

## 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)

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

OMB No. 1545-0047

2006

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

A For the 2006 calendar year, or tax year beginning 07/01, 2006, and ending 06/30/2007

## B Check if applicable:

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

Please use IRS label or print or type. See Specific Instructions.

## C Name of organization

OHIO LIONS FOUNDATION

Number and street (or P.O. box if mail is not delivered to street address)

P.O. BOX 21016

City or town, state or country, and ZIP + 4

COLUMBUS, OH 43221-0016

## D Employer identification number

31-1162338

## E Telephone number EXT 230

(614) 459-5200

## F Accounting method:

☐ Cash ☒ Accrual  
☐ Other (specify) ▶

• 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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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? ☐ 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).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 121,550.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	STMT. 1.	1a	
	b	Direct public support (not included on line 1a)		1b	25,571.
	c	Indirect public support (not included on line 1a)		1c	85,380.
	d	Government contributions (grants) (not included on line 1a)		1d	
	e	Total (add lines 1a through 1d) (cash \$ 110,951. noncash \$ )		1e	110,951.
	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	10,599.
	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 1b)	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		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	121,550.	
Net Assets	13	Program services (from line 44, column (B))		13	71,956.
	14	Management and general (from line 44, column (C))		14	4,958.
	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	76,914.
18	Excess or (deficit) for the year. Subtract line 17 from line 12		18	44,636.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	305,108.	
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	349,744.	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2006)



**Department of the Treasury**  
**Internal Revenue Service**  
**OGDEN, UT 84201-0074**

**For assistance, call:  
1-877-829-5500**

**Notice Number:** CP211A  
**Date:** March 31, 2008

**Taxpayer Identification Number:**  
31-1162338  
**Tax Form:** 990  
**Tax Period:** June 30, 2007

085725.481638.0275.005 1 AB 0.341 530  
|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.



OHIO LIONS FOUNDATION  
% ARLINGTON ARMS  
PO BOX 21016  
COLUMBUS OH 43221-0016164

**085725**

**APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED**

**We have received your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above.**

We have approved your request and have extended the due date to file your return to May 15, 2008.

Please attach a copy of this letter to your return when you file it. It is evidence that we granted an extension of time to file your return. A copy is provided for your records.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

### **Reminder - You May Be Required to File Electronically**

Exempt organizations may be required to file certain returns electronically. For tax years ending on or after December 31, 2006, the electronic filing requirement applies to exempt organizations with \$10 million or more in total assets if the organization files at least 250 returns in a calendar year, including income, excise, employment tax and information returns. Private foundations and charitable trusts will be required to file Forms 990-PF electronically regardless of their asset size, if they file at least 250 returns annually. For more information, go to [www.irs.gov](http://www.irs.gov). Click "Charities and Non-Profits" and look for the "e-file for Charities and Non-Profits" tab.

For tax forms, instructions and information visit **www.irs.gov**. (Access to this site will not provide you with your specific taxpayer account information.)

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box. ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.**

Type or print  File by the extended due date for filing the return. See instructions.	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.	For IRS use only
	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-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of **JEFFREY W. BRANTNER, SECY.**

Telephone No. **614 459-5200**

FAX No. **614 459-1151**

• 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 is for.

- 4 I request an additional 3-month extension of time until **05/15, 2008**
- 5 For calendar year **2006**, or other tax year beginning **07/01, 2006** and ending **06/30, 2007**
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **SEE STATEMENT ATTACHED.**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits **8a \$**
- b If this application is for Form 990-EZ, 990-T (other than 990-T (sec. 401(a) or 408(a) trust)), 990-T (trust other than above), 1041-A, 4720, or 6069, enter the tentative tax, less any nonrefundable credits and estimated tax payments **8b \$**

SENDER: COMPLETE THIS SECTION

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

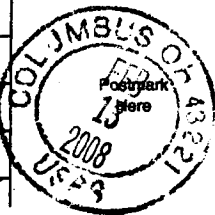
Postage \$ **5.8**

Certified Fee **2.65**

Return Receipt Fee (Endorsement Required) **2.15**

Restricted Delivery Fee (Endorsement Required) **5.38**

Total **15.98**



**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **X**

B. Received by (Print Name) **OGDEN, UT 84201**

C. Date of Delivery **05/13/2008**

D. Is delivery address different from return address? ☐ Yes ☒ No

If YES, enter delivery address below:

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

4. Restricted Delivery (Extra Fee) ☐ Yes

**7 0220 0000 1997 7809**

Domestic Return Receipt

102595-02-M-1540

**Alternate Mailing Address.** Enter the address if you want the copy of this application returned to an address different than the one entered above.

Type or print	Name
	RANCE, PRITCHETT, BRANTNER, KELLER
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	& ELY CO., L.P.A. 1720 ZOLLINGER RD
	City or town, province or state, and country (including postal or ZIP code)
	COLUMBUS, OH 43221

**OHIO LIONS FOUNDATION**

**31-1162338**

**F.Y.E. 6/30/2007**

**FORM 8868**

**APPLICATION FOR ADDITIONAL EXTENSION OF TIME TO FILE**

**SUPPLEMENTAL STATEMENT**

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THE FOUNDATION'S OFFICERS AND TRUSTEES ARE ALL UNPAID VOLUNTEERS FROM THROUGHOUT THE STATE OF OHIO AND THEY ONLY MEET QUARTERLY. ADDITIONAL TIME IS REQUIRED SO THAT THE NECESSARY DATA AND RECORDS CAN BE ASSEMBLED AND COMPLETED BY THE TREASURER AND SECRETARY. ACCORDINGLY, THE AFOREMENTIONED EXTENSION IS HEREBY RESPECTFULLY REQUESTED.

