

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)

OMB No 1545-0047

2003

Open to Public  
Inspection

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

## A For the 2003 c:

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  
P 89 R  
I  
t BRAD BAKER  
188 S BELLEVUE BLVD STE 421  
B 6 S  
MEMPHIS TN 38104-3429

6-30, 2004

D Employer identification number

1ME 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).

trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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  527K Check here ►  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ►

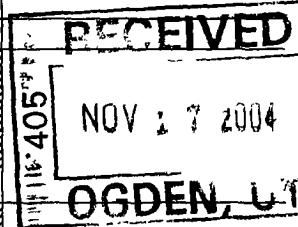
## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

DEC 03 2004

RECEIVED

Revenue

1 Contributions, gifts, grants, and similar amounts received:	1a	381856	1d	381856
a Direct public support	1b		2	
b Indirect public support	1c		3	
c Government contributions (grants)			4	1516
d Total (add lines 1a through 1c) (cash \$ 346478 noncash \$ 35378 )			5	
2 Program service revenue including government fees and contracts (from Part VII, line 93)			6c	
3 Membership dues and assessments			7	
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)				
7 Other investment income (describe ►)				
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 checked="" type="checkbox"/>				
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)				
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)				
11 Other revenue (from Part VII, line 103)			11	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	405967
13 Program services (from line 44, column (B))			13	302527
14 Management and general (from line 44, column (C))			14	82636
15 Fundraising (from line 44, column (D))			15	127563
16 Payments to affiliates (attach schedule)			16	
17 Total expenses (add lines 16 and 44, column (A))			17	512726
18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	< 106759 >
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)			20	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	45662



**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 \$ <u>      </u> )	<u>22</u>	<u>1558</u>	<u>1558</u>	
23 Specific assistance to individuals (attach schedule)	<u>23</u>	<u>252818</u>	<u>252818</u>	
24 Benefits paid to or for members (attach schedule)	<u>24</u>			
25 Compensation of officers, directors, etc. . . .	<u>25</u>	<u>68445</u>	<u>17111</u>	<u>34223</u>
26 Other salaries and wages . . . . .	<u>26</u>	<u>58418</u>	<u>21656</u>	<u>17354</u>
27 Pension plan contributions . . . . .	<u>27</u>			
28 Other employee benefits . . . . .	<u>28</u>			
29 Payroll taxes . . . . .	<u>29</u>	<u>10355</u>	<u>3180</u>	<u>3072</u>
30 Professional fundraising fees . . . . .	<u>30</u>			
31 Accounting fees . . . . .	<u>31</u>	<u>6835</u>		<u>6835</u>
32 Legal fees . . . . .	<u>32</u>			
33 Supplies . . . . .	<u>33</u>	<u>25927</u>		<u>15171</u>
34 Telephone . . . . .	<u>34</u>	<u>10340</u>	<u>6204</u>	<u>3102</u>
35 Postage and shipping . . . . .	<u>35</u>	<u>5698</u>		<u>1034</u>
36 Occupancy . . . . .	<u>36</u>			<u>2279</u>
37 Equipment rental and maintenance . . . . .	<u>37</u>			<u>3419</u>
38 Printing and publications . . . . .	<u>38</u>			
39 Travel . . . . .	<u>39</u>	<u>11257</u>		<u>2814</u>
40 Conferences, conventions, and meetings . . . . .	<u>40</u>	<u>14045</u>		<u>7387</u>
41 Interest . . . . .	<u>41</u>			
42 Depreciation, depletion, etc (attach schedule)	<u>42</u>	<u>5457</u>		<u>5457</u>
43 Other expenses not covered above (itemize) a <u>TNC</u>	<u>43a</u>	<u>150</u>		<u>150</u>
b <u>AVOID VISUAL</u>	<u>43b</u>	<u>1963</u>		<u>1963</u>
c <u>AWARAS &amp; PUBLIC RELATION</u>	<u>43c</u>	<u>14156</u>		<u>14156</u>
d <u>MARKETING &amp; PROMOTION</u>	<u>43d</u>	<u>3882</u>		<u>3882</u>
e <u>PRESIDENTS WEEKEND</u>	<u>43e</u>	<u>21422</u>		<u>21422</u>
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15 .	<u>44</u>	<u>512726</u>	<u>302527</u>	<u>82636</u>
				<u>127563</u>

