

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)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2003
Open to Public Inspection

A For the 2003 calendar year, or tax year beginning 07/01, 2003, and ending 06/30/2004

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OHIO LIONS FOUNDATION	D Employer identification number 31-1162338
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 21016	E Telephone number (614) 459-5200 EXT 230
	City or town, state or country, and ZIP + 4 COLUMBUS, OH 43221-0016	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►
	Please use IRS label or print or type. See Specific Instructions.	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ► **WWW.OHIOLIONSFOUNDATION.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.**

H and I 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? (If "No," attach a list. See instructions.) ☐ Yes ☐ No

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).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► **96,917.**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received: STMT 1		
	a Direct public support	1a	14,862.
	b Indirect public support	1b	78,484.
	c Government contributions (grants)	1c	
	d Total (add lines 1a through 1c) (cash \$ 93,346. noncash \$)	1d	93,346.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	
	3 Membership dues and assessments	3	
	4 Interest on savings and temporary cash investments . . STMT 4	4	3,546.
	5 Dividends and interest from securities	5	
	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 ►)	7		
Expenses	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	
	8d		
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a	
	b Less: direct expenses other than fundraising expenses	9b	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
	10a Gross sales of inventory, less returns and allowances	10a	
	b Less: cost of goods sold	10b	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11 Other revenue (from Part VII, line 103)	11	25.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	96,917.	
Net Assets	13 Program services (from line 44, column (B))	13	86,582.
	14 Management and general (from line 44, column (C))	14	5,110.
	15 Fundraising (from line 44, column (D))	15	
	16 Payments to affiliates (attach schedule)	16	
	17 Total expenses (add lines 16 and 44, column (A)).	17	91,692.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	5,225.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	267,483.	
20 Other changes in net assets or fund balances (attach explanation) STMT 5	20	-50.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	272,658.	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8868**

(December 2000)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization		Employer identification number
	OHIO LIONS FOUNDATION		31-1162338
	Number, street, and room or suite no. If a P.O. box, see instructions.		
	P.O. BOX 21016		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
COLUMBUS, OH 43221-0016			

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T(sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 02/15, 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or

► ☒ tax year beginning 07/01, 2003, and ending 06/30, 2004.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____
- c B. _____

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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JUN 10 2004 OFFICIAL FOUNDATION 8868

Postage	\$ 1.37
Certified Fee	2.35
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

Sent To
Internal Revenue Service
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
Ogden, UT 84201-0012

PS Form 3800, June 2002

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature NOV 14 2004 ☐ Agent ☒ Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

IRS - OSC
RECEIVED

DEN UT 84201

Service type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

60 0006 5475 2607

2ACPRI-03-P-4081

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**Type or
print**

Name of Exempt Organization

Employer identification number

OHIO LIONS FOUNDATION**31-1162338**

Number, street, and room or suite no. If a P.O. box, see instructions.

P.O. BOX 21016

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

COLUMBUS, OH 43221-0016**Check type of return to be filed** (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T(sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole** group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

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- ☐ calendar year _____ or
- ☒ tax year beginning 07/01, 2003, and ending 06/30, 2004.

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- 3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
- b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____
- c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ►

Date ►

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)

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 \$ _____ noncash \$ _____)	22 62,291.	62,291.	STMT 6 STMT 10	
23 Specific assistance to individuals (attach schedule)	23 24,291.	24,291.		
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 NONE			
26 Other salaries and wages	26			
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 456.		456.	
43 Other expenses not covered above (itemize): STMT 12	43a 4,654.		4,654.	
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 91,692.	86,582.	5,110.	

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 SUPPORT GRANTS- SEE STATEMENTS 5, 6, 7 AND 8	(Grants and allocations \$ 59,107.)	59,107.
b DISASTER RELIEF GRANTS FOR INDIVIDUAL VICTIMS OF FLOODING IN WILLSHIRE, URBANA, CORNING AND GLOUSTER, OHIO	(Grants and allocations \$ 8,879.)	8,879.
c GRANTS FOR INDIVIDUAL EYE EXAMS AND GLASSES (BASED ON FINANCIAL NEED) FROM DIST 13-F EYE CARE RESTRICTED FUND	(Grants and allocations \$ 15,412.)	15,412.
d MAINTAINING THE SENSORY GARDEN AT THE OHIO STATE SCHOOL FOR THE BLIND (INCLUDED IN STATEMENT 8)	(Grants and allocations \$ 3,184.)	3,184.
e Other program services (attach schedule)	(Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		86,582.