Form **8868**

(Rev. April 2007)

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

► 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).
- 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).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box ☐ and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on **e-file for Charities & Nonprofits**.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	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

- The books are in the care of ► JEFFREY W. BRANTNER, SECY.

Telephone No. ► 614 459-5200FAX No. ► 614 459-1151

- 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 months for a section 501(c) corporation required to file Form 990-T) extension of time until 02/15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To  
INTERNAL REVENUE SERVICE  
OGDEN, UT 84201-0012

PS Form 3800, 11-2006

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ **X** ☐ 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:           

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

F. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7007 0220 0000 1997 7755

Domestic Return Receipt

**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 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
<b>22a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>			STMT 5  STMT 8	
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ 61,746. noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	61,746.	61,746.		
<b>23</b>	Specific assistance to individuals (attach schedule)	10,210.	10,210.		
<b>24</b>	Benefits paid to or for members (attach schedule)				
<b>25a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	NONE			
<b>25b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)				
<b>25c</b>	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c				
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c				
<b>28</b>	Employee benefits not included on lines 25a - 27				
<b>29</b>	Payroll taxes				
<b>30</b>	Professional fundraising fees				
<b>31</b>	Accounting fees				
<b>32</b>	Legal fees				
<b>33</b>	Supplies				
<b>34</b>	Telephone				
<b>35</b>	Postage and shipping				
<b>36</b>	Occupancy				
<b>37</b>	Equipment rental and maintenance				
<b>38</b>	Printing and publications				
<b>39</b>	Travel				
<b>40</b>	Conferences, conventions, and meetings				
<b>41</b>	Interest				
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	118.		118.	
<b>43</b>	Other expenses not covered above (itemize):	STMT 9			
<b>a</b>	STMT 10	4,840.		4,840.	
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>					
<b>g</b>					
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	76,914.	71,956.	4,958.	

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 the instructions.)

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.

What is the organization's primary exempt purpose? <b>STATEMENT 23</b> 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.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a</b> <u>HELEN KELLER SCHOLARSHIP PROGRAM-SCHOLARSHIPS FOR VISUALLY IMPAIRED UNDERGRADUATE AND GRADUATE STUDENTS; TOTAL OF 11 SCHOLARSHIPS AT SEVEN STATE SUPPORTED UNIVERSITIES. SEE STATEMENTS 5, 6, AND 7.</u>  (Grants and allocations \$ <u>30,250.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	30,250.
<b>b</b> <u>MATCHING GRANTS FOR LOW VISION READERS FOR PUBLIC LIBRARIES AND COMMUNITY SENIOR CENTERS; TOTAL OF FOUR GRANTS. SEE STATEMENT 7.</u>  (Grants and allocations \$ <u>4,300.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	4,300.
<b>c</b> <u>SPEECH AND HEARING GRANTS TO PUBLIC SCHOOLS FOR ADAPTIVE EQUIPMENT AND PROGRAMS; TOTAL OF THREE SCHOOL SYSTEMS. SEE STATEMENTS 5, 6 AND 7.</u>  (Grants and allocations \$ <u>3,291.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	3,291.
<b>d</b> <u>INDIVIDUAL EYE CASES (GLASSES AND EXAMS) FOR FINANCIALLY NEEDY INDIVIDUALS; TOTAL OF 211 INDIVIDUALS ASSISTED.</u>  (Grants and allocations \$ <u>10,210.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	10,210.
<b>e</b> Other program services (attach schedule) <u>SEE STATEMENT 11</u> (Grants and allocations \$ <u>23,905.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	23,905.
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . .	71,956.

Form 990 (2006)

**Part IV Balance Sheets** (See 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
<b>Assets</b>	45 Cash - non-interest-bearing	1,710.	7,599.
	46 Savings and temporary cash investments	333,979.	381,260.
	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	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule).	50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	50b	
	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	
	54a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	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 12	57a 9,662.	
b Less: accumulated depreciation (attach schedule)	57b 9,369.	57c 293.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> )	58		
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	336,100.	389,152.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	1,094.	375.
	61 Grants payable	29,898.	39,033.
	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 <b>Total liabilities.</b> Add lines 60 through 65	30,992.	39,408.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>		
	67 Unrestricted	124,850.	141,104.
	68 Temporarily restricted	35,000.	35,000.
	69 Permanently restricted	145,258.	173,640.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>		
	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 and column (B) must equal line 21).	305,108.	349,744.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	336,100.	389,152.





