

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning **7/01/06**, and ending **6/30/07****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

Room/suite

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

NASHVILLE**TN 37210-2814****D** Employer identification number**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 are not applicable to section 527 organizations. I

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) If "Yes," enter number of affiliates ▶ ☐ Yes ☐ NoH(c) Are all affiliates included? ☐ Yes ☐ No

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

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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **402,664****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

1 Contributions, gifts, grants, and similar amounts received:				
a Contributions to donor advised funds	1a			
b Direct public support (not included on line 1a)	1b	99,648		
c Indirect public support (not included on line 1a)	1c	108,777		
d Government contributions (grants) (not included on line 1a)	1d	80,000		
e Total (add lines 1a through 1d) (cash \$ 288,425 noncash \$)	1e		288,425	
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		34,356	
5 Dividends and interest from securities	5			
6a Gross rents	6a	79,883		
b Less: rental expenses See Statement 1	6b	10,783		
c Net rental income or (loss). Subtract line 6b from line 6a	6c		69,100	
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			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	8d			
a Gross revenue (not including \$ of contributions reported on line 1b)	9a			
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		391,881	
13 Program services (from line 44, column (B))	13		135,741	
14 Management and general (from line 44, column (C))	14		86,253	
15 Fundraising (from line 44, column (D))	15		28,725	
16 Payments to affiliates (attach schedule)	16			
17 Total expenses. Add lines 16 and 44, column (A)	17		250,719	
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		141,162	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,513,865	
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		1,655,027	

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

Form 990 (2006)

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>135,741</u> non-cash \$) If this amount includes foreign grants, check here <input type="checkbox"/>	22a Stmt 2 135,741	135,741		
22b Other grants and allocations (attach schedule) (cash \$ non-cash \$) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a			
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 37,885		15,731	22,154
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29 2,899		1,204	1,695
30 Professional fundraising fees	30			
31 Accounting fees	31 8,611		8,611	
32 Legal fees	32			
33 Supplies	33 1,224		1,224	
34 Telephone	34 3,788		515	3,273
35 Postage and shipping	35 388		388	
36 Occupancy	36 11,226		11,226	
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40 489		137	352
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 37,928		37,928	
43 Other expenses not covered above (itemize):				
a See Statement 3	43a 10,540		9,289	1,251
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 250,719	135,741	86,253	28,725

Joint Costs. Check ☐ If you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No
 If "Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$;
 (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

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

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

What is the organization's primary exempt purpose?

▶ **See Statement 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) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a **See Statement 5**

(Grants and allocations \$ **135,741**) If this amount includes foreign grants, check here ☐ **135,741**

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) **135,741**

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year	
Assets	45 Cash-non-interest-bearing		45	
	46 Savings and temporary cash investments	600,600	46 639,107	
	47a Accounts receivable	500		
	b Less: allowance for doubtful accounts		47c 500	
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	1,657	53 1,658	
	54a Investments—publicly-traded securities		54a	
	b Investments—other securities (attach schedule)		54b	
	55a Investments—land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
	56 Investments—other (attach schedule)	See Stmt 6	56 187,884	
	57a Land, buildings, and equipment: basis	1,103,611		
	b Less: accumulated depreciation (attach schedule)	See Statement 7		
57b	277,327	57c 826,284		
58 Other assets, including program-related investments (describe ► See Statement 8)	5,600	58 5,600		
59 Total assets (must equal line 74). Add lines 45 through 58	1,549,667	59 1,661,033		
Liabilities	60 Accounts payable and accrued expenses	5,788	60 6,006	
	61 Grants payable	30,014	61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ►)		65	
	66 Total liabilities. Add lines 60 through 65	35,802	66 6,006	
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
		67 Unrestricted	1,443,240	67 1,527,421
68 Temporarily restricted		70,625	68 127,606	
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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		1,513,865	73 1,655,027	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		1,549,667	74 1,661,033	

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

Instructions.		a	402,664
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):		
	See Statement 9	b4	10,783
	Add lines b1 through b4	b	10,783
c	Subtract line b from line a	c	391,881
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	391,881

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return




a	Total expenses and losses per audited financial statements		a	261,502
b	Amounts included on line a but not Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):			
	See Statement 10	b4	10,783	
	Add lines b1 through b4		b	10,783
c	Subtract line b from line a		c	250,719
d	Amounts included on Part I, line 17, 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 expenses (Part I, line 17). Add lines c and d		e	250,719

