

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2003**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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.

A For the 2003 calendar year**B** Check if applicable:

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



72311 **AUTO**SCH 5-DIGIT 38104
 MID-SOUTH SIGHT AND HEARING SERVICE
 % BRAD BAKER
 188 S BELLEVUE BLVD STE 421
 MEMPHIS TN 38104-3429

I
P 89 R
B 6 S

D Employer identification number

1AN 62 0632682

E Telephone number

(901) 726-0771

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

are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)**H(d)** Is this a separate return filed by 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: ▶ [HTTP://WWW.MIDSOUTHLIONS.ORG](http://www.midsouthlions.org)**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 received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.****L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)**1** Contributions, gifts, grants, and similar amounts received:

- a** Direct public support **1a** 381856
b Indirect public support **1b**
c Government contributions (grants) **1c**
d **Total** (add lines 1a through 1c) (cash \$ 346478 noncash \$ 35378) **1d** 381856

2 Program service revenue including government fees and contracts (from Part VII, line 93)**3** Membership dues and assessments**4** Interest on savings and temporary cash investments**5** Dividends and interest from securities

- 6a** Gross rents **6a**
b Less: rental expenses **6b**
c Net rental income or (loss) (subtract line 6b from line 6a) **6c**

7 Other investment income (describe ▶)

- 8a** Gross amount from sales of assets other than inventory **8a**
b Less: cost or other basis and sales expenses **8b**
c Gain or (loss) (attach schedule) **8c**
d Net gain or (loss) (combine line 8c, columns (A) and (B)) **8d**

9 Special events and activities (attach schedule). If any amount is from gaming, check here ☒

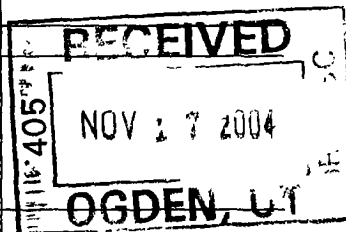
- a** Gross revenue (not including \$ -0- of contributions reported on line 1a) **9a** 46711
b Less: direct expenses other than fundraising expenses **9b** 24116
c Net income or (loss) from special events (subtract line 9b from line 9a) **9c** 22595

- 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)**12** **Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) **12** 405967**13** Program services (from line 44, column (B))**14** Management and general (from line 44, column (C))**15** Fundraising (from line 44, column (D))**16** Payments to affiliates (attach schedule)**17** **Total expenses** (add lines 13 and 14, column (A)) **17** 512726**18** Excess or (deficit) for the year (subtract line 17 from line 12)**19** Net assets or fund balances at beginning of year (from line 73, column (A)) **19** 152421**20** Other changes in net assets or fund balances (attach explanation)**21** Net assets or fund balances at end of year (combine lines 18, 19, and 20) **21** 45662

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2003)COANED
Revenue
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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>1558</u> noncash \$ _____)	22 1558	1558		
23	Specific assistance to individuals (attach schedule)	23 252818	252818		
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 68445	17111	17111	34223
26	Other salaries and wages	26 58418	21656	19408	17354
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29 10355	3180	3072	4103
30	Professional fundraising fees	30			
31	Accounting fees	31 6835		6835	
32	Legal fees	32			
33	Supplies	33 25927		15171	10756
34	Telephone	34 10340	6204	3102	1034
35	Postage and shipping	35 5698		2279	3419
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39 11257		2814	8443
40	Conferences, conventions, and meetings	40 14045		7387	6658
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 5457		5457	
43	Other expenses not covered above (itemize) a <u>TNG</u>	43a 150			150
	b <u>AUDIO VISUAL</u>	43b 1963			1963
	c <u>AWARDS + PUBLIC RELATION</u>	43c 14156			14156
	d <u>MARKETING + PROMOTION</u>	43d 3882			3882
	e <u>PRESIDENTS WEEKEND</u>	43e 21422			21422
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44 512726	302527	82636	127563

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

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

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

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)What is the organization's primary exempt purpose? ☐

