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▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

D Employer identification number	62-1776913
E Telephone number	(615) 242-8856
F Group Exemption Number	

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 182,554

Check if the organization used Schedule O to respond to any question in this Part I ☒

Form **990-EZ** (2012)

Part II

Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	19,297	22	44,621
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	37,114	24	23,575
25 Total assets	56,411	25	68,196
26 Total liabilities (describe in Schedule O)	1,172	26	34,063
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	55,239	27	34,133

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
TO ADVANCE AND GROW THE LIFE SCIENCE INDUSTRY IN TENNESSEE THROUGH ADVOCACY,
PARTNERSHIPS, AND ALIGNMENT WITH ECONOMIC AND WORKFORCE DEVELOPMENT

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here

29

(Grants \$) If this amount includes foreign grants, check here

30

(Grants \$) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a)

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28a

29a

30a

31a

32

73,787

Part IV

List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated (see the instructions for Part IV))

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed <input type="checkbox"/>		
42a	The organization's books are in care of <input type="checkbox"/> HALL STRATEGIES LLC Telephone no <input type="checkbox"/> (615) 242-8856 Located at <input type="checkbox"/> 200 FOURTH AVENUE NORTH MEZZANINE NASHVILLE, TN ZIP + 4 <input type="checkbox"/> 37219		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/>	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."				
(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 1

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
HALL STRATEGIES LLC 200 FOURTH AVENUE NORTH MEZZANINE NASHVILLE, TN 37219	MANAGEMENT	108,000

d Total number of other independent contractors each receiving over \$100,000. 1

52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2013-05-23 Date		
	JOE COOK JR CHAIRMAN Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature EDMOND DUNLAWY	Date 2013-05-22	Check <input type="checkbox"/> if self-employed	PTIN P00317384
	Firm's name <input checked="" type="checkbox"/> KRAFTCPAS PLLC			Firm's EIN <input checked="" type="checkbox"/> 62-0713250	
	Firm's address <input checked="" type="checkbox"/> 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228			Phone no (615) 242-7351	
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

LIFE SCIENCE TENNESSEE INC

Employer identification number

62-1776913

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 3
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION BIO BUSINESS SOLUTIONS REBATE AMOUNT 4,441 DESCRIPTION MISCELLANEOUS INCOME AMOUNT 6,410 TOTAL TO FORM 990-EZ, LINE 8 10,851
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME MISSOURI BIOTECHNOLOGY ASSOCIATION GRANTEE ADDRESS P O BOX 148 JERFERSON CITY, MO 65102 AMOUNT GIVEN 321
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME VANDERBILT TECHVENTURE CHALLENGE GRANTEE ADDRESS 1207 17TH AVE SOUTH, SUITE 105 NASHVILLE, TN 37212 AMOUNT GIVEN 500 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 821
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION BANK CHARGES AMOUNT 890 DESCRIPTION MARKETING AMOUNT 6,154 DESCRIPTION LICENSES & PERMITS AMOUNT 20 DESCRIPTION TRAVEL AMOUNT 183 DESCRIPTION OFFICE EXPENSES AMOUNT 1,660 DESCRIPTION CONFERENCES AMOUNT 49,140 DESCRIPTION REGIONAL EVENTS AMOUNT 10,213 DESCRIPTION WEB HOSTING/UPDATES AMOUNT 11,773 DESCRIPTION DAY ON THE HILL AMOUNT 8,280 DESCRIPTION STORAGE - BOOTH AMOUNT 425 DESCRIPTION BUSINESS GIFTS AMOUNT 100 TOTAL TO FORM 990-EZ, LINE 16 88,838
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 37,114 END OF YEAR AMOUNT 23,575
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 1,172 END OF YEAR AMOUNT 34,063

Additional Data

Software ID:
Software Version:
EIN: 62-1776913
Name: LIFE SCIENCE TENNESSEE INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
28 REPRESENTATIVES ATTEND REGIONAL, NATIONAL, AND INTERNATIONAL CONFERENCES AND SEMINARS TO DISCUSS ISSUES, PROBLEMS, AND OPPORTUNITIES COMMON TO THE BIOTECHNOLOGY INDUSTRY (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	10,213
29 THE ORGANIZATION SPONSORS TWO OR MORE MEMBERSHIP MEETINGS ANNUALLY AT WHICH MEMBERS DISCUSS ISSUES, PROBLEMS, AND OPPORTUNITIES COMMON TO THE BIOTECHNOLOGY INDUSTRY (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	49,140
30 THE ORGANIZATION PROVIDES MEMBERS WITH INFORMATION RELEVANT TO THE INDUSTRY THROUGH NEWSLETTERS, ETC (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	6,154
LIFE SCIENCE TENNESSEE HAS A MISSION TO EDUCATE AND ADVOCATE ON BEHALF OF THE INDUSTRY ONCE A YEAR, LIFE SCIENCE TENNESSEE MEMBERS GATHER ON A SINGLE DAY IN NASHVILLE FOR OUR ANNUAL "DAY ON THE HILL" WHERE MEMBERS MEET ONE-ON-ONE IN THE OFFICES OF STATE LEGISLATORS DISCUSSING THE INDUSTRY, THE OPPORTUNITIES FOR GROWTH OF THE INDUSTRY IN TENNESSEE AS WELL AS ANY POLICY ISSUES OR OPPORTUNITIES THAT ARE IMPORTANT TO INDUSTRY GROWTH FOR THIS DAY, MATERIALS ARE PRINTED THAT OUTLINE THE LIFE SCIENCES INDUSTRY IN TENNESSEE AND A RECEPTION IS HELD WHERE ALL LEGISLATORS ARE INVITED (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		8,280

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOE COOK CHAIRMAN	1 00	0	0	0
SAM LYNCH VICE CHAIR	1 00	0	0	0
STEVE BARES TREASURER	1 00	0	0	0
GLENN PERDUE SECRETARY	1 00	0	0	0
MARK MANNER EX OFFICIO	1 00	0	0	0
LAURA WHITSITT EXECUTIVE COMMITTEE	1 00	0	0	0
KELLY TILLER EXECUTIVE COMMITTEE	1 00	0	0	0
BILL TAAFFE EXECUTIVE COMMITTEE	1 00	0	0	0
TOM BALLARD EXECUTIVE COMMITTEE	1 00	0	0	0
ALAN BENTLEY EXECUTIVE COMMITTEE	1 00	0	0	0
LESLIE LYNCH EX OFFICIO	1 00	0	0	0
BRUCE DOEG EXECUTIVE COMMITTEE	1 00	0	0	0

TY 2012 Transfers Personal Benefits Contracts Declaration

Name: LIFE SCIENCE TENNESSEE INC

EIN: 62-1776913

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.