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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75b	X
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75c		X

3	2	1
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75d	X	
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Other Benefit

[illegible]

Yes	No
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76		X
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77		X
		

78a	X
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78b	X	
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79		X
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80a	X	
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[illegible]

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81b	X
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Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
83b	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?		
84b	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85a	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.		
85b	N/A		
c	Dues, assessments, and similar amounts from members		
85c	N/A		
d	Section 162(e) lobbying and political expenditures		
85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	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?		
85h	N/A		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86a	N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
86b			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
89c	0		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89d	0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90a	List the states with which a copy of this return is filed ▶ None		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		
90b			
91a	The books are in care of ▶ LYNN WILHOITE 505 FESSLERS LANE Located at ▶ NASHVILLE, TN ZIP + 4 ▶ 37210	Telephone no. ▶ 615-690-8644	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
91b		Yes	No
			X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country X
 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here 92
 and enter the amount of tax-exempt interest received or accrued during the tax year N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	34,356	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	69,100	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		103,456	0
105 Total (add line 104, columns (B), (D), and (E))					103,456

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

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

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

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

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

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes ☒ No ☒
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes ☐ No ☒
 Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

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

Yes	No
	X

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

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

Yes	No
	X

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

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

Yes	No
	X

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

Signature of officer [Signature] Date 11-13-07
Type or print name and title LYNN WILHELM

Please
Sign
here

Prepared by
Preparer's
Use Only

Preparer's signature Michelle Bramel, CPA Date 11/12/07 Check if self-employed ☐
Firm's name (or yours if self-employed), address, and ZIP + 4 Purveyer Hamilton Hausman & Wood, PLC EIN 62-0788068
PO Box 190663 Phone no. 615-259-9038
Nashville, TN 37219-0663

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 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2006

Department of the Treasury
Internal Revenue Service

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 2 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) 2006

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

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

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)? See Part V, Form 990 See Statement 12

2d X

e Transfer of any part of its income or assets?

2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c

d Enter the total number of donor advised funds owned at the end of the tax year ▶

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶

0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶

0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

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

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

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

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	650,788	352,018	291,990	263,799	1,558,595
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	83,276	76,911	77,815	128,837	366,839
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	734,064	428,929	369,805	392,636	1,925,434
24 Line 23 minus line 17	734,064	428,929	369,805	392,636	1,925,434
25 Enter 1% of line 23	7,341	4,289	3,698	3,926	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 38,509
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 408,248
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 1,925,434
d Add: Amounts from column (e) for lines: 18 366,839 19 22 408,248					26d 775,087
e Public support (line 26c minus line 26d total)					26e 1,150,347
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 59.7448%
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:	(2005)	(2004)	(2003)	(2002)	N/A
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2005)	(2004)	(2003)	(2002)	N/A
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c
d Add: Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

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

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) N/ACheck ☐ 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.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
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-			
If the amount on line 40 is-	The lobbying nontaxable amount is-		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

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

4-Year Averaging Period Under Section 501(h)

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

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 13 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

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

a Transfers from the reporting organization to a noncharitable exempt organization of:

	Yes	No
		X
		X
		X
		X
	X	
		X
		X
		X
	X	

(i) Cash

(ii) Other assets

b Other transactions:

(i) 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

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► ☒ Yes ☐ No

b If "Yes," complete the following schedule:

[illegible]

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2006

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	108,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 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 2007. Add lines 9 and 10, less line 12	13	

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

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

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) 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 2006	17	37,892
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 2006 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		712	5.0	MO	SL	36
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	37,928
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 (2006)

DAA

There are no amounts for Page 2

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

<u>Description</u>	<u>Deduction</u>
RENTAL TO OTHERS	
CAM EXPENSES	<u>10,783</u>
Total	<u><u>10,783</u></u>