Yes	No
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██████████

		
<b>75b</b>		<b>X</b>

75c		X
-----	--	---

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75d	X
-----	---

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Yes	No
-----	----

76		X
----	--	---

77	X	
----	---	--

— 309 —

78a	X
-----	---

78b	N/A
-----	-----

79		X
----	--	---

80a	X	
-----	---	--



--	--	--

81b	N/A
-----	-----

**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	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?	X	
<b>82b</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.)		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
<b>85a</b>	<b>501(c)(4), (5), or (6) organizations.</b> Were substantially all dues nondeductible by members?	N/A	
<b>85b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	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.		
<b>85c</b>	Dues, assessments, and similar amounts from members	N/A	
<b>85d</b>	Section 162(e) lobbying and political expenditures	N/A	
<b>85e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
<b>85f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
<b>85g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
<b>85h</b>	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?	N/A	
<b>86a</b>	<b>501(c)(7) orgs.</b> Enter: a Initiation fees and capital contributions included on line 12	N/A	
<b>86b</b>	Gross receipts, included on line 12, for public use of club facilities	N/A	
<b>87a</b>	<b>501(c)(12) orgs.</b> Enter: a Gross income from members or shareholders	N/A	
<b>87b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
<b>88b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>NONE</b> ; section 4912 <b>NONE</b> ; section 4955 <b>NONE</b>		
<b>89b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> 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		X
<b>89c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	NONE	
<b>89d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization	NONE	
<b>89e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
<b>89f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
<b>89g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>90a</b>	List the states with which a copy of this return is filed <b>OHIO</b>		
<b>90b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	NONE	
<b>91a</b>	The books are in care of <b>JEFFREY W. BRANTNER, SECY.</b> Telephone no. <b>614-459-5200</b> Located at <b>1720 ZOLLINGER ROAD, COLUMBUS, OHIO</b> ZIP + 4 <b>43221</b>		
<b>91b</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 <b>N/A</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X

**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . . **91c** ☐ Yes ☒ No  
 If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐ **92** ☐  
 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 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	
<b>93</b> Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments . . . . .			14	10,599.	
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property . . . . .					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory . . . . .					
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory . . . . .					
<b>103</b> Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				10,599.	
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					10,599.

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

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

**Part XI Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<b>X</b>

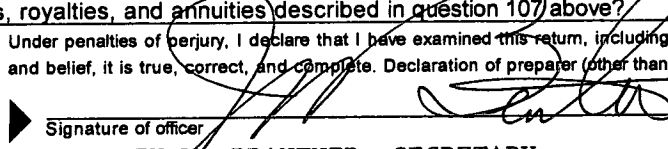
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

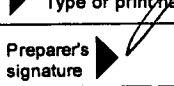
Yes	No
	<b>X</b>

**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 5/12/08  
**JEFFREY W. BRANTNER, SECRETARY**  
 Type or print name and title

**Paid  
Preparer's  
Use Only**

Preparer's signature  Date \_\_\_\_\_ Check if self-employed ☐ Preparer's SSN or PTIN (See Gen. Inst. X) \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4 \_\_\_\_\_ EIN \_\_\_\_\_  
 Phone no. \_\_\_\_\_

Form **990** (2006)

**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 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

**2006**

Name of the organization

Employer identification number

OHIO LIONS FOUNDATION

31-1162338

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 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
FOUNDATION HAS NO EMPLOYEES				
Total number of other employees paid over \$50,000 . . . ►		NONE		

**Part II-A 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 . . . . . ►		NONE

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

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

Schedule A (Form 990 or 990-EZ) 2006

**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** Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . . STMT. 16

3a X

**b** Did the organization have a section 403(b) annuity plan for its employees? . . . . .

3b N/A

**c** Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement . . . . .

3c X

**d** Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .

3d X

- 4a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . . . . . STATEMENT 20

4a X

**b** Did the organization make any taxable distributions under section 4966? . . . . .

4b X

**c** Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .

4c X

**d** Enter the total number of donor advised funds owned at the end of the tax year . . . . . ►

**e** Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ►

**f** Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ►

**g** Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . . . ►

Schedule A (Form 990 or 990-EZ) 2006

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I      ☐ Type II      ☐ Type III - Functionally Integrated      ☐ Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 6 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
N/A					
<b>Total</b> .....					►

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006



**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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . ** .	88,415.	96,246.	93,346.	108,357.	386,364.
<b>16</b> Membership fees received . . . . .					
<b>17</b> 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 . . . . .					
<b>18</b> 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 . . . . .	6,638.	3,797.	3,546.	5,254.	19,235.
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
<b>21</b> 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 . . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22 . . . . .	95,053.	100,043.	96,892.	113,611.	405,599.
<b>24</b> Line 23 minus line 17. . . . .	95,053.	100,043.	96,892.	113,611.	405,599.
<b>25</b> Enter 1% of line 23. . . . .	951.	1,000.	969.	1,136.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 . . . . . ▶ <b>26a</b>					8,112.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ <b>26b</b>					
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶ <b>26c</b>					405,599.
d Add: Amounts from column (e) for lines: 18 <u>19,235.</u> 19 <u>                    </u> ▶ <b>26d</b>					19,235.
22 <u>                    </u> 26b <u>                    </u> ▶ <b>26e</b>					386,364.
e Public support (line 26c minus line 26d total) . . . . . ▶ <b>26e</b>					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶ <b>26f</b>					95.2576 %
<b>27 Organizations described on line 12:</b> 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: NOT APPLICABLE (2005) _____ (2004) _____ (2003) _____ (2002) _____					
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 11b, 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: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 <u>                    </u> 16 <u>                    </u> ▶ <b>27c</b>					
17 <u>                    </u> 20 <u>                    </u> 21 <u>                    </u> ▶ <b>27d</b>					
d Add: Line 27a total. . . . . and line 27b total. . . . . ▶ <b>27e</b>					
e Public support (line 27c total minus line 27d total) . . . . . ▶ <b>27e</b>					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . . ▶ <b>27f</b>					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶ <b>27g</b>					%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . ▶ <b>27h</b>					%
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 9 of the instructions.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> 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? . . . . .	<b>29</b>	
<b>30</b> 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? . . . . .	<b>30</b>	
<b>31</b> 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.) ----- ----- -----	<b>31</b>	
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b> Admissions policies? . . . . .	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b> Educational policies? . . . . .	<b>33e</b>	
<b>f</b> Use of facilities? . . . . .	<b>33f</b>	
<b>g</b> Athletic programs? . . . . .	<b>33g</b>	
<b>h</b> Other extracurricular activities? . . . . .	<b>33h</b>	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</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.	<b>34b</b>	
<b>35</b> 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 . . . . .	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 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
<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 - 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 . . . . .	<b>41</b>		
<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 13 of the instructions.)

