

**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.

**2005**Open to Public  
Inspection**A** For the 2005 calendar year, or tax year beginning **7/01/05**, and ending **6/30/06****B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Final return☐ Amended return☐ Application pendingPlease  
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)

Room/suite

**505 FESSLERS LANE**

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

**NASHVILLE****TN 37210-2814****D** Employer identification no.**62-1614995****E** Telephone number**615-690-8644****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 ☐ 527**K** 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 chooses to file a return, be sure to file a complete return. **Some states require a complete return.****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **745,730****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	<b>1a</b>	<b>463,955</b>	
	<b>b</b> Indirect public support	<b>1b</b>	<b>106,833</b>	
	<b>c</b> Government contributions (grants)	<b>1c</b>	<b>80,000</b>	
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>650,788</b> noncash \$ )	<b>1d</b>	<b>650,788</b>	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	<b>16,050</b>	
	<b>5</b> Dividends and interest from securities	<b>5</b>		
	<b>6a</b> Gross rents	<b>6a</b>	<b>78,892</b>	
	<b>b</b> Less: rental expenses <b>See Statement 1</b>	<b>6b</b>	<b>10,623</b>	
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>	<b>68,269</b>	
<b>7</b> Other investment income (describe )	<b>7</b>			
Revenue	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>		
	<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>		
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>		
	<b>8d</b>			
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		
	<b>b</b> Less: cost of goods sold	<b>10b</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>735,107</b>		
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<b>130,681</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>84,106</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	<b>29,365</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>	<b>244,152</b>	
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>490,955</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>1,022,910</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>1,513,865</b>	

**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	
22	Grants and allocations (attach schedule) <b>Stmt 2</b> (cash \$ <u>130,681</u> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22	130,681	130,681		
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25				
26	Other salaries and wages	26	30,000	10,500	19,500	
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29	2,295	803	1,492	
30	Professional fundraising fees	30				
31	Accounting fees	31	9,737	9,737		
32	Legal fees	32				
33	Supplies	33	583	583		
34	Telephone	34	4,621	665	3,956	
35	Postage and shipping	35	171	171		
36	Occupancy	36	12,433	12,433		
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39	57		57	
40	Conferences, conventions, and meetings	40	1,130	107	1,023	
41	Interest	41	1,475	1,475		
42	Depreciation, depletion, etc. (attach schedule)	42	37,890	37,890		
43	Other expenses not covered above (itemize):					
a	See Statement 3	43a	13,079	9,742	3,337	
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	244,152	130,681	84,106	29,365

**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 II** **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 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** **See Statement 5**

(Grants and allocations \$ **130,681** ) If this amount includes foreign grants, check here ▶ ☐ **130,681**

**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) ▶ **130,681**Form **990** (2005)

**Part I Balance Sheets** (See the instructions.)

		(A) Beginning of year	(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			
<b>Assets</b>	45 Cash-non-interest-bearing		45
	46 Savings and temporary cash investments	210,605	46 600,600
	47a Accounts receivable	47a 793	
	b Less: allowance for doubtful accounts	47b	47c 793
	48a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50
	51a Other notes and loans receivable (attach schedule)	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	1,557	53 1,657
	54 Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55a Investments-land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation (attach schedule)	55b	55c
56 Investments-other (attach schedule)	See Stmt 6	56 77,517	
57a Land, buildings, and equipment: basis	57a 1,102,899		
b Less: accumulated depreciation (attach schedule)	See Statement 7	57b 239,399	
58 Other assets (describe <input type="checkbox"/> See Statement 8 )	901,390	57c 863,500	
	5,600	58 5,600	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58.	1,124,329	59 1,549,667	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	6,018	60 5,788
	61 Grants payable	49,310	61 30,014
	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)	See Worksheet	64b 46,091
	65 Other liabilities (describe <input type="checkbox"/> )		65
	66 <b>Total liabilities.</b> Add lines 60 through 65.	101,419	66 35,802
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	1,019,110	67 1,443,240
	68 Temporarily restricted	3,800	68 70,625
	69 Permanently restricted		69
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	1,022,910	73 1,513,865
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.	1,124,329	74 1,549,667	

## Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Instructions.)		a	745,730
a	Total revenue, gains, and other support per audited financial statements		
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	See Stmt 9 10,623
	Add lines b1 through b4	b	10,623
c	Subtract line b from line a	c	735,107
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	735,107

### Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	254,775
<b>b</b>	Amounts included on line <b>a</b> but not Part I, line 17:		
<b>1</b>	Donated services and use of facilities	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>	
<b>4</b>	Other (specify):	<b>b4</b>	See Stmt 10 10,623
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	10,623
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	244,152
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify):	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	244,152

**Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated ) (See the instructions.)

[illegible]

Yes	No
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▶ 20

75b	X
-----	---

75c	X
-----	---

75d	X
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(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.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contrib. to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				
		1.6		

Yes	No
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76		X
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77	X
----	---

78a	X
-----	---

78b	X
-----	---

79		X
----	--	---

80a	X
-----	---

81a	0
-----	---

81b		X
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**Part III Other Information (continued)**

		Yes	No
<b>82a</b>	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?	<b>X</b>	
<b>b</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.)		
<b>82b</b>			
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
<b>83b</b>	N/A		
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>84b</b>	N/A		
<b>85</b>	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>85a</b>	N/A		
<b>85b</b>	N/A		
<b>c</b>	Dues, assessments, and similar amounts from members		
<b>85c</b>	N/A		
<b>d</b>	Section 162(e) lobbying and political expenditures		
<b>85d</b>			
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
<b>85e</b>			
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
<b>85f</b>			
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
<b>85g</b>	N/A		
<b>h</b>	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?		
<b>85h</b>	N/A		
<b>86</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12		
<b>86a</b>	N/A		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		
<b>86b</b>			
<b>87</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders		
<b>87a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>87b</b>			
<b>88</b>	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		<b>X</b>
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>0</b> ; section 4912 <b>0</b> ; section 4955 <b>0</b>		
<b>b</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		<b>X</b>
<b>89b</b>			
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958		<b>0</b>
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		<b>0</b>
<b>90a</b>	List the states with which a copy of this return is filed <b>None</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		
<b>90b</b>			<b>1</b>
<b>91a</b>	The books are in care of <b>LYNN WILHOITE</b> <b>505 FESSLERS LANE</b> Located at <b>NASHVILLE, TN</b>	Telephone no <b>615-690-8644</b>	
		ZIP + 4 <b>37210</b>	
<b>b</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 <b>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> At any time during the calendar year, did the organization maintain an office outside of the United States?		
<b>91b</b>		<b>X</b>	
<b>91c</b>		<b>X</b>	
<b>92</b>	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		
<b>92</b>			

**Part VII Analysis of Income-Producing Activities** (See the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	16,050	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	68,269	
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		84,319	0
<b>105</b> Total (add line 104, columns (B), (D), and (E))				84,319	84,319

**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 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).

<b>Please Sign Here</b>	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	
<b>Paid Preparer's Use Only</b>	Type or print name and title.			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Instr W)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN		Phone no.
Purveyor Hamilton Hausman & Wood, PLC PO Box 190663 Nashville, TN 37219-0663		62-0788068		615-259-9038



**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

OMB No. 1545-0047

**2005**

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

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

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) Comp	(d) Contrib. to empl. ben. plans & deferred comp.	(e) Expense account & 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) 2005

**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.)	1		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?	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	
See Statement 12				
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
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		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