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	4,643.	45	2,095.
	46 Savings and temporary cash investments	329,339.	46	308,528.
	47a Accounts receivable 47a			
	b Less: allowance for doubtful accounts 47b		47c	
	48a Pledges receivable 48a			
	b Less: allowance for doubtful accounts 48b		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) 51a			
	b Less: allowance for doubtful accounts 51b		51c	
	52 Inventories for sale or use		52	
	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 55a			
	b Less: accumulated depreciation (attach schedule) 55b		55c	
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment: basis STMT 13 57a	9,662.			
b Less: accumulated depreciation (attach schedule) 57b	8,656.	1,461.	57c	1,006.
58 Other assets (describe <input type="checkbox"/>)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	335,443.	59	311,629.	
Liabilities	60 Accounts payable and accrued expenses	508.	60	1,377.
	61 Grants payable	67,452.	61	37,594.
	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 <input type="checkbox"/>)		65	
66 Total liabilities (add lines 60 through 65)	67,960.	66	38,971.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	114,935.	67	122,770.
	68 Temporarily restricted	35,000.	68	35,000.
	69 Permanently restricted STATEMENT 20	117,548.	69	114,888.
	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)	267,483.	73	272,658.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	335,443.	74	311,629.

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.)**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return****a** Total revenue, gains, and other support per audited financial statements . . . ▶ **a****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 \$

(3) Recoveries of prior year grants . . . \$

(4) Other (specify):
\$Add amounts on lines (1) through (4) ▶ **b****c** Line **a** minus line **b** ▶ **c****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****a** Total expenses and losses per audited financial statements ▶ **a****b** Amounts included on line **a** but not on line 17, Form 990:

(1) Donated services and use of facilities \$

(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****c** Line **a** minus line **b** ▶ **c****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****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
SEE STATEMENT 16		NONE	-0-	-0-

THE OFFICERS AND TRUSTEES SERVE WITHOUT COMPENSATION AND ARE REIMBURSED
 ONLY FOR DIRECT OUT OF POCKET COSTS SUCH AS POSTAGE, LONG-DISTANCE
 TELEPHONE AND PHOTOCOPYING EXPENSES.

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
78b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
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 ALL TRUSTEES MEMBERS OF OHIO LIONS, INC., (501 (C) 4) and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81a	Enter direct and indirect political expenditures. See line 81 instructions.	81a	NONE
81b	Did the organization file Form 1120-POL for this year?	81b	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?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
83b	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	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		85b	N/A
c Dues, assessments, and similar amounts from members		85c	N/A
d Section 162(e) lobbying and political expenditures		85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities		86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		87b	N/A
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 N/A ; section 4912 N/A ; section 4955 N/A		
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			N/A
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			N/A
90a	List the states with which a copy of this return is filed OHIO		
b Number of employees employed in the pay period that includes March 12, 2003 (See instructions)		90b	NONE
91	The books are in care of JEFFREY W. BRANTNER, SECY. Telephone no. 614-459-5200 Located at 1720 ZOLLINGER ROAD, COLUMBUS, OHIO ZIP + 4 43221		
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		N/A

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	3,546.	
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 <u>DISCOUNTS ON GRANT</u>				25.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				3,571.	
105 Total (add line 104, columns (B), (D), and (E))					3,571.

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).
▼	

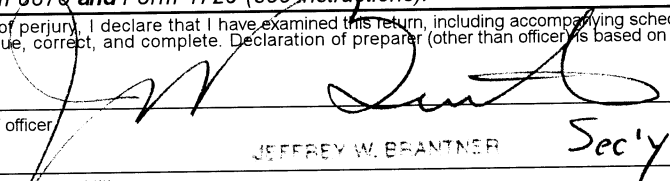
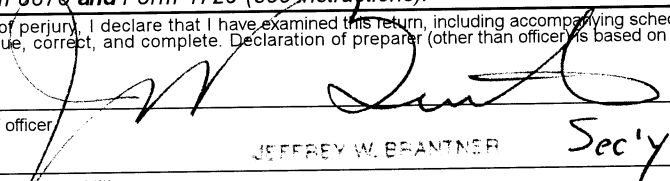
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(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
N/A	%			
	%			
	%			
	%			

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

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

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer 		Date 2/9/05	
Paid Preparer's Use Only	Type or print name and title. JEFFREY W. BRANTNER Sec'y			
	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplementary Information - (See separate instructions.)