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	CONTRIBUTION TO METHODIST HOSPITAL FOR PURCHASE OF MEDICAL EQUIPMENT FOR EYE EXAM	(Grants and allocations \$ <u>1558</u>)	1558
b	PAYMENTS TO HOSPITALS, DOCTORS AND RELATED COST OF PROVIDING EYE AND EAR MEDICAL SERVICES FOR INDIGENT INDIVIDUALS - NO DIRECT PAYMENTS TO PATIENTS	(Grants and allocations \$ <u>252818</u>)	252818
c	LABOR AND RELATED EXPENSES OF PROCESSING INDIGENT PATIENTS FOR SIGHT AND HEARING SERVICE	(Grants and allocations \$ _____)	48151
d	NON-CASH SUPPORT AND EXPENSE AT FAIR VALVE SERVICE DISCOUNTS ON MEDICAL PROCEDURES OFFICE SPACE PROVIDED	(Grants and allocations \$ <u>743033</u> <u>10831</u>)	NA
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		302527

Part IV Balance Sheets (See page 25 of the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	87358	45	65496
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	2806		
	b Less: allowance for doubtful accounts		47c	2806
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		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)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use	11894	52	8773
	53 Prepaid expenses and deferred charges		53	
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments—land, buildings, and equipment: basis	35383		
	b Less: accumulated depreciation (attach schedule)	25348	55c	10035
56 Investments—other (attach schedule)		56		
57a Land, buildings, and equipment: basis				
b Less: accumulated depreciation (attach schedule)		57c		
58 Other assets (describe ► <u>HOSPITAL CREDITS + PREPAID</u>)	101304	58	58760	
59 Total assets (add lines 45 through 58) (must equal line 74)	213311	59	145870	
Liabilities	60 Accounts payable and accrued expenses	60890	60	97624
	61 Grants payable		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 ► <u>EQUIPMENT NOTE PAYABLE</u>)		65	2584
	66 Total liabilities (add lines 60 through 65)	60890	66	100208
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	68955	67	4185
	68 Temporarily restricted	83466	68	49847
	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; column (B) must equal line 21).	152421	73	45662
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	213311	74	145870

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

**Part IV-A Reconciliation of Revenue per Audited
Financial Statements with Revenue per
Return (See page 27 of the instructions.)**

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	159831
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$ _____		
(2)	Donated services and use of facilities \$ <u>753864</u>		
(3)	Recoveries of prior year grants . . . \$ _____		
(4)	Other (specify): _____ _____ \$ _____		
	Add amounts on lines (1) through (4) ▶	b	753864
c	Line a minus line b ▶	c	405967
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$ _____		
(2)	Other (specify): _____ _____ \$ _____		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	405.967

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total expenses and losses per audited financial statements . . . ▶	a	1 266 590
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ 75 3864		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 . \$		
(4)	Other (specify): ----- \$		
	Add amounts on lines (1) through (4) ▶	b	75 3864
c	Line a minus line b ▶	c	512 726
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990. . . \$		
(2)	Other (specify): ----- \$		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	512 726

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? **►** ☐ Yes ☒ No
If "Yes," attach schedule—see page 28 of the instructions

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

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . .		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? . . . If "Yes," attach a conformed copy of the changes.		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .		Y
b If "Yes," has it filed a tax return on Form 990-T for this year? . . .		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . .		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . .		X
b If "Yes," enter the name of the organization ▶ . . . and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a Enter direct and indirect political expenditures. See line 81 instructions . . . 81a 0		
b Did the organization file Form 1120-POL for this year? . . .		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . .	Y	
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 753864		
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? . . .	X	
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? . . .		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? . . .		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members . . . 85c		
d Section 162(e) lobbying and political expenditures . . . 85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . 85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . 85f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . 85g		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . 85h		
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . . . 86a		
b Gross receipts, included on line 12, for public use of club facilities . . . 86b		
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders . . . 87a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . 87b		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . .		X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 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. . . .		Y
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . ▶ 0		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization. . . . ▶ 0		
90a List the states with which a copy of this return is filed ▶ . . .		
b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) 90b 4		
91 The books are in care of ▶ <u>BRAD BAKER</u> Telephone no. ▶ <u>(901) 726 0771</u> Located at ▶ <u>188 S BELLEVUE MEMPHIS TN</u> ZIP + 4 ▶ <u>38104-3429</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 92		