Federal Statements

Statement 2 - Form 990, Part II, Line 22a - Grants Paid from Donor Advised Funds

Name Address	Relationship to Org	Class of Activity					
Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explanth	FMV Explanth	
VANDERBILT UNIVERSITY MEDICAL CENTE	NONE	\$ 135,741	\$	\$			
NASHVILLE TN 37212							
Total		\$ 135,741	\$ 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	8,834		8,834	
OTHER TAXES AND LICENSES	455		455	
MISCELLANEOUS	1,024			1,024
PRINTING	227			227
Total	<u>\$ 10,540</u>	<u>\$ 0</u>	<u>\$ 9,289</u>	<u>\$ 1,251</u>

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 AccomplishmentsDescription

THIS WAS PAID TO VANDERBILT UNIVERSITY MEDICAL CENTER FOR
THE TENNESSEE LIONS EYE CENTER FOR CHILDREN. \$135,741 IS
PART OF A FUNDRAISING PROJECT, KIDSIGHT OUTREACH, TO RAISE
MONEY TO FUND THE OUTREACH ACTIVITIES OF THE EYE CENTER.
AS OF JUNE 30, 2007, THE EYE CENTER'S OUTREACH PROGRAM
HAS SCREENED APPROXIMATELY 209,000 CHILDREN
WITH THE HELP OF NUMEROUS VOLUNTEERS WHO TOOK
PHOTOGRAPHS OF THE CHILDREN'S EYES.

Federal Statements

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

Description	Beginning of Year	End of Year	Basis of Valuation
CERTIFICATES OF DEPOSIT	\$ 77,517	\$ 187,884	Cost
Total	\$ 77,517	\$ 187,884	

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	152,756	723,583	176,876
TELEPHONE SYSTEM	7,927	7,927	7,927	7,927
FURNITURE	3,000	1,900	3,000	2,200
CARPET & FLOORING	5,175	5,175	5,175	5,175
CARPET	1,000	1,000	1,000	1,000
HANDICAP RAMP	2,466	520	2,466	602
SIGN	2,331	2,331	2,331	2,331
FURNITURE & FIXTURES	10,000	6,250	10,000	7,250
HVAC SHAFT & THERMOSTAT	10,448	8,458	10,448	9,951
RUBBER ROOF	2,850	736	2,850	879
HVAC DAMPER MOTOR	1,025	805	1,025	952
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	29,474	68,772	39,298
COMPUTER	3,438	2,007	3,438	2,695
URINAL	951	127	951	222
WATER HEATER			712	36
LAND	240,000		240,000	
Total	\$ 1,102,899	\$ 239,399	\$ 1,103,611	\$ 277,327

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

Federal Statements

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

Description	Amount
RENTAL EXPENSES	\$ 10,783
Total	\$ 10,783

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

Description	Amount
RENTAL EXPENSES	\$ 10,783
Total	\$ 10,783

Federal Statements

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

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
EDWARD LINDSEY P.O. BOX 429 LAWRENCEBURG TN 38464	PRESIDENT	AS NEEDED	0	0	0
AUSTIN JENNINGS P.O. BOX 10 WOODBURY TN 37190	VICE PRESIDE	AS NEEDED	0	0	0
LYNN WILHOITE 505 FESSLERS LANE NASHVILLE TN 37210	SECRETARY	40	35,000	0	0
DAN ARTIS 113 NORTH CHURCH ST. WAVERLY TN 37185	EX-OFFICIO	AS NEEDED	0	0	0
BILLY PEARSON 803 WILES COURT MURFREESBORO TN 37130	TREASURER	AS NEEDED	0	0	0
ALLEN BROUGHTON 1540 INDIAN HAWTHORNE CT BRENTWOOD TN 37027	2ND VICE PRE	AS NEEDED	0	0	0
WILLIAM CROCKETT P.O. BOX 164 HUMBOLDT TN 38343	TRUSTEE	AS NEEDED	0	0	0
KEITH PONTIUS P.O. BOX 2090 FAIRFIELD GLADE TN 38558	TRUSTEE	AS NEEDED	0	0	0
WILLIAM WATKINS 219 RIVERBEND DRIVE LOUDON TN 37774	TRUSTEE	AS NEEDED	0	0	0
ROBERT SEWELL P.O. BOX 301	TRUSTEE	AS NEEDED	0	0	0