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

OMB No. 1545-0047

2003

Name of the organization

OHIO LIONS FOUNDATION

Employer identification number

31-1162338

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
<u>FOUNDATION HAS NO EMPLOYEES</u>				
Total number of other employees paid over \$50,000 ►	NONE			

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
<u>NONE</u>		
Total number of others receiving over \$50,000 for professional services ►	NONE	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2003

JSA

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	N/A	
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
N/A	

- 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.)	108,357.	76,541.	79,323.	68,584.	332,805.
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	5,254.	6,898.	10,023.	9,103.	31,278.
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					
23 Total of lines 15 through 22	113,611.	83,439.	89,346.	77,687.	364,083.
24 Line 23 minus line 17	113,611.	83,439.	89,346.	77,687.	364,083.
25 Enter 1% of line 23	1,136.	834.	893.	777.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					7,282.
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					
c Total support for section 509(a)(1) test: Enter line 24, column (e)					364,083.
d Add: Amounts from column (e) for lines: 18 <u>31,278.</u> 19 _____ 22 _____ 26b _____					31,278.
e Public support (line 26c minus line 26d total)					332,805.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					91.4091 %
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) <u>NOT APPLICABLE</u> (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)

NOT APPLICABLE

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**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		<input checked="" type="checkbox"/>	
b Paid staff or management (Include compensation in expenses reported on lines c through h.) . . .		<input checked="" type="checkbox"/>	
c Media advertisements		<input checked="" type="checkbox"/>	
d Mailings to members, legislators, or the public		<input checked="" type="checkbox"/>	
e Publications, or published or broadcast statements		<input checked="" type="checkbox"/>	
f Grants to other organizations for lobbying purposes		<input checked="" type="checkbox"/>	
g Direct contact with legislators, their staffs, government officials, or a legislative body		<input checked="" type="checkbox"/>	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		<input checked="" type="checkbox"/>	
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.

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?

Yes	No
-----	----

51 a(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	
----------	----------	--

e of the

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**

► ☒ Yes ☐ No

Schedule A (Form 990 or 990-EZ) 2003

OHIO LIONS FOUNDATION

31-1162338

FORM 990, PART I - LIST OF CONTRIBUTORS

NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----	INDIRECT PUBLIC SUPPORT -----
UNRESTRICTED CONTRIBUTIONS-VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000	VARIOUS	975.	
UNRESTRICTED CONTRIBUTIONS-VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000	VARIOUS		50,066.
RESTRICTED-DISASTER RELIEF FUND-VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000	VARIOUS	100.	
RESTRICTED-DISASTER RELIEF FUND-VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000	VARIOUS		5,165.
RESTRICTED-DIST. 13-B SPEECH & HEARING FUND VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000	VARIOUS		3,710.
RESTRICTED-DISTRICT 13-F EYE CARE FUND VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000	VARIOUS	1,533.	
RESTRICTED-DISTRICT 13-F EYE CARE FUND VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000	VARIOUS		10,773.

OHIO LIONS FOUNDATION

31-1162338

FORM 990, PART I - LIST OF CONTRIBUTORS
=====

NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----	INDIRECT PUBLIC SUPPORT -----
RESTRICTED-HELEN KELLER SCHOLARSHIP FUND VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000	VARIOUS	600.	
RESTRICTED-HELEN KELLER SCHOLARSHIP FUND VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000	VARIOUS		1,605.
RESTRICTED-MEMORIAL FUND-VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000	VARIOUS		815.
RESTRICTED-TRI-VILLAGE LIONS FUND VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000	VARIOUS	7,801.	
RESTRICTED-TIFFIN EYE CARE FUND-VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000	VARIOUS		250.
WILMINGTON LIONS RESTRICTED FUND-VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000	VARIOUS	1,559.	
JAMES T. COFFEY SCHOLARSHIP RESTRICTED FUND-VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000	VARIOUS	1,750.	

FORM 990, PART I - LIST OF CONTRIBUTORS
=====

NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----	INDIRECT PUBLIC SUPPORT -----
JAMES T. COFFEY SCHOLARSHIP FUND-VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000	VARIOUS		3,250.
RESTRICTED-SENSORY GARDEN FUND-VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000	VARIOUS	544.	
RESTRICTED-SENSORY GARDEN FUND-VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000	VARIOUS		2,850.
TOTAL CONTRIBUTION AMOUNTS		14,862.	78,484.