	<b>Lobbying Expenditures During 4-Year Averaging Period</b>				
Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities****NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 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:

- a** Volunteers . . . . .
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.) . . .
- c** Media advertisements . . . . .
- d** Mailings to members, legislators, or the public . . . . .
- e** Publications, or published or broadcast statements . . . . .
- f** Grants to other organizations for lobbying purposes . . . . .
- g** Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .
- i** Total lobbying expenditures (Add lines c through h.) . . . . .

Yes	No	Amount

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 13 of the instructions.)**

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

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

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

(i) Cash .....

(ii) Other assets .....

**b Other transactions:**

<b>b(i)</b>		<b>X</b>
-------------	--	----------

<b>b(ii)</b>		<b>X</b>
--------------	--	----------

b(iii)		X
--------	--	---

b(iv)		X
-------	--	---

<b>b(v)</b>		<b>x</b>
-------------	--	----------

<b>b(vi)</b>	<b>X</b>	
--------------	----------	--

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

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

[illegible]

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . **X** Yes ☐ No

**b If "Yes," complete the following schedule:**

[illegible]

## 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	1,321.	
UNRESTRICTED CONTRIBUTIONS-VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000	VARIOUS		49,417.
JAMES T. COFFEY SCHOLARSHIP REST. FUND VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000,	VARIOUS	2,500.	
JAMES T. COFFEY SCHOLARSHIP REST FUND CONTRIBUTORS EACH LESS THAN \$5,000	VARIOUS		5,400.
DISASTER RELIEF FUND RESTRICTED FUND-VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000,	VARIOUS	1,000.	
DISASTER RELIEF FUND RESTRICTED VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000,	VARIOUS		200.
RESTRICTED-DISTRICT 13-B S & H FUND VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000,	VARIOUS		3,600.
RESTRICTED-DISTRICT 13-F EYE CARE FUND VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000,	VARIOUS	5,019.	

## FORM 990, PART I - LIST OF CONTRIBUTORS

NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----	INDIRECT PUBLIC SUPPORT -----
RESTRICTED-DISTRICT 13-F EYE CARE FUND VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000,	VARIOUS		16,394.
RESTRICTED- GROVE CITY NOON LIONS CONTRIBUTORS EACH LESS THAN \$5,000	VARIOUS	1,000.	
RESTRICTED-HELEN KELLER SCHOLARSHIP VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000,	VARIOUS	500.	
RESTRICTED-HELEN KELLER SCHOLARSHIP CONTRIBUTORS EACH LESS THAN \$ 5,000	VARIOUS		1,100.
RESTRICTED-MEMORIAL FUND-VARIOUS CONTRIBUTORS EACH LESS THAN \$ 5,000	VARIOUS	290.	
RESTRICTED-ONTRAIO REST FUND-VARIOUS CONTRIBUTORS, EACH LESS THAN \$ 5,000	VARIOUS	1,000.	
RESTRICTED-SENSORY GARDEN FUND VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000,	VARIOUS	1,400.	
RESTRICTED-SENSORY GARDEN FUND VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000,	VARIOUS		8,198.

## FORM 990, PART I - LIST OF CONTRIBUTORS

NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----	INDIRECT PUBLIC SUPPORT -----
RESTRICTED-TRI VILLAGE RESTRICTED FUND VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000,	VARIOUS	7,214.	
RESTRICTED-TRI VILLAGE RESTRICTED FUND VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000,	VARIOUS		1,071.
RESTRICTED-TRI VILLAGE NOON LIONS VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000,	VARIOUS	3,327.	
RESTRICTED-WILMINGTON RESTRICTED FUND VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000,	VARIOUS	1,000.	
TOTAL CONTRIBUTION AMOUNTS		25,571.	85,380.

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

DESCRIPTION -----	AMOUNT -----
ARLINGTON BANK MM-PLAIN CITY SCHOLARSHIP	62.
ARLINGTON BANK CD-PLAIN CITY SCHOLARSHIP	1,049.
AMTRUST BANK MM-MEMORIAL FUND	50.
AMTRUST BANK MM-SENSORY GARDEN ENDOWMENT FUND	13.
US BANK MM-UNRESTRICTED FUND	7.
US BANK SAVINGS-MEMORIAL FUND	11.
US BANK SAVINGS-SENSORY GARDEN ENDOWMENT	2.
AMTRUST BANK-UNRESTRICTED FUND	1,359.
AMTRUST BANK-UNRESTRICTED FUND	599.
5TH/3RD BANK C/D-UNRESTRICTED 0521877414	55.
5TH/3RD BANK C/D-HELEN KELLER 0521876841	89.
5TH/3RD BANK C/D-HELEN KELLER 1100523342413	13.
5TH/3RD BANK C/D-UNRESTRICTED 0521876868	178.
5TH/3RD BANK C/D-13-B S&H 0521877019	64.
5TH/3RD BANK C/D-MEMORIAL FUND 0521876884	356.
5TH/3RD BANK C/D-MEMORIAL FUND 1100523342712	40.
U.S. BANK C/D-DISTRICT 13-B S & H 0521876876	59.
5TH/3RD BANK C/D UNRESTRICTED FUND 0520224454	590.
5TH 3RD BANK C/D-UNRESTRICTED FUND 0521877027	192.
5TH 3RD BANK C/D-UNRESTRICTED 0521877182	180.
5TH 3RD BANK C/D UNRESTRICTED FUND 1100523342691	36.
5TH 3RD BANK C/D TIFFIN EYE CARE FUND 0521885035	50.
US BANK C/D UNRESTRICTED FUND 0861479181	574.
US BANK C/D UNRESTRICTED FUND 3540164619	1,177.
FIRST STATE BANK C/D-DISTRICT 13-B	210.
FIRST STATE BANK C/D-UNRESTRICTED FUND	415.
HUNTINGTON NATIONAL BANK C/D-UNRESTRICTED FUND	720.
ARLINGTON BANK MM-UNRESTRICTED FUND	2,339.
US BANK CHECKING A/C-UNRESTRICTED FUND	110.
	-----
TOTAL	10,599.
	=====