Part VII Analysis of Income-Producing Activities (See page 33 of 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	1516	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	22595	
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))				24111	
105 Total (add line 104, columns (B), (D), and (E)).					24111

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

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

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

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

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

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

Please Sign Here	Under penalties of perjury, I declare that I have examined this return and believe, it is true, correct and complete. Declaration of preparer (other than agent) <input type="checkbox"/> (do not check this box)
	Signature of officer <u>BRAD BAKER, CEO</u> Type or print name and title.
Paid Preparer's Use Only	Preparer's signature <u>William F. Shepherd</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>WILLIAM F. SHEPHERD</u> <u>1111 HALL ROAD</u>

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

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

Supplementary Information—(See separate instructions.)

2003

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

MIA-SOUTH LIONS SIGHT AND HEARING SERVICE INC 62-0632682

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

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

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

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

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.)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		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.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		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). (See section 509(a)(3).)

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

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

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	510812	373122	581721	507211	1972866
16 Membership fees received					
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					
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	4271	4674	10112	14945	34002
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	SPECIAL EVENTS 25998	24902	31071	27693	109664
23 Total of lines 15 through 22.	541081	402698	622904	549849	2116532
24 Line 23 minus line 17.	541081	402698	622904	549849	2116532
25 Enter 1% of line 23	5411	4027	6229	5498	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. ▶					28a 42331
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					28b NONE
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					28c 2116532
d Add: Amounts from column (e) for lines: 18 34002 19 _____					
22 109664 26b _____					28d 143666
e Public support (line 26c minus line 26d total) ▶					28e 1972866
f Public support percentage (line 28e (numerator) divided by line 28c (denominator)) ▶					28f 93 %
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: (2002) _____ (2001) _____ (2000) _____ (1999) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2002) _____ (2001) _____ (2000) _____ (1999) _____					
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 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures

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

		(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 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(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 12 of the instructions.)

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

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

Yes	No
-----	----

(i) Cash

51a(i)		X
--------	--	---

(ii) Other assets

a(ii)		X
-------	--	---

b Other transactions:

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

b(1)	X
------	---

(ii) Purchases of assets from a noncharitable exempt organization

b(1)		
b(7)		y

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

b(III)	X
--------	---

(iv) Reimbursement arrangements

b(iv)		Y
-------	--	---

(v) Loans or loan guarantees

$b(v)$		Y
--------	--	-----

(vi) Performance of services or membership or fundraising solicitations

b(vi)		x
-------	--	---

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

C		X
---	--	---

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

2003Attachment
Sequence No **67**

Name(s) shown on return

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

Business or activity to which this form relates

Identifying number

MID-SOUTH LIONS SIGHT AND HEARING SERVICE INC

62-0632682

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See page 2 of the instructions for a higher limit for certain businesses	1	\$100,000
2	Total cost of section 179 property placed in service (see page 2 of the instructions)	2	2738
3	Threshold cost of section 179 property before reduction in limitation	3	\$400,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	5	100000
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 smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2002 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 2004. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

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

Part III MACRS Depreciation (Do not include listed property.) (See page 4 of the instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2003	17	5183
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B—Assets Placed in Service During 2003 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		2738	5	MY	SL	274
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			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see page 6 of the instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.	22	5457
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	

MID-SOUTH LIONS SIGHT AND HEARING SERVICE INC

62-0632682

INITIALS	DATE
PREPARED BY	
APPROVED BY	

6-30-04

		1	2	3	4
1	STATEMENT 1- SPECIAL EVENTS AND ACTIVITIES				
2					
3		AUCTION	RAFFLE	TRUSTEES	TOTAL
4					
5	GROSS RECEIPTS	\$ 21571	\$ 10750	\$ 14390	\$ 46711
6					
7	DIRECT COSTS	11771	5116	7229	24116
8					
9	NET REVENUE	9800	5634	7161	22595
10					
11					
12					
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OFFICERS

