TRUSTEE	0	0	0
NANCY HALL	3410 MEADOWTOP LANE KNOXVILLE TN 37931	TRUSTEE	0	0	0
BILLY PEARSON	803 WILES COURT MURFREESBORO TN 37130	TREASURER	0	0	0
ALLEN BROUGHTON	1540 INDIAN HAWTHORNE CT BRENTWOOD TN 37027	TRUSTEE	0	0	0
WILLIAM CROCKETT	P.O. BOX 164 HUMBOLDT TN 38343	TRUSTEE	0	0	0
KEITH PONTIUS	P.O. BOX 2090 FAIRFIELD GLADE TN 38558	TRUSTEE	0	0	0
WILLIAM WATKINS	219 RIVERBEND DRIVE LOUDON TN 37774	TRUSTEE	0	0	0
ROBERT SEWELL	P.O. BOX 301 SMYRNA TN 37167	TRUSTEE	0	0	0
DAVID MARTIN	700 ALECIA PAGE COVE HUMBOLDT TN 38343	TRUSTEE	0	0	0
G. FRANKLIN DEPRIEST JR	2611 EDGE-O-LAKE DRIVE NASHVILLE TN 37217	TRUSTEE	0	0	0
HUGH MARLIN JR.	5707 RIVER GLADE DRIVE CHATTANOOGA TN 37416	TRUSTEE	0	0	0
JOE DAILEY	8512 GARRISON ROAD KNOXVILLE TN 37931	TRUSTEE	0	0	0
JAMES GOURLEY	1011 DURHAM DRIVE GALLATIN TN 37066	TRUSTEE	0	0	0
BUDDIE WEBB	4785 HIGHWAY 69A CAMDEN TN 38320	TRUSTEE	0	0	0
JOHN BERKHEISER	1669 CORNERSVILLE HWY LEWISBURG TN 37091	TRUSTEE	0	0	0
MARK ROGERS	212 MASTERS COURT HIXSON TN 37343	TRUSTEE	0	0	0

COPY

## Federal Statements

Statement 10 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees (continued)

Name	Address					
	City, State, Zip	Title	Average Hours	Compensation	Benefits	Expenses
JOHN SANDERS	116 NEBRASKA AVE. OAK RIDGE TN 37830	TRUSTEE		0	0	0
RONALD BIRDWELL	773 COLD SPRINGS ROAD LAFAYETTE TN 37083	TRUSTEE		0	0	0
THOM WILSON	P.O. BOX 26 CHAPEL HILL TN 37034	TRUSTEE		0	0	0

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Statement 11 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of  
Exp

SEE 990, PART V

**COPY**

## Federal Statements

Statement 12 - Schedule A, Part VII, Line 51d - Schedule Information

<u>Line No.</u>	<u>Amount Involved</u>	<u>Name of Noncharitable Exempt Organization</u>	<u>Description of Transfers Transactions, Etc.</u>
51B(III)	17,250	LIONS CLUBS VOLUNTEER SERVICES	RENT OFFICE SPACE
51C		LIONS CLUBS VOLUNTEER SERVICES	SHARING FACILITIES

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
<b>Group: BUILDING</b>											
7	BUILDING	3/27/00	30.0	S/L-MO	723,583	0	104,518	24,119	128,637	594,946	0
13	HANDICAP RAMP	3/27/00	30.0	S/L-MO	2,466	0	356	82	438	2,028	0
14	OUTDOOR SIGNAGE	3/27/00	5.0	S/L-MO	2,331	0	2,019	312	2,331	0	0
16	RUBBER ROOF	5/15/01	20.0	S/L-MO	2,850	0	451	143	594	2,256	0
19	HVAC SHAFT & THERMOSTAT	11/14/00	7.0	S/L-MO	10,448	0	5,473	1,492	6,965	3,483	0
20	HVAC DAMPER MOTOR	1/31/01	7.0	S/L-MO	1,025	0	512	147	659	366	0
22	HVAC	6/18/03	7.0	S/L-MO	68,772	0	9,825	9,824	19,649	49,123	0
	<b>BUILDING</b>				<b>811,475</b>	<b>0</b>	<b>123,154</b>	<b>36,119</b>	<b>159,273</b>	<b>652,202</b>	<b>0</b>
<b>Group: COMPUTERS</b>											
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	631	687	1,318	2,121	0
	<b>COMPUTERS</b>				<b>6,357</b>	<b>0</b>	<b>3,549</b>	<b>687</b>	<b>4,236</b>	<b>2,121</b>	<b>0</b>
<b>Group: EQUIPMENT</b>											
9	TELEPHONE SYSTEM	4/03/00	5.0	S/L-MO	7,927	0	6,737	1,190	7,927	0	0
	<b>EQUIPMENT</b>				<b>7,927</b>	<b>0</b>	<b>6,737</b>	<b>1,190</b>	<b>7,927</b>	<b>0</b>	<b>0</b>
<b>Group: FURNITURE &amp; FIXTURES</b>											
10	CHAIRS	3/27/00	10.0	S/L-MO	3,000	0	1,300	300	1,600	1,400	0
11	CARPET & FLOORING	3/27/00	5.0	S/L-MO	5,175	0	4,485	690	5,175	0	0
12	CARPET(GIFTS)	3/27/00	5.0	S/L-MO	1,000	0	867	133	1,000	0	0
15	MISC FURNITURE & FIXTURES	4/30/00	10.0	S/L-MO	10,000	0	4,250	1,000	5,250	4,750	0
25	URNAL	2/25/05	10.0	S/L-MO	951	0	0	32	32	919	0
	<b>FURNITURE &amp; FIXTURES</b>				<b>20,126</b>	<b>0</b>	<b>10,902</b>	<b>2,155</b>	<b>13,057</b>	<b>7,069</b>	<b>0</b>
<b>Group: LAND</b>											
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
	<b>LAND</b>				<b>240,100</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>240,100</b>	<b>0</b>
<b>Group: ORGANIZATIONAL COSTS</b>											
6	ORGANIZATIONAL COSTS	10/01/95	5.0	MO	645	0	645	0	645	0	0
	<b>ORGANIZATIONAL COSTS</b>				<b>645</b>	<b>0</b>	<b>645</b>	<b>0</b>	<b>645</b>	<b>0</b>	<b>0</b>
<b>Group: SOFTWARE</b>											
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	1,813	437	2,250	0	0

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# 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
<b>Group: SOFTWARE (continued)</b>											
	SOFTWARE				17,015	0	16,578	437	17,015	0	0
	Grand Total				1,103,645	0	161,565	40,588	202,153	901,492	0

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