**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). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 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 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	352,018	291,990	263,799	452,552	1,360,359
<b>16</b> Membership fees received					0
<b>17</b> 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
<b>18</b> 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	76,911	77,815	128,837	54,969	338,532
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> 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
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
<b>23</b> Total of lines 15 through 22	428,929	369,805	392,636	507,521	1,698,891
<b>24</b> Line 23 minus line 17	428,929	369,805	392,636	507,521	1,698,891
<b>25</b> Enter 1% of line 23	4,289	3,698	3,926	5,075	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					33,978
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 2001 through 2004 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts					41,022
c Total support for section 509(a)(1) test: Enter line 24, column (e)					1,698,891
d Add: Amounts from column (e) for lines: 18 <u>338,532</u> 19 _____					
22 _____ 26b <u>41,022</u>					
e Public support (line 26c minus line 26d total)					379,554
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					1,319,337
					77.6587%
<b>27 Organizations described on line 12:</b> 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." <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year:					N/A
(2004) (2003) (2002) (2001)					
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.) <b>Do not file this list with your return.</b> 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
(2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					
17 _____ 20 _____ 21 _____					
d Add: Line 27a total _____ and line 27b total _____					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					%
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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. <b>Do not file this list with your return.</b> 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)

	N/A	Yes	No
<b>29</b> 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?	<b>29</b>		
<b>30</b> 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?	<b>30</b>		
<b>31</b> 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.)	<b>31</b>		
<b>32</b> Does the organization maintain the following:			
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
<b>33</b> Does the organization discriminate by race in any way with respect to:			
<b>a</b> Students' rights or privileges?	<b>33a</b>		
<b>b</b> Admissions policies?	<b>33b</b>		
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>		
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>		
<b>e</b> Educational policies?	<b>33e</b>		
<b>f</b> Use of facilities?	<b>33f</b>		
<b>g</b> Athletic programs?	<b>33g</b>		
<b>h</b> Other extracurricular activities?	<b>33h</b>		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>		
<b>b</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.	<b>34b</b>		
<b>35</b> 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	<b>35</b>		

**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 <input type="checkbox"/> a	if the organization belongs to an affiliated group.	Check <input type="checkbox"/> 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)	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-			
	<b>If the amount on line 40 is-</b>			
	Not over \$500,000			
	Over \$500,000 but not over \$1,000,000			
	Over \$1,000,000 but not over \$1,500,000			
	Over \$1,500,000 but not over \$17,000,000			
	Over \$17,000,000			
	<b>The lobbying nontaxable amount is-</b>			
	20% of the amount on line 40			
	\$100,000 plus 15% of the excess over \$500,000			
	\$175,000 plus 10% of the excess over \$1,000,000			
	\$225,000 plus 5% of the excess over \$1,500,000			
	\$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 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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 through c 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 through c h.)			

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

## Part VII

5

2

- (i) Cash

1

- (j) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

•

1

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)	X	
b(iv)		X
b(v)		X
b(vi)		X
c	X	

[illegible]

52a

► ☒ Yes ☐ No

1

[illegible]

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2005**

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	<b>105,000</b>
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	<b>420,000</b>
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 instr.	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 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 2006. 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 certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed 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 2005	17	<b>37,890</b>
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 2005 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						
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 2005 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	<b>Total.</b> 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	<b>37,890</b>
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** (2005) (Rev. 1-2006)

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

<u>Description</u>	<u>Deduction</u>
RENTAL TO OTHERS CAM EXPENSES	<u>10,623</u>
Total	<u><u>10,623</u></u>



## Federal Statements

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

Name Address	Date of Gift	Description of Property	Relationship to Org	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
VANDERBILT UNIVERSITY MEDICAL CENTE NASHVILLE, TN, 37212		NONE		\$ 130,681	\$			
Total				\$ 130,681	\$ 0	\$ 0		

## 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	9,175		9,175	
PROMOTIONAL EXPENSES	2,995			2,995
OTHER TAXES AND LICENSES	400		400	
MISCELLANEOUS	234			234
PRINTING	275		167	108
Total	<u>\$ 13,079</u>	<u>\$ 0</u>	<u>\$ 9,742</u>	<u>\$ 3,337</u>