**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 <u>CONTRIBUTION TO METHODIST HOSPITAL FOR PURCHASE OF MEDICAL EQUIPMENT FOR EYE EXAM</u>	(Grants and allocations \$ <u>1558</u> )	<u>1558</u>
b <u>PAYMENTS TO HOSPITALS, DOCTORS AND RELATED COST OF PROVIDING EYE AND EAR MEDICAL SERVICES FOR INDIGENT INDIVIDUALS - NO DIRECT PAYMENTS TO PATIENTS</u>	(Grants and allocations \$ <u>252818</u> )	<u>252818</u>
c <u>LABOR AND RELATED EXPENSES OF PROVIDING INDIGENT PATIENTS FOR SIGHT AND HEARING SERVICE</u>	(Grants and allocations \$ <u>48151</u> )	<u>48151</u>
d <u>NON-CASH SUPPORT AND EXPENSE AT FAIR VALUE SERVICE DISCOUNTS ON MEDICAL PROCEDURES OFFICE SPACER PROGRAM</u>	(Grants and allocations \$ <u>10881</u> )	<u>NA</u>
e Other program services (attach schedule)	(Grants and allocations \$ <u>      </u> )	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		<u>302527</u>

**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	
				End of year
<b>Assets</b>				
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	51a	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)	55b	25348	12755
55c				10035
56	Investments—other (attach schedule)		56	
57a	Land, buildings, and equipment: basis			
b	Less: accumulated depreciation (attach schedule)	57a	57c	
58	Other assets (describe ► <u>Hospital Credits + Prepaid</u> )	101304	58	58760
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	213311	59	145870
<b>Liabilities</b>				
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	<b>Total liabilities</b> (add lines 60 through 65)	60890	66	100208
<b>Net Assets or Fund Balances</b>				
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	41857
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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	152421	73	45662
74	<b>Total liabilities and net assets / fund balances</b> (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 . . . ►
- 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 \$ 753,864
  - (3) Recoveries of prior year grants . . . \$ \_\_\_\_\_
  - (4) Other (specify): \_\_\_\_\_

Add amounts on lines (1) through (4) ►

c Line a minus line b. . . . . ►

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):

**e** Add amounts on lines (1) and (2) ►  
 Total revenue per line 12, Form 990  
 (line c plus line d) ►

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

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BRAD BAKER				
JONESBORO AR	EXEC DIR 40.45	68445	0	0
ALL OTHER - ATTACHES	VOL - VAR HRS	0	0	0

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 . . . . .	76	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. . . . .	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	78a	X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	79	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? . . . . .	80a	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	O
81a Enter direct and indirect political expenditures. See line 81 instructions . . . . .	81b	X
b Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	82a	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? . . . . .		
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? . . . . .	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	83b	X
84a Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	84b	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? . . . . .	85a	
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	
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 . . . . .	88	X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► <u>0</u> ; section 4912 ► <u>0</u> ; section 4955 ► <u>0</u> . . . . .		
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction. . . . .	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ► <u>0</u> . . . . .		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization. ► <u>0</u> . . . . .		
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 <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <u>92</u> . . . . .		

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

**Note: Enter gross amounts unless otherwise indicated.**

**93 Program service revenue:**

a \_\_\_\_\_  
 b \_\_\_\_\_  
 c \_\_\_\_\_  
 d \_\_\_\_\_  
 e \_\_\_\_\_  
 f Medicare/Medicaid payments . . . . .  
 g Fees and contracts from government agencies . . . . .  
 94 Membership dues and assessments . . . . .  
 95 Interest on savings and temporary cash investments . . . . .  
 96 Dividends and interest from securities . . . . .  
 97 Net rental income or (loss) from real estate:  
     a debt-financed property . . . . .  
     b not debt-financed property . . . . .  
 98 Net rental income or (loss) from personal property . . . . .  
 99 Other investment income . . . . .  
 100 Gain or (loss) from sales of assets other than inventory . . . . .  
 101 Net income or (loss) from special events . . . . .  
 102 Gross profit or (loss) from sales of inventory . . . . .  
 103 Other revenue: a \_\_\_\_\_  
     b \_\_\_\_\_  
     c \_\_\_\_\_  
     d \_\_\_\_\_  
     e \_\_\_\_\_

