

Department of the Treasury
Internal Revenue ServiceReturn of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except for a trust or private foundation)

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

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning

07/01, 2005, and ending 06/30/2006

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)

Room/suite

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

(614) 459-5200

EXT 230

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).

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 ☒ NoH(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).

G Website: WWW.OHIOLIONSFOUNDATION.ORG

J Organization type (check only one) ☒ 501(c)(3) (insert no.) 4947(a)(1) or 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 95,053.

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

1 Contributions, gifts, grants, and similar amounts received: STMT 1			
Revenue	a Direct public support	1a	12,748.
	b Indirect public support	1b	75,667.
	c Government contributions (grants)	1c	
	d Total (add lines 1a through 1c) (cash \$ 88,415. noncash \$)	1d	88,415.
	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	6,638.
	5 Dividends and interest from securities	5	
	6 a 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	8 a 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	
	10 a 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 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	95,053.	
Net Assets	13 Program services (from line 44, column (B))	13	72,242.
	14 Management and general (from line 44, column (C))	14	7,090.
	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	79,563.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	15,490.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	289,618.	
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	305,108.	

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

Form 990 (2005)



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

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

Notice Number: CP211A
Date: April 2, 2007

Taxpayer Identification Number:
31-1162338
Tax Form: 990
Tax Period: June 30, 2006

109212.372118.0444.012 1 AB 0.317 370
 |||||



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

109212

**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, 2007.

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.

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 - 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 OHIO LIONS FOUNDATION	Employer identification number 31-1162338 For IRS use only
	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(sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

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 **05/15/2007**
- 5 For calendar year **_____**, or other tax year beginning **07/01/2005** and ending **06/30/2006**
- 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. See instructions **_____**

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

For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage \$ **1.63**

Certified Fee **2.40**

Return Receipt Fee (Endorsement Required) **1.85**

Restricted Delivery Fee (Endorsement Required) **4.88**

Total Postage **9.76**

Sent To **INTERNAL REVENUE SERVICE**
OGDEN, UT 84201-0012

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **_____** C. Date of Delivery **2/15/2007**

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

IRS - OSC RECEIVED

OGDEN, UT 84201

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

7006 2760 0005 3177 5240

Director **PS Form 3811, February 2004** Domestic Return Receipt 102595-02-M-1540

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension 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. 6/30/2006

FORM 8868

APPLICATION FOR ADDITIONAL EXTENSION OF TIME TO FILE

SUPPLEMENTAL STATEMENT

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.

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
22 Grants and allocations (attach schedule) (cash \$ <u>65,247.</u> noncash \$ <u> </u>) If this amount includes foreign grants, check here <input type="checkbox"/>	65,247.	65,247.	STMT 5	
23 Specific assistance to individuals (attach schedule)	6,995.	6,995.	STMT 11	
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc.	NONE			
26 Other salaries and wages				
27 Pension plan contributions				
28 Other employee benefits				
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies				
34 Telephone				
35 Postage and shipping				
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel				
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	231.			
43 Other expenses not covered above (itemize):				
a STMT 13	STMT 12			
b	7,090.		7,090.	
c				
d				
e				
f				
g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	79,563.	72,242.	7,090.	

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 IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): _____	b4	
	Add lines b1 through b4		b
c	Subtract line b from line a		c
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
	Add lines d1 and d2		d
e	Total revenue (Part I, line 12). Add lines c and d		e

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): _____	b4	
	Add lines b1 through b4		b
c	Subtract line b from line a		c
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
	Add lines d1 and d2		d
e	Total expenses (Part I, line 17). Add lines c and d		e

Part V Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(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.

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82a	X
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	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?	85b	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.		
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
89 a	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
90 a	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, 2005 (See instructions.)	90b	NONE
91 a	The books are in care of ▶ JEFFREY W. BRANTNER, SECY.		
	Located at ▶ 1720 ZOLLINGER ROAD, COLUMBUS, OHIO		
	Telephone no. ▶ 614-459-5200		
	ZIP + 4 ▶ 43221		
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)?	91b	X
	If "Yes," enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	X
	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		
	and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

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	6,638.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				6,638.	
105 Total (add line 104, columns (B), (D), and (E))				6,638.	

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I. 6,638.

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.)

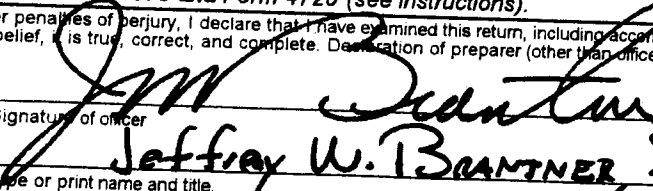
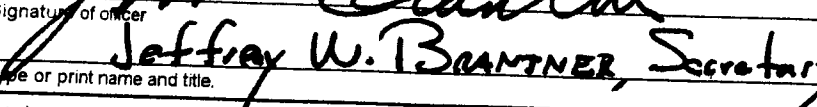
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

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).