COMPLETE INFORMATION ON
OFFICERS AND COMMITTEES
ISTNE ALPHABETICAL LISTINGS

PRESIDENT LION MARK POE
JONESBORO/UNIVERSITY HTS, AR

1ST VP PDG RON FOSTER
MEMPHIS SOUTHEAST, TN

2ND VP PDG BUD DEAN
ROLLA, MO

3RD VP PDG GREG CRAPO
BILOXI, MS

4TH VP PDG BILL FREEMAN
HOPE, AR

SECRETARY . PDG TOM EPPERSON
MULBERRY, AR

TREASURER LION HERB TATE
EAST MEMPHIS, TN

CASE SERVICE DIRECTOR
. PDG DICK SCHWANTES
HORSESHOE BEND, AR

TRUSTEES

PDG RALPH TREAT
. FAYETTEVILLE NOON, AR

PDG HOWARD PETERS
. BROOKHAVEN ALPHA, MS

MARTIN GREENBERG
. MEMPHIS DOWNTOWN, TN

DG LARRY TETLEY
. SIKESTON, MO

COMMITTEES FOR 2003-2004
(PARENTHESIS IS THE YEAR THEIR
TERMS EXPIRE)

CASE SERVICES

AR DICK SCHWANTES (2004)
RON FREY (2005)
MS JAN SCHWANTES (2005)
LIBBY FOSTER (2004)
MO PEGGY HESS (2004)
ALAN TAYLOR (2005)
TN DR. PETER NETLAND (2004)
BOB WILLIAMS (2005)

CONSTITUTION & BY-LAWS

AR BILL HEASTON (2004)
CHIEF SIEVERS (2005)
MS KATHERINE RAWLS (2004)
BILL NORRIS (2005)
MO RON HESS (2004)
LISA CLINTON (2005)
TN LEE WILLIAMS (2004)
CINDA CHILDRESS (2005)

CONVENTION

AR ED LARSON (2004)
JAN SCHWANTES (2005)
MS BILL HEYWOOD (2004)
BETTY PETERS (2005)
MO DEAN WESTBAY (2004)
LARRY TETLEY (2005)
TN PAUL PAULSON (2004)
CAROLYN SCHRIBER (2005)

FINANCE

AR JOHN BARNETT (2004)
TOM EPPERSON (2005)
MS LEWIS TOUCHSTONE (2004)
JOHN McPHAIL (2005)
MO MYLES SMITH (2004)
DENNIS QUERTERMOUS (2005)
TN HERB TATE (2004)
CURTIS WHITE (2005)

NOMINATING

AR OWEN CURRY (2004)
MIKE BENEFIELD (2005)
MS BOB LOVELACE (2004)
BETTY SWANZY (2005)
MO BOB KITSMILLER (2004)
BERNIE WOOLDRIDGE (2005)
TN DICK ELLIOT (2004)
BILL HOLBROOK (2005)

PERSONNEL

AR WANDA BARNETT (2004)
JANE TREAT (2005)
MS TURNER TRAPP (2004)
JEAN DUNCAN (2005)
MO CONRAD HARPER (2004)
LINDA DEAN (2005)
TN TBA (2004)
TBA (2005)

STATE COORDINATORS

AR LINDA CURRY (2005)
MS HOWARD JENKINS (2005)
MO LISA CLINTON (2004)
TN TBA (2004)

2003-2004 DISTRICT GOVERNORS

ARKANSAS

7-L BILLY BOB FORD
7-I RAY ZERN
7-O JEFF BOONE
7-N OWEN CURRY

MISSISSIPPI

30-L JIMMY PUCKETT
30-I PETE YOUNG
30-O FRANK WAYCASTER
30-N BILLIE GROSS

MISSOURI

26-A1 ROGER EVANS
26-A2 RICHARD KLOPFER
26-B STEPHEN TURNER
26-C JERRY BROWER
26-D LARRY TETLEY
26-E DAVID HARRIS
26-F ANN ANDERSON
26-G DR. JACK FERGUSON
26-H SARAH McCORMICK
26-I LARRY DAVIS
26-J NANCY RUSSELL