FORM 990, PART I - INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS

DESCRIPTION -----	AMOUNT -----
US BANK BANK CHECKING ACCOUNT	132.
US BANK MONEY MARKET	97.
OHIO SAVINGS BANK 7649001017	245.
THE ARLINGTON BANK 316456	819.
US BANK SAVINGS-MEMORIAL FUND	40.
US BANK SAVINGS-DISTRICT B S&H	75.
US BANK SAVINGS-SENSORY GARDEN ENDOWMENT FUND	8.
NATIONAL CITY BANK SAVINGS-UNRESTRICTED	5.
5TH/3RD BANK C/D-UNRESTRICTED 0521876868	48.
5TH/3RD BANK C/D-UNRESTRICTED 0521877182	46.
5TH/3RD BANK C/D-UNRESTRICTED 0520224454	133.
5TH/3RD BANK C/D-UNRESTRICTED 0521877414	15.
5TH/3RD BANK C/D-UNRESTRICTED 0521877027	42.
5TH/3RD BANK C/D-13-B S&H 0521876876	16.
5TH/3RD BANK C/D-13-B S&H 0521877019	14.
5TH/3RD BANK C/D-HELEN KELLER SCHOLAR 05	24.
5TH/3RD BANK C/D-TIFFIN EYE CARE FUND 05	12.
U.S. BANK C/D-UNRESTRICTED 861479181	75.
5TH/3RD BANK C/D-MEMORIAL FUND 0521876884	96.
1ST STATE BANK C/D-UNRESTRICTED 31648014	181.
1ST STATE BANK C/D DIST. B S&H 316480691	75.
UNIZAN BANK C/D UNRESTRICTED 108743963	788.
US BANK C/D UNRESTRICTED 81172196	560.

TOTAL	3,546.
	=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====DESCRIPTION
-----AMOUNT
-----PRIOR PERIOD ADJUSTMENT-DUPLICATE
OF RECEIPT IN PRIOR YEAR50.

TOTAL

50.
=====

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
GRANTS PAID =====			
OHIO STATE UNIVERSITY HELEN KELLER SCHOLARSHIP	PUBLIC UNIVERSITY	SCHOLARSHIPS	11,000.
OHIO UNIVERSITY HELEN KELLER SCHOLARSHIP	PUBLIC UNIVERSITY	SCHOLARSHIP	2,750.
CLEVELAND STATE UNIV. HELEN KELLER SCHOLARSHIP	PUBLIC UNIVERSITY	SCHOLARSHIP	2,750.
WRIGHT STATE UNIVERSITY HELEN KELLER SCHOLARSHIP	PUBLIC UNIVERSITY	SCHOLARSHIP	5,500.
BOWLING GREEN ST. UNIV. HELEN KELLER SCHOLARSHIP	PUBLIC UNIVERSITY	SCHOLARSHIP	2,750.
YOUNGSTOWN STATE UNIVERSITY	PUBLIC UNIVERSITY	SCHOLARSHIP	2,750.
CENTRAL OHIO LIONS EYE BANK	501 (C) (3)	EYE BANK	600.
OHIO LIONS EYE RESEARCH FOUNDATION	501 (C) (3)	EYE RESEARCH	1,500.
OHIO LIONS FOUNDATION-DIST. 13-F EYE CARE RESTRICTED FUND	RESTRICTED FUND	INDIVIDUAL EYE CASES	

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----		PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
OHIO LIONS FOUNDATION-UNRESTRICTED FUND	RESTRICTED FUND	UNRESTRICTED		1,200.
PILOT DOGS, INC.	501 (C) (3)			6,120.
COLUMBIA LOCAL SCHOOL DISTRICT	PUBLIC SCHOOL DISTRICT		SPEECH AND HEARING GRANT	6,000.
PREVENT BLINDNESS OHIO UNRESTRICTED GRANT	501 (C) (3)			500.
OHIO STATE UNIVERSITY STUDENT V.O.S.H.				150.
SENSORY GARDENS AT OHIO STATE SCHOOL FOR THE BLIND	RESTRICTED FUND		SENSORY GARDEN MAINTENANCE & IMPROVEMENT	3,184.
CENTRAL INTERMEDIATE SCHOOL	PUBLIC SCHOOL		JAMES COFFEY SCHOLARSHIP	500.
CLERMONT NORTHEASTERN HIGH SCHOOL	PUBLIC SCHOOL		JAMES COFFEY SCHOLARSHIP	500.
KNOX COUNTY ALTERNATIVE CENTER	501 (C) (3)		JAMES COFFEY SCHOLARSHIP	500.

