**STATEMENT OF OWNERSHIP, MANAGEMENT AND CIRCULATION**

(Required by 39 U.S.C. 3685)

1. **TITLE OF PUBLICATION**
   JOURNAL of the Tennessee Academy of Science

2. **A. PUBLICATION NO.**
   285320

3. **DATE OF FILING**
   1 October 1991

4. **FREQUENCY OF ISSUE**
   Quarterly: January, April, July and October

5. **A. NO. OF ISSUES PUBLISHED ANNUALLY**
   Four

6. **B. ANNUAL SUBSCRIPTION PRICE**
   $15.00

7. **COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION**
   2001 Craven Lane, Hixson, Tennessee 37343

8. **COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHERS**
   2001 Craven Lane, Hixson, Tennessee 37343

9. **FULL NAMES AND COMPLETE MAILING ADDRESS OF PUBLISHER, EDITOR, AND MANAGING EDITOR**
   Publisher: TENNESSEE ACADEMY OF SCIENCE, 2001 Craven Lane, Hixson, Tennessee 37343
   Editor: Libby Workman, 2001 Craven Lane, Hixson, Tennessee 37343
   Managing Editor: same as Editor

10. **7. OWNER**
    If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. If the publication is published by a nonprofit organization, its name and address must be stated. (Item must be completed)

   **FULL NAME**
   TENNESSEE ACADEMY OF SCIENCE
   (Non-profit Organization)

   **COMPLETE MAILING ADDRESS**
   2001 Craven Lane, Hixson, Tennessee 37343

11. **8. KNOWN BONDHOLDERS, MORTGAGEES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES**
   (If there are none, so state)

   **FULL NAME**
   An Executive Committee constitutes the Board of Trustees of the Corporation.
   The corporation has no bond holders, mortgages or securities. The corporation is made up of members who pay yearly dues.

   **COMPLETE MAILING ADDRESS**

12. **9. FOR COMPLETION BY NONPROFIT ORGANIZATIONS AUTHORIZED TO MAIL AT SPECIAL RATES (Section 411.3, DMM only)**
    The purpose, function, and nonprofit status of this organization and the exempt status for Federal income tax purposes. (Check one)

   **(1) HAS NOT CHANGED DURING PRECEDING 12 MONTHS**
   None

   **(2) HAS CHANGED DURING PRECEDING 12 MONTHS**
   None

13. **10. EXTENT AND NATURE OF CIRCULATION**

   **A. TOTAL NO. COPIES (Net Press Run)**
   900

   **B. PAID CIRCULATION**
   1. Sales through dealers and carriers, street vendors and counter sales
   None

   **C. TOTAL PAID CIRCULATION (Sum of 10B1 and 10B2)**
   650

   **D. FREE DISTRIBUTION BY MAIL, CARRIER OR OTHER MEANS**
   50

   **E. TOTAL DISTRIBUTION (Sum of C and D)**
   700

   **F. COPIES NOT DISTRIBUTED**
   1. Office use, left over, unaccounted, spoiled after printing
   200

   **G. TOTAL (Sum of E, F1 and 2 - should equal net press run shown in A)**
   900

14. **11. I certify that the statements made by me above are correct and complete**

   **SIGNATURE AND TITLE OF EDITOR, PUBLISHER, BUSINESS MANAGER, OR OWNER**
   Libby Workman, editor

   **(See instructions on reverse)**

   June 1990

   3256 (Page 1)