TENNESSEE

12-L FLOYD SCHRIBER

PAST PRESIDENTS

1942-44 EDWARD DALSTROM #
1945-47 ARVIE P. MILLS #
1948-50 CLYDE E. WELMAN #
1951-52 GEORGE BOWDEN #
1953-54 ROBERT E. HORRELL #
1955-56 THOMAS J. GRAVES #
1956-57 JESS ODOM #
1957-58 JOHN HOLLIDAY #
1958-59 W. T. FRANKS #
1959-60 STELLS MINYARD
1960-62 BOYCE BRYSON #
1963-64 RALPH T. HAND
1965-66 GEORGE INGRAM #
1966-68 GEORGE P. WALKER #
1968-70 WILLIAM C. MOXLEY #
1970-72 H. GUY PALMER #
1972-73 BURK DABNEY #
1973-74 LAMAR NEWPORT #
1974-75 DR. PETE WALKER
1975-76 HERMAN WEST
1976-77 BROWN LANGFORD #
1977-78 FRED FELDMAN #
1978-79 NYLE OSWALT #
1979-80 BARTHEL GRAY #
1980-81 BOB GANSS
1981-82 CARL CHAMBERS
1982-83 PETE LONG #
1983-84 J. V. SHEFFIELD #

1984-85 L. B. BAKER
1985-86 LOWELL CRANE #
1986-87 MARION ERWIN
1987-88 "CHIEF" SIEVERS
1988-89 DAVID H. MARTIN
1989-90 HERB MARSHALL II
1990-91 B. G. TATUM
1991-92 CARTER JOHNSON #
1992-93 BILL HOLBROOK
1993-94 BOB KITSMILLER
1994-95 LARRY MARTIN
1995-96 FREDDIE JOYCE
1996-97 B. J. GALLAMORE
1997-98 CHRIS CLINTON
1998-99 HENRY LAMB
1999-2000 JOE LINDLEY
2000-2001 CHRIS HOLBROOK
2001-2002 ROY EDWARDS
2002-2003 JOHN WAGENER

CC Eddie & Lion Sharon Athey
100 Scout Drive
Tutwiler MS 38963
Phone: 662-375-2175
Email: athey@gmi.net
Committee: District Governors

PDG Jim and Lion Emily Austin
10552 S. Windrow Rd.
Rockvale TN 37153
Phone: 615-274-3388
Email: quillback@yahoo.com
Committee: District Governors

PDG L. B. Baker
301 Mildred Avenue
Trumann AR 72472
Phone: 870-483-6851
Committee: Past Presidents

Lion Brad Baker, CEO
Spouse: Mona
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Jonesboro AR 72401
Phone: 870-935-3750
Email: midsouthlions@msn.com

Lion David Barham, Exec. Dir.,
Lions of Mississippi
431 Katherine Drive
Flowood MS 39232
Phone: 601-420-5739
Fax: 601-420-5743
Email: lionsofms@aol.com

PDG John & Lion Wanda Barnett
1500 Toltec Mound Rd.
England AR 72046
Phone: 501-961-1148
Email: jwbarnett03@cs.com
Committee: Finance, Personnel

PDG Harleigh Baxter
306 East Gilmore
Senatobia MS 38668
Phone: 662-562-7071
Committee: Volunteer Extraordinaire

Lion J.W. Beard
1213 Travis Road
Courtland MS 38620
Phone: 662-563-3841
Committee: Ambassadors

PDG Mike Benefield
162 Dawn Circle
Russellville AR 72802
Phone: 479-967-8863
Email: benefield@cox-internet.com
Committee: Nominating

PDG Jim Bernhardt
Spouse: Mary
6 Deer Lodge Drive
Fenton MO 63026
Phone: 314-343-4843
Committee: Ambassadors

PDG Gary Blair
Spouse: Johanna
223 Deer Run Trail NE
Brookhaven MS 39601
Phone: 601-833-1771
Email: gbdog1031@aol.com

PDG Al Blumenberg
Spouse: Debbie
3668 Terrace Dr.
House Springs MO 63051-1408
Phone: 314-577-4675
Committee: Ambassadors

PDG Vicki Bond
Spouse: Ronald
6 Park View Rd.
Clinton MS 39056
Phone: 601-853-5316
Email: vbond@mdrs.state.ms.us
Committee: Dist. Coord., 30-I

DG Jeff Boone
Spouse: Tammy
5513 Fairview Road
Paragould AR 72450
Phone: 870-239-8141 (H)
870-236-2057 (W)
Email: jnb5123@hotmail.com
Committee: District Governors