**Federal Statements****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**Description

THIS WAS PAID TO VANDERBILT UNIVERSITY MEDICAL CENTER FOR  
THE TENNESSEE LIONS EYE CENTER FOR CHILDREN. \$130,681 IS  
PART OF A FUNDRAISING PROJECT, KIDSIGHT OUTREACH, TO RAISE  
MONEY TO FUND THE OUTREACH ACTIVITIES OF THE EYE CENTER.  
AS OF JUNE 30, 2006, THE EYE CENTER'S OUTREACH PROGRAM  
HAS SCREENED OVER 178,200 CHILDREN WITH THE HELP OF  
NUMEROUS VOLUNTEERS WHO TOOK PHOTOGRAPHS OF THE  
CHILDREN'S EYES.

## Federal Statements

**Statement 6 - Form 990, Part IV, Line 56 - Other Investments**

Description	Beginning of Year	End of Year	Basis of Valuation
CERTIFICATES OF DEPOSIT	\$	\$ 77,517	Cost
Total	\$ 0	\$ 77,517	

**Statement 7 - 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	128,637	723,583	152,756
TELEPHONE SYSTEM	7,927	7,927	7,927	7,927
FURNITURE	3,000	1,600	3,000	1,900
CARPET & FLOORING	5,175	5,175	5,175	5,175
CARPET	1,000	1,000	1,000	1,000
HANDICAP RAMP	2,466	438	2,466	520
SIGN	2,331	2,331	2,331	2,331
FURNITURE & FIXTURES	10,000	5,250	10,000	6,250
HVAC SHAFT & THERMOSTAT	10,448	6,965	10,448	8,458
RUBBER ROOF	2,850	594	2,850	736
HVAC DAMPER MOTOR	1,025	659	1,025	805
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	19,649	68,772	29,474
COMPUTER	3,438	1,319	3,438	2,007
URINAL	951	32	951	127
LAND	240,000		240,000	
Total	\$ 1,102,899	\$ 201,509	\$ 1,102,899	\$ 239,399

**Statement 8 - Form 990, Part IV, Line 58 - Other Assets**

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

Forms  
**990 / 990-PF****Mortgages and Other Notes Payable****2005**For calendar year 2005, or tax year beginning **7/01/05**, and ending **6/30/06**

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>46,091</b>	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	<b>46,091</b>	