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----		PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
LA MUTH MIDDLE SCHOOL	PUBLIC SCHOOL		JAMES COFFEY SCHOLARSHIP	500.
NEW LEXINGTON CITY SCHOOLS	PUBLIC SCHOOL		JAMES COFFEY SCHOLARSHIP	500.
NORTHEASTERN HIGH SCHOOL, SPRINGFIELD, OHIO	PUBLIC SCHOOL		JAMES COFFEY SCHOLARSHIP	500.
NORTHWEST LOCAL SCHOOL SYSTEM	PUBLIC SCHOOL		JAMES COFFEY SCHOLARSHIP	500.
PERRY HIGH SCHOOL, MASSILLON, OHIO	PUBLIC SCHOOL		JAMES COFFEY SCHOLARSHIP	500.
WILDER INTERMEDIATE SCHOOL, PIQUA, OHIO	PUBLIC SCHOOL		JAMES COFFEY SCHOLARSHIP	500.
DUNCAN FALLS BRANCH OF MUSKINGUM CITY LIBRARY	PUBLIC LIBRARY		LOW VISION READER MATCHING GRANT	1,380.
BLUFFTON PUBLIC LIBRARY	PUBLIC LIBRARY		LOW VISION READER MATCHING GRANT	1,350.
WEST CARROLLTON BRANCH-DAYTON METRO LIBRARY	PUBLIC LIBRARY		LOW VISION READER MATCHING GRANT	1,225.

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----		PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
PLAIN CITY LIBRARY	PUBLIC LIBRARY		LOW VISION READER MATCHING GRANT	1,175.
LONDON PUBLIC LIBRARY	PUBLIC LIBRARY		LOW VISION READER MATCHING GRANT	1,175.
CUYAHOGA CITY LIBRARY-NORTH ROYALTON BRANCH	PUBLIC LIBRARY		LOW VISION READER MATCHING GRANT	1,175.
GOSHEN PUBLIC LIBRARY	PUBLIC LIBRARY		LOW VISION READER MATCHING GRANT	1,167.
LINCOLN VILLAGE PUBLIC LIBRARY	PUBLIC LIBRARY		LOW VISION READER MATCHING GRANT	1,073.
BEAVERCREEK COMMUNITY LIBRARY	PUBLIC LIBRARY		LOW VISION READER MATCHING GRANT	1,317.
			TOTAL CONTRIBUTIONS PAID	62,291.

FORM 990, PART II - SPECIFIC ASSISTANCE TO INDIVIDUALS
=====DESCRIPTION
-----PROGRAM
SERVICES

GRANTS FOR INDIVIDUAL EYE EXAMS AND GLASSES
(BASED UPON FINANCIAL NEED) FROM RESTRICTED
FUNDS:

DISTRICT 13-F EYE CARE FUND	15,412.
DISASTER RELIEF FOR VICTIMS OF FLOODING IN THE FOLLOWING COMMUNITIES:	
WILLSHIRE, OHIO	1,719.
URBANA, OHIO	3,410.
CORNING/GLOUSTER, OHIO	3,750.

TOTALS

24,291.
=====

FORM 990, PART II - OTHER EXPENSES
=====

DESCRIPTION

AWARDS & PLAQUES
BANK SERVICE CHARGES
CHECK PRINTING
COURIER SERVICES
DUES & SUBSCRIPTIONS
FIDELITY BOND
OFFICE SUPPLIES
OHIO ATTY GENERAL ANNUAL REGIS
POST OFFICE BOX RENT
POSTAGE AND DELIVERY
PRINTING AND REPRODUCTION
PROFESSIONAL FEES-ACCOUNTING
SAFE DEPOSIT BOX RENT
SECRETARIAL SERVICES
TELEPHONE

TOTALS

MANAGEMENT
AND GENERAL

939.
146.
176.
94.
50.
115.
65.
100.
48.
531.
1,444.
660.
62.
221.
3.