## FORM 990, PART II - OTHER 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.
OHIO LIONS EYE RESEARCH FOUNDATION	501(C) (3)	EYE RESEARCH	1,100.
UNIVERSITY OF CINCINNATI-HELEN KELLER SCHOLARSHIP	PUBLIC UNIVERSITY	SCHOLARSHIP	2,750.
OHIO LIONS FOUNDATION-UNRESTRICTED	501(C) (3)	UNRESTRICTED	1,200.
PILOT DOGS, INC.	501(C) (3)	UNRESTRICTED	4,500.
PREVENT BLINDNESS OHIO UNRESTRICTED GRANT	501(C) (3)	UNRESTRICTED	500.
SENSORY GARDENS AT OHIO STATE SCOOOL FOR THE BLIND		GARDEN MAINTENANCE & IMPROVEMENT	4,538.
BENJAMIN LOGAN MIDDLE SCHOOL	PUBLIC SCHOOL	JAMES COFFEY SCHOLARSHIP	200.
FAIRVIEW HIGH SCHOOL	PUBLIC SCHOOL	JAMES COFFEY SCHOLARSHIP	500.

## FORM 990, PART II - OTHER 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 -----
INDIAN RIFFLE-KETTERING	PUBLIC SCHOOL	JAMES COFFEY SCHOLARSHIP	250.
KAIROS ACADEMY-TEAMWORKS	PUBLIC SCHOOL	JAMES COFFEY SCHOLARSHIP	500.
MAPLE HEIGHTS HIGH SCHOOL	PUBLIC SCHOOL	JAMES COFFEY SCHOLARSHIP	500.
NATIVITY SCHOOL	501 (C) (3)	JAMES COFFEY SCHOLARSHIP	500.
NEFF ELEMENTARY-MIAMISBURG	PUBLIC SCHOOL	JAMES COFFEY SCHOLARSHIP	350.
NORTHBRIDGE-WAPAKONETA	PUBLIC SCHOOL	JAMES COFFEY SCHOLARSHIP	499.
PRAIRIE COLLEG ELEMENTARY	PUBLIC SCHOOL	JAMES COFFEY SCHOLARSHIP	500.
REYNOLDSBURG HIGH SCHOOL	PUBLIC SCHOOL	JAMES COFFEY SCHOLARSHIP	486.
SANDY VALLEY HS MAGNOLIA	PUBLIC SCHOOL	JAMES COFFEY SCHOLARSHIP	500.
STRUBLE ELEMENTARY	PUBLIC SCHOOL	JAMES COFFEY SCHOLARSHIP	500.
THEODORE ROOSEVELT HIGH SCHOOL	PUBLIC SCHOOL	JAMES COFFEY SCHOLARSHIP	250.
VERMILION ELEMENTARY	PUBLIC SCHOOL	JAMES COFFEY SCHOLARSHIP	250.
VERMILION INTERMEDIATE SCHOOL	PUBLIC SCHOOL	JAMES COFFEY SCHOLARSHIP	250.
JUVENILE DIABETES RESEARCH FUND	501(C) (3)	RESEARCH	250.
DISTRICT 13-F EYE CARE FUND	501(C) (3)	EYE EXAMS & GLASSES	750.
LIONS CLUBS INTERNATIONAL FOUNDATION	501(C) (3)	UNRESTRICTED	1,100.

## FORM 990, PART II - OTHER 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 STATE SCHOOL FOR THE BLIND	PUBLIC SCHOOL	UNRESTRICTED	500.
STINGEL ELEMENTARY	PUBLIC SCHOOL	PRE-SCHOOL VISION SCREENING	899.
MIDVIEW LOCAL SCHOOLS	PUBLIC SCHOOL DISTRICT	SPEECH & HEARING GRANT	1,200.
NORTH RIDGEVILLE CITY SCHOOLS	PUBLIC SCHOOL DISTRICT	SPEECH & HEARING GRANT	1,600.
ST ANTHONY OF PADUA SCHOOL	501(C)(3)	SPEECH & HEARING GRANT	491.
NEWSREEL INC.	501(C)(3)	MATCHING GRANT	1,191.
TALMADGE BRANCH LIBRARY	PUBLIC LIBRARY	LOW VISION READER	1,075.
LEPPER PUBLIC LIBRARY	PUBLIC LIBRARY	LOW VISION READER	1,075.
JOHNS MEMORIAL LIBRARY	PUBLIC LIBRARY	LOW VISION READER	1,075.
WAYNE COUNTY LIBRARY	PUBLIC LIBRARY	LOW VISION READER	1,075.
CAMP ECHOING HILLS	501(C)(3)	UNRESTRICTED	442.
CENTRAL OHIO DIABETES ASSN	501(C)(3)	UNRESTRICTED	900.
TOTAL CONTRIBUTIONS PAID			61,746.

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

10,210.