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 05/15/07	
Paid Preparer's Use Only	Signature of preparer 		Date _____	
	Firm's name (or yours if self-employed), address, and ZIP + 4 _____		Check if self-employed <input type="checkbox"/>	
	EIN _____		Preparer's SSN or PTIN (See Gen. Inst. W) _____	
	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 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

2005

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
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) 2005

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.)		X
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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		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.)		
b Do you have a section 403(b) annuity plan for your employees?	X	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	N/A	
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) **	96,246.	93,346.	108,357.	76,541.	374,490.
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	3,797.	3,546.	5,254.	6,898.	19,495.
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	100,043.	96,892.	113,611.	83,439.	393,985.
24 Line 23 minus line 17.	100,043.	96,892.	113,611.	83,439.	393,985.
25 Enter 1% of line 23.	1,000.	969.	1,136.	834.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					7,880.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					NONE
c Total support for section 509(a)(1) test: Enter line 24, column (e)					393,985.
d Add: Amounts from column (e) for lines: 18 19,495. 19 26b NONE					19,495.
e Public support (line 26c minus line 26d total)					374,490.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					95.0518 %
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: NOT APPLICABLE (2004) (2003) (2002) (2001) 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: (2004) (2003) (2002) (2001) c Add: Amounts from column (e) for lines: 15 16 17 20 21 d Add: Line 27a total. and line 27b total. e Public support (line 27c total minus line 27d total). 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)) h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.)

NOT APPLICABLE

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

	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.)		

34 a 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?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	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) 2005	(b) 2004	(c) 2003	(d) 2002	(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 11 of the instructions.) **NOT APPLICABLE**

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			
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.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

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

(ii) Other assets

	Yes	No
51a(I)		X
a(II)		X
b(I)		X
b(II)		X
b(III)		X
b(IV)		X
b(V)		X
b(VI)	X	
c	X	

(ii) Sales or exchanges of assets with a noncharitable exempt organization

(II) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c. Sharing of facilities, equipment, mailing lists, other assets, or paid employees		b(vi)
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:		c
(a)	(b)	

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

b If "Yes," complete the following schedule:

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)(29)?

b If "Yes," complete the following schedule:

JSA
5E1250 1,000

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	400.	
UNRESTRICTED CONTRIBUTIONS-VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000	VARIOUS		51,915.
JAMES T. COFFEY SCHOLARSHIP REST. FUND VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000,	VARIOUS		2,100.
RESTRICTED-DISASTER RELIEF FUND-VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000	VARIOUS		900.
RESTRICTED DIST. 13-B SPEECH & HEARING FUND-VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000,	VARIOUS		3,085.
RESTRICTED-DISTRICT 13-F EYE CARE FUND VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000,	VARIOUS	5,263.	
RESTRICTED-DISTRICT 13-F EYE CARE FUND VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000,			

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

NAME AND ADDRESS -----	DATE ---	DIRECT PUBLIC SUPPORT -----	INDIRECT PUBLIC SUPPORT -----
	VARIOUS		5,320.
RESTRICTED-HELEN KELLER SCHOLARSHIP FUND VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000,	VARIOUS	820.	
RESTRICTED-HELEN KELLER SCHOLARSHIP FUND VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000,	VARIOUS		850.
RESTRICTED- MEMORIAL FUND-VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000	VARIOUS		75.
RESTRICTED-ONTARIO LIONS RESTRICTED FUND VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000,	VARIOUS		1,000.
RESTRICTED-SENSORY GARDEN FUND-VARIOUS CONTRIBUTORS EACH LESS THAN \$ 5,000	VARIOUS	2,800.	
RESTRICTED-SENSORY GARDEN FUND-VARIOUS CONTRIBUTORS EACH LESS THAN \$ 5,000	VARIOUS		2,718.