**Federal Statements****Statement 9 - Form 990, Part IV-A - Other Revenue Included on Financial Statements**

Description	Amount
RENTAL EXPENSES	\$ 10,623
Total	\$ 10,623

**Statement 10 - Form 990, Part IV-B - Other Expenses Included on Financial Statements**

Description	Amount
RENTAL EXPENSES	\$ 10,623
Total	\$ 10,623

## Federal Statements

## Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name	City, State, Zip	Address	Title	Average Hours	Compensation	Benefits	Expenses
EDWARD LINDSEY	LAWRENCEBURG TN 38464	P.O. BOX 429	PRESIDENT	0	0	0	0
AUSTIN JENNINGS	WOODBURY TN 37190	P.O. BOX 10	VICE PRESIDE	0	0	0	0
LYNN WILHOITE	NASHVILLE TN 37210	505 FESSLEERS LANE	SECRETARY	40	30,000	0	0
CHRIS PHILLIPS	LAFAYETTE TN 37083	1258 UNION CAMP ROAD	TRUSTEE	0	0	0	0
BILLY PEARSON	MURFREESBORO TN 37130	803 WILES COURT	TREASURER	0	0	0	0
ALLEN BROUGHTON	BRENTWOOD TN 37027	1540 INDIAN HAWTHORNE CT	2ND VICE PRE	0	0	0	0
WILLIAM CROCKETT	HUMBOLDT TN 38343	P.O. BOX 164	TRUSTEE	0	0	0	0
KEITH PONTIUS	FAIRFIELD GLADE TN 38558	P.O. BOX 2090	TRUSTEE	0	0	0	0
WILLIAM WATKINS	LOUDON TN 37774	219 RIVERBEND DRIVE	TRUSTEE	0	0	0	0
ROBERT SEWELL	SMYRNA TN 37167	P.O. BOX 301	TRUSTEE	0	0	0	0
DAVID MARTIN	HUMBOLDT TN 38343	700 ALECIA PAGE COVE	TRUSTEE	0	0	0	0
G. FRANKLIN DEPRIEST JR	NASHVILLE TN 37217	2611 EDGE-O-LAKE DRIVE	TRUSTEE	0	0	0	0
HUGH MARLIN JR.	CHATTANOOGA TN 37416	5707 RIVER GLADE DRIVE	TRUSTEE	0	0	0	0
JOE DAILEY	KNOXVILLE TN 37931	8512 GARRISON ROAD	TRUSTEE	0	0	0	0
JAMES GOURLEY	GALLATIN TN 37066	1011 DURHAM DRIVE	TRUSTEE	0	0	0	0
BUDDIE WEBB	CAMDEN TN 38320	4785 HIGHWAY 69A	TRUSTEE	0	0	0	0
JOHN BERKHEISER	LEWISBURG TN 37091	1669 CORNERSVILLE HWY	TRUSTEE	0	0	0	0
MARK ROGERS	HIXSON TN 37343	212 MASTERS COURT	TRUSTEE	0	0	0	0

## Federal Statements

Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key  
Employees (continued)

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



**Statement 12 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of  
Exp**

Description

SEE 990, PART V

**Federal Statements****Statement 13 - 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)	15,000	LIONS CLUBS VOLUNTEER SERVICES	RENT OFFICE SPACE
51c		LIONS CLUBS VOLUNTEER SERVICES	SHARING FACILITIES

## Book Asset Detail - Annual

62-1614995

FYE: 6/30/2006

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	128,637	24,119	152,756	570,827	0
13	HANDICAP RAMP	3/27/00	30.0	S/L-MO	2,466	0	438	82	520	1,946	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	594	142	736	2,114	0
19	HVAC SHAFT & THERMOSTAT	11/14/00	7.0	S/L-MO	10,448	0	6,965	1,493	8,458	1,990	0
20	HVAC DAMPER MOTOR	1/31/01	7.0	S/L-MO	1,025	0	659	146	805	220	0
22	HVAC	6/18/03	7.0	S/L-MO	68,772	0	19,649	9,825	29,474	39,298	0
	<b>BUILDING</b>				811,475	0	159,273	35,807	195,080	616,395	0
<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	1,318	688	2,006	1,433	0
	<b>COMPUTERS</b>				6,357	0	4,236	688	4,924	1,433	0
<b>Group: EQUIPMENT</b>											
9	TELEPHONE SYSTEM	4/03/00	5.0	S/L-MO	7,927	0	7,927	0	7,927	0	0
	<b>EQUIPMENT</b>				7,927	0	7,927	0	7,927	0	0
<b>Group: FURNITURE &amp; FIXTURES</b>											
10	CHAIRS	3/27/00	10.0	S/L-MO	3,000	0	1,600	300	1,900	1,100	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	5,250	1,000	6,250	3,750	0
25	URINAL	2/25/05	10.0	S/L-MO	951	0	32	95	127	824	0
	<b>FURNITURE &amp; FIXTURES</b>				20,126	0	13,057	1,395	14,452	5,674	0
<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>				240,100	0	0	0	0	240,100	0
<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>				645	0	645	0	645	0	0
<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	2,250	0	2,250	0	0

## Book Asset Detail - Annual

62-1614995

FYE: 6/30/2006

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>											
	<b>SOFTWARE</b>				17,015	0	17,015	0	17,015	0	0
	<b>Grand Total</b>				1,103,645	0	202,153	37,890	240,043	863,602	0