TOTALS

-----  
10,210.  
=====

## DEPRECIATION

Listed Property

## AMORTIZATION

\*Assets Retired

STATEMENT 9

## FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION -----	TOTAL -----	MANAGEMENT AND GENERAL -----
AWARDS & PLAQUES	1,762.	1,762.
BANK SERVICE CHARGES	224.	224.
COURIER SERVICES	276.	276.
FILE STORAGE FEES	44.	44.
OHIO ATTY GENERAL ANNUAL REGIS	100.	100.
POST OFFICE BOX RENT	50.	50.
POSTAGE AND DELIVERY	428.	428.
PRINTING AND REPRODUCTION	571.	571.
PROFESSIONAL FEES-ACCOUNTING	1,150.	1,150.
SAFE DEPOSIT BOX RENT	60.	60.
SECRETARIAL SERVICES	88.	88.
WEBSITE	83.	83.
OTHER	4.	4.
TOTALS	4,840.	4,840.

-----  
=====-----  
=====

## FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

=====

## DESCRIPTION

-----

GRANTS AND  
ALLOCATIONS

-----

## EXPENSES

-----

MAINTENANCE AND IMPROVEMENT OF THE SENSORY GARDEN  
AT THE OHIO STATE SCHOOL FOR THE BLIND  
OTHER SUPPORT GRANTS  
SEE STATEMENTS 5, 6, AND 7

4,538.

4,538.

19,367.

19,367.

## TOTALS

23,905.

23,905.

-----  
=====

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.	1,490.			1,490.
COMPUTER SOFTWARE	SL	210.			210.	210.			210.
DISPLAY UNITS	M7	1,639.			1,639.	1,229.	118.		1,347.
TOTALS		9,872.			9,872.	9,462.			9,580.



## FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
GARY GARRETT 1122 DRESDEN DRIVE MANSFIELD, OH 44905	PRESIDENT	NONE		
HAROLD L. MERKLE 6337 KREISCHER ROAD VAN WERT, OH 45891	VICE PRES.	NONE		
JEFFREY W. BRANTNER 1644 CARDIFF ROAD COLUMBUS, OH 43221	SECRETARY	NONE		
JAMES FAUST 2400 SR 131 HILLSBORO, OH 45133	ASST SEC/TREASURER	NONE		
HAROLD L. MERKLE 6337 KREISHER ROAD VAN WERT, OH 45891	TRUSTEE DISTRICT A	NONE		
GARY GARRETT 1122 DRESDEN DRIVE MANSFIELD, OH 44905	TRUSTEE DISTRICT B	NONE		
DAN LESTER 5543 BRECKSWOOD OVAL BROADVIEW HEIGHTS, OH 44147	TRUSTEE DISTRICT C	NONE		
TOM KIRKBRIDE 39764 STATE ROUTE 517 LISBON, OH 44432	TRUSTEE DISTRICT D	NONE		

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES  
=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
HANK KIES 429 COLTON AVENUE BELLEFONTAINE, OH 43311	TRUSTEE DISTRICT E	NONE		
JEFFREY W. BRANTNER 1644 CARDIFF ROAD COLUMBUS, OH 43221	TRUSTEE DISTRICT F	NONE		
EILEEN LONG 940 MINERVA AVE COLUMBUS, OH 43229	TRUSTEE AT LARGE	NONE		
ERNEST MCFARLAND 864 VALLEY VISTA DRIVE MANCHESTER, OH 45144	TRUSTEE EMERITUS	NONE		
TOM CAHOON 9101 ECKLEBEERY ROAD CAMBRIDGE, OH 43725	TRUSTEE DISTRICT G	NONE		
DICK WEIMER 303 RANKIN DRIVE ENGLEWOOD, OH 45332	TRUSTEE DISTRICT H	NONE		
JAMES FAUST 2400 SR 131 HILLSBORO, OH 45133	TRUSTEE DISTRICT J	NONE		
LARRY ROBERTS BOX 33 THORNVILLE, OH 43076	TRUSTEE DISTRICT K	NONE		

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES  
=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
RONALD L. HUTCHINSON 305 MIAMI LAKES DRIVE MILFORD, OH 45150	HONORARY TRUSTEE	NONE		
	GRAND TOTALS	NONE		

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

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A  
=====

OHIO LIONS FOUNDATION  
SUPPLEMENTAL STATEMENT TO FORM 990  
FISCAL YEAR ENDED 6/30/2006  
-----

SCHEDULE A, PART III, LINE 3A  
SCHOLARSHIPS  
-----

THE FOUNDATION HAS ESTABLISHED SCHOLARSHIP FUNDS AT THE OHIO STATE UNIVERSITY, CLEVELAND STATE UNIVERSITY, WRIGHT STATE UNIVERSITY, OHIO UNIVERSITY, BOWLING GREEN STATE UNIVERSITY, YOUNGSTOWN STATE UNIVERSITY AND THE UNIVERSITY OF CINCINNATI 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  
-----

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.

Form **4562**Department of the Treasury  
Internal Revenue Service**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2006**Attachment  
Sequence No. **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

**OHIO LIONS FOUNDATION**

Identifying number

**31-1162338**

Business or activity to which this form relates

**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 the instructions for a higher limit for certain businesses . . . . .	1	
2	Total cost of section 179 property placed in service (see 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 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 2005 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 2007. 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.) (See instructions.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	

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

17	MACRS deductions for assets placed in service in tax years beginning before 2006 . . . . .	17	118.
18	If you are electing 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 2006 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			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2006 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 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	118.
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 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 allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

**26** Property used more than 50% in a qualified business use:

		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use:

		%			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
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles) . . . . .						
<b>31</b> Total commuting miles driven during the year . . . . .						
<b>32</b> Total other personal (noncommuting) miles driven . . . . .						
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .						
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .						
<b>36</b> 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 instructions).