Federal Statements

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

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
SMYRNA TN 37167					
DAVID MARTIN 2780 BEAU BETH DR HUMBOLDT TN 38343	TRUSTEE	AS NEEDED	0	0	0
BILL VEEVERS 238 POLK PLACE FRANKLIN TN 37064	TRUSTEE	AS NEEDED	0	0	0
HUGH MARLIN JR. 5707 RIVER GLADE DRIVE CHATTANOOGA TN 37416	TRUSTEE	AS NEEDED	0	0	0
JOE DAILEY 8512 GARRISON ROAD KNOXVILLE TN 37931	TRUSTEE	AS NEEDED	0	0	0
JAMES GOURLEY 1011 DURHAM DRIVE GALLATIN TN 37066	TRUSTEE	AS NEEDED	0	0	0
ROBERT HURT 1114 EASTWOOD DRIVE TRIMBLE TN 38259	TRUSTEE	AS NEEDED	0	0	0
JOHN BERKHEISER 1669 CORNERSVILLE HWY LEWISBURG TN 37091	TRUSTEE	AS NEEDED	0	0	0
MARK ROGERS 212 MASTERS COURT HIXSON TN 37343	TRUSTEE	AS NEEDED	0	0	0
JOHN SANDERS 116 NEBRASKA AVE. OAK RIDGE TN 37830	TRUSTEE	AS NEEDED	0	0	0

Federal Statements

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

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

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

Description

SEE 990, PART V

Book Asset Detail - Annual

Asset	Property Description	Date In Service	Book Period	Book-Meth Conv	Book Cost	Book Sec 179 Exp	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book YTD Depreciation
Group: BUILDING											
7	BUILDING	3/27/00	30.0	S/L-MO	723,583	0	152,756	24,120	176,876	546,707	0
13	HANDICAP RAMP	3/27/00	30.0	S/L-MO	2,466	0	520	82	602	1,864	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	736	143	879	1,971	0
19	HVAC SHAFT & THERMOSTAT	11/14/00	7.0	S/L-MO	10,448	0	8,458	1,493	9,951	497	0
20	HVAC DAMPER MOTOR	1/31/01	7.0	S/L-MO	1,025	0	805	147	952	73	0
22	HVAC	6/18/03	7.0	S/L-MO	68,772	0	29,474	9,824	39,298	29,474	0
	BUILDING				811,475	0	195,080	35,809	230,889	580,586	0
Group: COMPUTERS											
3	COMPUTERS	10/01/95	5.0	S/L-MO	1,638	0	1,638	0	1,638	0	0
4	COMPUTERS	3/27/98	5.0	S/L-MO	1,280	0	1,280	0	1,280	0	0
23	DELL COMPUTER	8/11/03	5.0	S/L-MO	3,439	0	2,006	688	2,694	745	0
	COMPUTERS				6,357	0	4,924	688	5,612	745	0
Group: EQUIPMENT											
9	TELEPHONE SYSTEM	4/03/00	5.0	S/L-MO	7,927	0	7,927	0	7,927	0	0
	EQUIPMENT				7,927	0	7,927	0	7,927	0	0
Group: FURNITURE & FIXTURES											
10	CHAIRS	3/27/00	10.0	S/L-MO	3,000	0	1,900	300	2,200	800	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	6,250	1,000	7,250	2,750	0
25	URINAL	2/25/05	10.0	S/L-MO	951	0	127	95	222	729	0
26	WATER HEATER	4/05/07	5.0	S/L-MO	712	0	0	36	36	676	0
	FURNITURE & FIXTURES				20,838	0	14,452	1,431	15,883	4,955	0
Group: LAND											
8	LAND	3/27/00	0.0	--	240,000	0	0	0	0	240,000	0
24	LAND	2/25/05	0.0	--	100	0	0	0	0	100	0
	LAND				240,100	0	0	0	0	240,100	0
Group: ORGANIZATIONAL COSTS											
6	ORGANIZATIONAL COSTS	10/01/95	5.0	MO	645	0	645	0	645	0	0
	ORGANIZATIONAL COSTS				645	0	645	0	645	0	0
Group: SOFTWARE											
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

FYE: 6/30/2007

Asset	Property Description	Date In Service	Book Period	Book-Meth Conv	Book Cost	Book Sec 179 Exp	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book YTD Depreciation
<u>Group: SOFTWARE (continued)</u>											
	SOFTWARE				17,015	0	17,015	0	17,015	0	0
	Grand Total				1,104,357	0	240,043	37,928	277,971	826,386	0