4,654.
=====

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

		FIXED ASSET DETAIL				ACCUMULATED DEPRECIATION DETAIL			
ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
DISPLAY CASES	SL	6,249.			6,249.	6,249.			6,249.
FILE CABINET	SL	205.			205.	205.			205.
SIGNS	SL	79.			79.	79.			79.
DISPLAY UNITS	M7	1,490.			1,490.	1,158.	133.		1,291.
COMPUTER SOFTWARE	SL	210.			210.	210.			210.
DISPLAY UNITS	M7	1,639.			1,639.	511.	323.		834.
TOTALS		9,872.			9,872.	8,412.			8,868.

OHIO LIONS FOUNDATION

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION
GARY GARRETT 1122 DRESDEN DRIVE MANSFIELD, OHIO 44905	PRESIDENT AS REQ.	NONE
HAROLD L. MERKLE 6337 KREISCHER ROAD VAN WERT, OHIO 45891	VICE PRES. AS REQ.	NONE
JEFFREY W. BRANTNER 1644 CARDIFF ROAD COLUMBUS, OHIO 43221	SECRETARY AS REQ.	NONE
LILBURN E. CUMMINS 21084 STATE ROUTE 67, ROUTE #6 WAPAKONETA, OHIO 45895	TREASURER AS REQ.	NONE
JIM FAUST 2400 SR 131 HILLSBORO, OHIO 45133	ASST TREASURER AS REQ.	NONE
ANDY KOLBUS 11974 BOSTON ROAD NORTH ROYALTON, OHIO 44133	TRUSTEE DISTRICT C AS REQ.	NONE
C. THOMAS ROBERDS 3912 OLD MILL ROAD SPRINGFIELD, OHIO 45502	TRUSTEE EMERITUS AS REQ.	NONE
JEFFREY W. BRANTNER 1644 CARDIFF ROAD COLUMBUS, OHIO 43221	TRUSTEE DISTRICT F AS REQ.	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION
-----	-----	-----
ELMER F. MUNDY 7565 IVYDALE AVE NW NORTH CANTON, OHIO 44720	TRUSTEE DISTRICT D AS REQ.	NONE
ERNEST MCFARLAND 864 VALLEY VISTA DRIVE MANCHESTER, OHIO 45144	TRUSTEE EMERITUS AS REQ.	NONE
LARRY ROBERTS BOX 33 THORNVILLE, OHIO 43076	TRUSTEE DISTRICT K AS REQ.	NONE
LILBURN E. CUMMINS 21084 STATE ROUTE 67, ROUTE 6 WAPAKONETA, OHIO 45895	TRUSTEE DISTRICT E AS REQ.	NONE
RONALD L. HUTCHINSON 305 MIAMI LAKES DRIVE MILFORD, OHIO 45150	HONORARY TRUSTEE AS REQ.	NONE
HAROLD L. MERKLE 6337 KREISCHER ROAD VAN WERT, OHIO 45891	TRUSTEE DISTRICT A AS REQ.	NONE
GARY GARRETT 1122 DRESDEN DRIVE MASFIELD, OHIO 44905	TRUSTEE, DISTRICT B AS REQ.	NONE
JOHN SMITH 135 NORTH DAVID AVE. JACKSON, OHIO 45640	TRUSTEE-AT-LARGE AS REQ.	NONE

OHIO LIONS FOUNDATION

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION
ROB MURRY 212 ROSS STREET UHRICHVILLE, OHIO 44683	TRUSTEE DISTRICT G AS REQ.	NONE
DICK WEIMER 303 RANKIN DRIVE ENGLEWOOD, OHIO 45332	TRUSTEE DISTRICT H AS REQ.	NONE
JIM FAUST 2400 SR 131 HILLSBORO, OHIO 45133	TRUSTEE DISTRICT J AS REQ.	NONE
GRAND TOTALS		NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

OHIO LIONS FOUNDATION
SUPPLEMENTAL STATEMENT TO FORM 990
FISCAL YEAR ENDED 6/30/2004

SCHEDULE A, PART III, LINE 3(A)
SCHOLARSHIPS

THE FOUNDATION HAS ESTABLISHED SCHOLARSHIP FUNDS AT THE OHIO STATE UNIVERSITY, CLEVELAND STATE UNIVERSITY, WRIGHT STATE UNIVERSITY, OHIO UNIVERSITY, BOWLING GREEN STATE UNIVERSITY AND YOUNGSTOWN STATE UNIVERSITY KNOWN AS THE OHIO LIONS FOUNDATION HELEN KELLER SCHOLARSHIP FUNDS. THE SCHOLARSHIPS ARE TO BE AWARDED BY THE UNIVERSITIES TO VISUALLY IMPAIRED STUDENTS SELECTED BY THE UNIVERSITIES ON THE BASIS OF FINANCIAL NEED AND ACADEMIC ABILITY.