**104** Subtotal (add columns (B), (D), and (E)) . . .  
**105** Total (add line 104, columns (B), (D), and (E)).

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

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

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

**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 the government?

**(b)** Did the organization, during the year, pay premiums, directly or indirectly, to the government?

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

Please Sign Here	<p>Under penalties of perjury, I declare that I have examined this return and believe it is true, correct, and complete. Declaration of preparer            Signature of officer  <b>BRAD BAKER, CEO</b>          Type or print name and title.       </p>
------------------------	---

Paid	Preparer's signature	William F Shepherd
Preparer's	Firm's name (or yours if self-employed), address, and ZIP + 4	WILLIAM F SHEPHERD 1111 HALF ROAD
Use Only		

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

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

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

OMB No. 1545-0047

2003

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

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

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**Name of the organization**

**Employer identification number**

**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 ►				

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.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property? . . . . .	2a		X
b	Lending of money or other extension of credit? . . . . .	2b		X
c	Furnishing of goods, services, or facilities? . . . . .	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	X	
e	Transfer of any part of its income or assets? . . . . .	2e		X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) . . . . .	3a		X
b	Do you have a section 403(b) annuity plan for your employees? . . . . .	3b		X
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? . . . . .	4		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	► [Hatched]
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. . . . ►	26a	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. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts ►	26b	► [Hatched]			
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . .	26c	2116532			
d Add: Amounts from column (e) for lines: 18 34002 19 _____ 22 109664 26b _____	26d	143666			
e Public support (line 26c minus line 26d total)	26e	1972866			
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . .	26f	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." <b>Do not file this list with your return.</b> 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 <b>larger</b> 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.) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(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	27f	► [Hatched]			
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. <b>Do not file this list with your return.</b> Do not include these grants in line 15.					

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

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.)

-----  
-----  
-----

	Yes	No
29		
30		
31		
32a		
32b		
32c		
32d		
33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		
34a		
34b		
35		

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.

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

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

#### **4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

		Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►		(a) 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:

attempt to influence public opinion on a legislative matter or referendum, through the use of:		
<b>a</b>	Volunteers. . . . .	
<b>b</b>	Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .)	
<b>c</b>	Media advertisements . . . . .	
<b>d</b>	Mailings to members, legislators, or the public . . . . .	
<b>e</b>	Publications, or published or broadcast statements . . . . .	
<b>f</b>	Grants to other organizations for lobbying purposes . . . . .	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .	
<b>i</b>	Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) . . . . .	
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:		
(i)	Cash . . . . .	Yes	X
(ii)	Other assets . . . . .	a(ii)	X
b	Other transactions:		
(i)	Sales or exchanges of assets with a noncharitable exempt organization . . . . .	b(i)	X
(ii)	Purchases of assets from a noncharitable exempt organization . . . . .	b(ii)	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		

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

**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

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No. 1545-0172

2003

Attachment  
Sequence No. 67Department of the Treasury  
Internal Revenue Service

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

Name(s) shown on 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

(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 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(l)(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

	AUCTION	RAFFLE	TRIBUTES	TOTAL
GROSS RECEIPTS	* 21571	* 10750	* 14390	* 46711
DIRECT COSTS	11771	5116	7229	24116
NET REVENUE	<u>9800</u>	<u>5634</u>	<u>7161</u>	<u>22595</u>

## OFFICERS

COMPLETE INFORMATION ON  
OFFICERS AND COMMITTEES  
IS IN ALPHABETICAL LISTINGS

PRESIDENT ..... LION MARK POE  
JONESBORO/UNIVERSITY HTS, AR

1<sup>ST</sup> VP ..... PDG RON FOSTER  
MEMPHIS SOUTHEAST, TN

2<sup>ND</sup> VP ..... PDG BUD DEAN  
ROLLA, MO

3<sup>RD</sup> VP ..... PDG GREG CRAPO  
BILOXI, MS

4<sup>TH</sup> 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)

**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)

**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)

**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 SCRIBER

## 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  
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Phone: 662-375-2175  
Email: [athey@gmi.net](mailto:athey@gmi.net)  
Committee: District Governors

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Phone: 615-274-3388  
Email: [quillback@yahoo.com](mailto: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  
1120 Medallion Cove  
Jonesboro AR 72401  
Phone: 870-935-3750  
Email: [midsouthlions@msn.com](mailto: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](mailto:lionsofms@aol.com)

PDG John & Lion Wanda Barnett  
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