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> 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? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See 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
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**42** Amortization of costs that begins during your 2006 tax year (see instructions):


**43** Amortization of costs that began before your 2006 tax year **43**

**44** Total. Add amounts in column (f). See the instructions for where to report **44**

\*Assets Retired  
JSA  
6X9024 1.000

## FEDERAL FOOTNOTES

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

-----  
COFFEY SCHOLARSHIP FUND 23,724.  
TIFFIN EYE FUND 2,473.  
HELEN KELLER SCHOLARSHIP FUND 35,783.  
ONTARIO LIONS RESTRICTED FUND 1,104.  
MEMORIAL FUND 30,721.  
DISTRICT B SPEECH & HEARING FUND 4,976.  
SENSORY GARDEN FUND 14,816.  
DISTRICT 13-F EYE FUND 16,540.  
HILLTOP EYE FUND 1,673.  
WILMINGTON LIONS RESTRICTED FUND 1,131.  
TRI-VILLAGE RESTRICTED FUND 6,719.  
PLAIN CITY SCHOLARSHIP FUND 28,221.  
SENSORY GARDEN ENDOWMENT FUND 2,392.  
TRI VILLAGE NOON LIONS 721.  
SPRINGDALE FOREST PARK LIONS 99.  
GROVE CITY NOON LIONS 98.  
DISASTER RELIEF FUND 2,155.  
EQUIPMENT FUND 294.

-----  
TOTAL PERMANENTLY RESTRICTED 173,640.  
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## TEMPORARILY RESTRICTED FUNDS

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RESERVE FOR DISASTER RELIEF 35,000.  
-----  
TOTAL TEMPORARILY RESTRICTED 35,000.  
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## FEDERAL FOOTNOTES

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

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HELEN KELLER SCHOLARSHIPS:

CLEVELAND STATE UNIVERSITY	2,750.
BOWLING GREEN STATE UNIVERSITY	5,500.
OHIO UNIVERSITY	2,750.
WRIGHT STATE UNIVERSITY	5,500.
YOUNGSTOWN STATE UNIVERSITY	2,750.
UNIVERSITY OF CINCINNATI	2,750.
LOW VISION GRANT #13-CINCINNATI HOST	1,225.
LOW VISION GRANT #23-LANCASTER, OHIO	1,380.
UNIVERSAL LOW VISION AIDS, INC.	1,075.
MONTGOMERY COUNTY LIBRARY	2,000.
OAKLAND IRRIGATION (SENSORY GARDEN MAINTENANCE)	173.
INDIVIDUAL EYE CASES	180.
	-----
TOTAL GRANTS PAYABLE	39,033.
	=====

# OHIO LIONS FOUNDATION

## ANALYSIS OF FUND BALANCES

FISCAL YEAR ENDING

JUNE 30, 2007

Fund	Beginning Fund Balance 7/1/2006	Fiscal Year Ended 6/30/2007					End of Year Fund Balance 6/30/2007
		Contributions	Interest Income Allocated	Transaction Fees Assessed	Direct Disbursements	Inter-Fund Transfers	
<b>Unrestricted Fund balance:</b>	<b>124,850</b>	<b>50,738</b>	<b>5,863</b>	<b>190</b>	<b>(10,287)</b>	<b>(30,250)</b>	<b>141,104</b>
<b>Restricted Funds:</b>	-						-
Disaster Relief Fund	910	1,200	45				2,155
James Coffey Scholarship Fund	22,067	7,900	618		(6,861)		23,724
District 13F Eye Care Fund	5,079	21,413	358	(61)	(10,249)		16,540
District 13B Speech & Hearing Fund	4,502	3,600	200	(35)	(3,291)		4,976
Grove City Noon Lions	-	1,000	1	(3)	(900)		98
Hilltop Lions Restricted Fund	1,626		47				1,673
Memorial Fund	29,662	290	769				30,721
Sensory Garden Fund	9,524	9,598	354	(44)	(4,616)		14,816
Helen Keller Scholarship Fund	33,383	1,600	800		(30,250)	30,250	35,783
Ontario Lions Restricted Fund	739	1,000	24	(9)	(650)		1,104
Sensory Garden Endowment Fund	2,365		27				2,392
Tiffin Eye Fund	2,398		75				2,473
Tri Village Lions Restricted Fund	4,429	8,285	214	(17)	(6,192)		6,719
Tri Village Noon Lions Restricted Fund	846	3,327	67	(19)	(3,500)		721
Plain City Lions Scholarship Restricted Fund	27,104		1,117				28,221
Wilmington Lions Restricted Fund	115	1,000	18	(2)			1,131
Springdale-Forest Park Restricted Fund	97		2				99
Equipment Fund	412				(118)		294
<b>Total permanently restricted funds balances:</b>	<b>145,258</b>	<b>60,213</b>	<b>4,736</b>	<b>(190)</b>	<b>(66,627)</b>	<b>30,250</b>	<b>173,640</b>
<b>Temporarily Restricted:</b>							
Reserve for Disaster Relief	35,000						35,000
<b>Total temporarily restricted funds balances:</b>	<b>35,000</b>						<b>35,000</b>
<b>Total Restricted Funds Balances:</b>	<b>180,258</b>						<b>208,640</b>
<b>Total Fund Balances:</b>	<b>305,108</b>	<b>110,951</b>	<b>10,599</b>	<b>-</b>	<b>(76,914)</b>	<b>-</b>	<b>349,744</b>

OHIO LIONS FOUNDATION  
FORM 990  
F.Y.E. 06/30/2007  
31-1162338

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FORM 990  
SCHEDULE A  
PART III  
QUESTION 4  
ADVISED FUNDS

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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. 17 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, CORPORATIONS AND OTHER FOUNDATIONS.