SCHEDULE A, PART III,
DETERMINATION OF QUALIFICATION TO RECEIVE GRANTS

REQUESTS FOR GRANTS ARE REVIEWED FIRST BY A GRANT REVIEW COMMITTEE CONSISTING OF THREE TRUSTEES, AND THEN SUBMITTED TO THE BOARD OF TRUSTEES FOR FINAL CONSIDERATION. THE REVIEW PROCESS INCLUDES A DETERMINATION THAT (1) THE PROPOSED USE OF FUNDS WILL BE IN FURTHER-ANCE OF THE FOUNDATION'S EXEMPT PURPOSE, AND (2) THAT THE RECIPIENT IS "QUALIFIED". SPECIFICALLY, IF THE RECIPIENT IS AN ENTITY, INQUIRY IS MADE TO ASCERTAIN THAT THE ENTITY IS A QUALIFIED EXEMPT ORGANIZA-TION.

WITH RESPECT TO DISASTER RELIEF GRANTS, LOCAL ADVISORY COMMITTEES ARE APPOINTED BY THE TRUSTEES. THE ADVISORY COMMITTEES SCREEN APPLICATIONS FOR ASSISTANCE TO VERIFY THAT THE APPLICANT IS QUALIFIED VICTIM OF THE DISASTER (E.G. FLOOD OR TORNADO), AND REPORT THEIR FINDINGS AND RECOMMENDATIONS TO THE TRUSTEES.

WITH RESPECT TO GRANTS FOR EYE EXAMS AND GLASSES FOR NEEDY INDIVIDUALS LOCAL ADVISORY COMMITTEES ARE APPOINTED BY THE TRUSTEES. THE ADVISORY COMMITTEES SCREEN APPLICATIONS FOR ASSISTANCE TO DETERMINE THE APPLICANT'S FINANCIAL NEED.

FEDERAL FOOTNOTES

=====

FORM 990 PART IV, LINE 67B, CURRENT RESTRICTED FUNDS

COFFEY SCHOLARSHIP FUND	27,102.
TIFFIN EYE FUND	2,746.
HELEN KELLER SCHOLARSHIP FUND	28,749.
MEMORIAL FUND	27,830.
DISTRICT B SPEECH & HEARING FUND	15,823.
SENSORY GARDEN FUND	3,655.
DISTRICT 13-F EYE FUND	1,998.
HILLTOP EYE FUND	1,569.
WILMINGTON LIONS RESTRICTED FUND	110.
TRI-VILLAGE RESTRICTED FUND	1,956.
SENSORY GARDEN ENDOWMENT FUND	2,344.
EQUIPMENT FUND	1,006.

TOTAL PERMANENTLY RESTRICTED	114,888.
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TEMPORARILY RESTRICTED FUNDS

RESERVE FOR DISASTER RELIEF	35,000.
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FEDERAL FOOTNOTES

=====

FORM 990, PAGE 3, LINE 61-GRANTS PAYABLE:

HELEN KELLER SCHOLARSHIPS:

THE OHIO STATE UNIVERSITY	11,000.
CLEVELAND STATE UNIVERSITY	2,750.
BOWLING GREEN STATE UNIVERSITY	2,750.
OHIO UNIVERSITY	2,750.
WRIGHT STATE UNIVERSITY	5,500.
YOUNGSTOWN STATE UNIVERSITY	2,750.
LOW VISION GRANT #13-CINCINNATI HOST	1,225.
LOW VISION GRANT #23-HEBRON, OHIO	1,225.
LOW VISION GRANT #25-LANCASTER, OHIO	1,380.
LOW VISION GRANT #36-GOSHEN, OHIO	1,168.
LOW VISION GRANT #38-NORTH ROYALTON, OHIO	1,175.
LOW VISION GRANT #39-BEAVERCREEK, OHIO	1,317.
MONTGOMERY COUNTY LIBRARY	2,000.
INDIVIDUAL EYE CASES	604.