VDG Jerry Brauer
Spouse: Shirley
24979 Hwy J
Mexico MO 65265
Phone: 573-581-1350

VDG Bruce Calcote
P.O. Box 18409
Hattiesburg MS 39404
Phone: (601) 261-0053
Email: bcalcote@priorityonebank.com

PDG Don Campbell
Spouse: Nell
508 Dunton Road
Clinton MS 39056
Phone: 601-924-1948
Committee: Ambassadors

VDG Morris Cash
306 Mineral St.
Hot Springs AR 71901
Phone: (501) 623-7723
Email: oldlion58@aol.com

PDG Carl Chambers
151 Highland Drive
Horseshoe Lake AR 72348
Phone: 870-339-2596
Committee: Past Presidents

Lion Cinda Childress
1110 Highway 77
Paris TN 38242
Phone: 731-644-2470
Committee: Constitution

PDGs Chris & Lisa Clinton
Box 1125
Rolla MO 65402
Phone: 573-364-5274
Email: clinton@rollanet.org
Committee: Past Pres. & Const.
(Chris), MO State Coord. (Lisa)

PDG Greg Crapo
Box 1087
Biloxi MS 39533
Phone: 228-760-0239
Email: liongreg@bellsouth.net
Committee: Executive

PID Buster Crider
Spouse: Janie
104 E 10th Ave.
Lumberton MS 39455
Phone: 601-796-4311

PDG William Crockett
Box 164
Humboldt TN 38343
Phone: 731-784-3399
Committee: Ambassadors

PDG Bob Crump
Spouse: Elaine
Box 575
Seymour MO 65746
Phone: 417-935-4039
Email: becrump@fidnet.com

PDG Linda & DG Owen Curry
202 Bishop
Little Rock AR 72201
Phone: 501-375-0788
Email: currybug@swbell.net
Comm: State Coord.s, Nominating

PDG Len Daugherty
Spouse: Winnie
HCR 01, Box 1189
Eagle Rock MO 65641
Phone: 417-271-4704
Committee: Ambassadors

DG Larry Davis
Spouse: Georgia
1027 Grace Lane
Boonville MO 65233
Phone: 650-841-5296
Committee: District Governors

PDG Bud Dean and Lion Linda
16896 Highway 72
Rolla MO 65401-5915
Phone: 573-364-5866
Email: bdean@rollanet.org
Committee: Executive (Bud),
Personnel (Linda)

PDG Nancy Drebes
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Columbia MO 65201
Phone: 573-449-0363
Email: Nancydrebes@earthlink.net

PDG Jean Duncan
408 24th Avenue North
Columbus MS 39701
Phone: 662-327-1477
Committee: Personnel

PDG Roy & Lion Deane Edwards
107 E. 18th
Caruthersville MO 63830
Phone: 573-333-0107
Committee: Past Presidents

Lion Richard Elliott
Spouse: Barbara
4355 Old Forest Road
Memphis TN 38125
Phone: 901-757-2840
Committee: Nominating

PDG Tom Epperson
Spouse: Pam
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Mulberry AR 72947
Phone: 479-997-1361
Fax: 479-997-1663
Email: thomasepperson@alltel.net
Committee: Finance, Secretary

PDG Marion Erwin
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Pontotoc MS 38863
Phone: 601-489-4908
Committee: Past Presidents

DG Roger Evans
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St. Louis MO 63125
Phone: 341-539-2633
Email: rgete@swbell.net
Comm: District Governors

VDG John Favara
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Phone: (662) 453-9922

DG John Ferguson
Spouse: Jan
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Independence MO 64055
Phone: 816-461-0333
Email: fergusonjack@worldnetatt.net
Committee: District Governors

PDG Jerry Flagg
9743 Brittleigh
St. Louis MO 63123-3902
Phone: 636-438-0200
Committee: Ambassadors

DG Billy Bob Ford
Spouse: Sherry
220 Memorial Drive
Texarkana TX 75501
Phone: 903-832-5658
Email: sherrydeeford3@aol.com
Committee: District Governors

PDG Ron Foster
Spouse: Christine
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