STATEMENT NO. 20



# THE OHIO LIONS FOUNDATION



P O. Box 21016, Upper Arlington, Ohio 43221-0016  
[www.ohiolionsfoundation.org](http://www.ohiolionsfoundation.org)

## AMENDMENT TO THE CODE OF REGULATIONS ARTICLE III, TRUSTEES

The Code of Regulations, Article III, Trustees, is amended by adding the following new Section 3.10, Qualification of Trustees:

Section 3.10. Qualification of Trustees: Only members in good standing of a Lions Club associated with Multiple District 13 – Ohio Lions, Inc. shall be eligible to serve as a Sub-District Trustee, a Trustee-a-Large, a Trustee Emeritus, or an Honorary Trustee. No person who has been convicted of a felony under the laws of the U.S. or of any state shall be eligible to serve as a Sub-District Trustee, a Trustee at Large, a Trustee Emeritus, or an Honorary Trustee. Each trustee upon the commencement of a new term shall certify to the Board the he or she meets the requirements of this section. This Section shall be applicable to elections and appointments of trustees occurring after the date of adoption hereof.<sup>i</sup>

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<sup>i</sup> Adopted May 18, 2007, effective for elections and appointments occurring after May 18, 2007.

OHIO LIONS FOUNDATION  
FORM 990  
F.Y.E. 06/30/2007  
31-1162338

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FORM 990  
SCHEDULE A  
PART IV-A  
SUPPORT SCHEDULE  
UNUSUAL GRANTS

---

TOTAL GIFTS, GRANTS AND CONTRIBUTIONS 2004	122,246.
LESS: ONE-TIME GRANT FROM CHARITABLE REMAINDER TRUST TO ENDOW A SCHOLARSHIP PROGRAM 2004 TOTAL GIFTS, GRANTS AND CONTRIBUTIONS ADJUSTED TO EXCLUDE UNUSUAL GRANTS:	<u>(26,000.)</u>  <u>\$96,246.</u>

EXEMPT PURPOSE

THE CHARITABLE, RELIGIOUS, SCIENTIFIC OR EDUCATIONAL USES AND PURPOSES FOR WHICH THE ORGANIZATION IS FORMED SHALL BE THOSE WHICH WILL ASSIST, ENCOURAGE, AND PROMOTE THE WELL BEING OF MANKIND AS NOW OR HEREAFTER CONSTITUTED, REGARDLESS OF RACE, COLOR, OR CREED, AND WITHOUT IN ANY WAY LIMITING THE GENERALITY OF THE FOREGOING, BUT RATHER IN ILLUSTRATION AND EXPLANATION THEREOF, FOR THE FOLLOWING USES AND PURPOSES, AMONG OTHERS:

- (A) FOR ASSISTING PUBLIC, CHARITABLE, BENEVOLENT OR EDUCATIONAL INSTITUTIONS, WHETHER SUPPORTED WHOLLY OR IN PART BY PRIVATE ENDOWMENT OR DONATIONS OR BY PUBLIC TAXATION;
- (B) FOR PROMOTING SCIENTIFIC RESEARCH FOR THE ADVANCEMENT OF HUMAN KNOWLEDGE AND THE ALLEVIATION OF HUMAN SUFFERING AND MORE SPECIFICALLY RESEARCH, ALLEVIATION AND TREATMENT IN THE AREAS OF VISION PROBLEMS, DIABETES, HEARING AND SPEECH DEFECTS, DRUG PROGRAMS AND OTHER PROGRAMS FOR THE HANDICAPPED;
- (C) FOR PROVIDING SCHOLARSHIPS OR OTHERWISE ASSISTING WORTHY YOUNG MEN OR WOMEN OF SLENDER MEANS IN OBTAINING AN EDUCATION;
- (D) FOR PROVIDING FUNDS FOR THE CONSTRUCTION AND OPERATION OF AN RESEARCH HOSPITAL, CLINIC OR SIMILAR FACILITY;
- (E) FOR PROVIDING SUPPORT TO OTHER CHARITABLE ORGANIZATIONS, INCLUDING, BY WAY OF EXAMPLE BUT NOT LIMITED TO, THE FOLLOWING ORGANIZATIONS:
  - 1. OHIO LIONS EYE RESEARCH FOUNDATION
  - 2. PILOT DOGS, INC.
  - 3. LIONS CLUBS INTERNATIONAL FOUNDATION
  - 4. NATIONAL SOCIETY FOR THE PREVENTION OF BLINDNESS – OHIO AFFILIATE
- (F) FOR PROVIDING INDIVIDUAL EYE CARE TO THE INDIGENT AND NEEDY.
- (G) FOR PROVIDING ASSISTANCE TO STATE AND LOCAL GOVERNMENTS OR SUBDIVISIONS THEREOF WHICH SHALL BE FOR THE BENEFIT OF PARKS AND RECREATION AREAS, ETC.
- (H) FOR PROVIDING INDIVIDUAL SPEECH AND HEARING CARE TO THE INDIGENT AND NEEDY; AND
- (I) FOR PROVIDING ASSISTANCE TO VICTIMS OF FLOODS, STORMS, TORNADOS, AND OTHER NATURAL DISASTERS AND EMERGENCIES.