TOTAL GRANTS PAYABLE

37,594.
=====

OHIO LIONS FOUNDATION

ANALYSIS OF FUND BALANCES

FISCAL YEAR ENDED 6/30/2004

Attachment to Form 990

Fund	Beginning Fund Balance 7/1/2003	Fiscal Year Ended 6/30/2004						End of Year Fund Balance 6/30/2004
		Contributions	Interest Income Allocated	Prior Period Adjustment	Other Income	Transaction Fees Assessed	Direct Disbursements	Inter-Fund Transfers
Unrestricted Fund balance:	114,935	51,041	2,172	-	25	262	(15,097)	(30,568)
Restricted Funds:	-							
Disaster Relief Fund	26,850	5,265					(8,879)	3,614
James Coffey Scholarship Fund	5,204	5,000	346				(5,094)	27,102
District 13F Eye Care Fund	18,008	12,306	56			(156)	(15,412)	1,998
District 13B Speech & Hearing Fund	1,548	3,710	191	(50)		(36)	(6,000)	15,823
Hilltop Lions Restricted Fund	26,759	815	21					1,569
Memorial Fund	3,420	3,394	256			(30)	(3,184)	27,830
Sensory Garden Fund	26,177	2,205	55				(27,500)	3,655
Helen Keller Scholarship Fund	546		367					28,749
Ontario Lions Restricted Fund	2,331		13					-
Sensory Garden Endowment Fund	2,467	250	29					2,344
Tiffin Eye Fund	1,657	7,801	26			(28)	(7,500)	2,746
Tri Village Lions Restricted Fund	1,119	1,559	14			(12)	(2,570)	1,956
Wilmington Lions Restricted Fund	1,462						(456)	110
Equipment Fund								1,006
Total permanently restricted funds balances:	117,548	42,305	1,374	(50)	-	(262)	(76,595)	30,568
Temporarily Restricted:								
Reserve for Disaster Relief	35,000							-
Total temporarily restricted funds balances:	35,000	-	-	-	-	-	-	35,000
Total Restricted Funds Balances:	152,548	42,305	1,374	-	-	(262)	(76,595)	30,568
Total Fund Balances:	267,483	93,346	3,546	-	25	-	(91,692)	272,658

FORM 990
SCHEDULE A
PART III
QUESTION 4
ADVISED FUNDS

THE FOUNDATION MAINTAINS VARIOUS ADVISED RESTRICTED FUNDS, EACH OF WHICH HAS AN ADVISORY COMMITTEE TO ADVISE THE FOUNDATION REGARDING THE DISTRIBUTION OF FUNDS. THE ACTIVITIES OF THE VARIOUS RESTRICTED FUNDS ARE SET FORTH ON STATEMENT NO. 19 ATTACHED HERETO. HOWEVER NONE OF THESE FUNDS ARE MAINTAINED FOR INDIVIDUAL CONTRIBUTORS. RESTRICTED FUNDS HAVE BEEN ESTABLISHED FOR SEVERAL LIONS CLUBS AND LIONS DISTRICTS WHICH IN TURN APPOINT COMMITTEES TO SERVE AS ADVISORS TO THE FOUNDATION REGARDING THE DISTRIBUTION OF FUNDS FROM THE RESPECTIVE RESTRICTED FUNDS. CONTRIBUTIONS TO THE VARIOUS RESTRICTED FUNDS MAY COME FROM INDIVIDUALS, LIONS CLUBS AND ORGANIZATIONS, AND OTHER FOUNDATIONS.

Depreciation and Amortization
(Including Information on Listed Property)**2003**Attachment
Sequence No. **67**

Name(s) shown on return

OHIO LIONS FOUNDATION

Business or activity to which this form relates

Identifying number

31-1162338**GENERAL DEPRECIATION****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See page 2 of the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see page 2 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 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	456.
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						
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			39 yrs.	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	456.
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	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See page 7 of the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 6 of the instructions)									25		
26 Property used more than 50% in a qualified business use (see page 6 of the instructions):											
		%									
		%									
		%									
27 Property used 50% or less in a qualified business use (see page 6 of the instructions):											
		%				S/L -					
		%				S/L -					
		%				S/L -					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1									28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1									29		

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles - see page 2 of the instructions)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 8 of the instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 9 of the instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2003 tax year (see page 9 of the instructions):					
43 Amortization of costs that began before your 2003 tax year					43
44 Total. Add amounts in column (f). See page 9 of the instructions for where to report					44

Description of Property	GENERAL DEPRECIATION	DEPRECIATION
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[illegible]

*Assets Retired
JSA
3X9024 2.000