OHIO LIONS FOUNDATION

31-1162338

FORM 990, PART I - LIST OF CONTRIBUTORS

NAME AND ADDRESS -----	DATE ---	DIRECT PUBLIC SUPPORT -----	INDIRECT PUBLIC SUPPORT -----
RESTRICTED-TIFFIN EYE CARE FUND-VARIOUS CONTRIBUTORS, EACH LESS THAN \$ 5,000	VARIOUS		500.
RESTRICTED-TRI-VILLAGE LIONS FUND VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000,	VARIOUS	150.	
RESTRICTED-TRI-VILLAGE LIONS FUND VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000,	VARIOUS		5,704.
RESTRICTED-SPRINGDALE FOREST PARK LIONS VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000,	VARIOUS		1,500.
RESTRICTED-TRI VILLAGE NOON LIONS VARIOUS CONTRIBUTORS EACH LESS THAN \$5,000,	VARIOUS	3,315.	
TOTAL CONTRIBUTION AMOUNTS		12,748.	75,667.

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

DESCRIPTION -----	AMOUNT -----
US BANK BANK CHECKING ACCOUNT	122.
US BANK MONEY MARKET	19.
OHIO SAVINGS BANK 7649001017	37.
OHIO SAVINGS BANK TIERED ACCOUNT	621.
THE ARLINGTON BANK 316456	1,348.
US BANK SAVINGS-MEMORIAL FUND	16.
US BANK SAVINGS-SENSORY GARDEN ENDOWMENT	3.
5TH/3RD BANK C/D-UNRESTRICTED 0521876868	125.
5TH/3RD BANK C/D-UNRESTRICTED 0521877182	126.
5TH/3RD BANK C/D-UNRESTRICTED 0520224454	470.
5TH/3RD BANK C/D-UNRESTRICTED 0521877414	38.
5TH/3RD BANK C/D-UNRESTRICTED 0521877027	142.
5TH/3RD BANK C/D-13-B S&H 0521876876	42.
5TH/3RD BANK C/D-13-B S&H 0521877019	47.
5TH/3RD BANK C/D-HELEN KELLER SCHOLAR 05	62.
5TH/3RD BANK C/D-TIFFIN EYE CARE FUND 05	37.
U.S. BANK C/D-UNRESTRICTED 861479181	329.
5TH/3RD BANK C/D MEMORIAL FUND 0521876884	250.
1ST STATE BANK C/D-UNRESTRICTED 31648014	435.
1ST STATE BANK C/D DIST. B S&H 316480691	213.
HUNTINGTON NATIONAL BAN C/D UNRESTRICTED	615.
US BANK C/D UNRESTRICTED 81172196	818.
ARLINGTON BANK C/D-PLAIN CITY SCHOLARSHI	694.
ARLINGTON BANK MM-PLAIN CITY SCHOLARSHIP	29.
TOTAL	6,638.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND

RECIPIENT NAME AND ADDRESS

FOUNDATION STATUS OF RECIPIENT

GRANTS PAID

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

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.

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 -----
CENTRAL OHIO LIONS EYE BANK	501(C) (3)	EYE BANK	500.
OHIO LIONS EYE RESEARCH FOUNDATION	501(C) (3)	EYE RESEARCH	1,300.
UNIVERSITY OF CINCINNATI-HELEN KELLER SCHOLARSHIP	PUBLIC UNIVERSITY	SCHOLARSHIP	2,750.
OHIO LIONS FOUNDATION-UNRESTRICTED	501(C) (3)		1,800.
PILOT DOGS, INC.	501(C) (3)		2,700.
PREVENT BLINDNESS OHIO UNRESTRICTED GRANT	501(C) (3)		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 -----
SENSORY GARDENS AT OHIO STATE SCOOOL FOR THE BLIND		GARDEN MAINTENANCE & IMPROVEMENT	1,859.
KAIROS ACADEMY-TEAMWORKS	PUBLIC SCHOOL	JAMES COFFEY SCHOLARSHIP	500.
LINCOLN ELEMENTARY--TORONTO OHIO	PUBLIC SCHOOL	JAMES COFFEY SCHOLARSHIP	500.
NORDONIA HIGH SCHOOL	PUBLIC SCHOOL	JAMES COFFEY SCHOLARSHIP	200.
NORTH BALTIMORE HIGH SCHOOL	PUBLIC SCHOOL	JAMES COFFEY SCHOLARSHIP	150.
TOLEDO URBAN IMPACT	501 (C) (3)	JAMES COFFEY SCHOLARSHIP	300.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

YOUTH4YOUTH-LODI

501 (C) (3)

JAMES COFFET SCHOLARSHIP

500.

CINCINNATI ASSN FOR THE BLIND

501 (C) (3)

400.

CLOVERNOOK OPPORTUNITY CENTER

501 (C) (3)

200.

CLYDE-GREEN SPRINGS EVSD

PUBLIC SCHOOL

SPEECH & HEARING

1,646.

LONDON-WEST JEFFERSON OHIO

PUBLIC LIBRARY

LOW VISION READER

1,075.

ONTARIO OHIO PUBLIC LIBRARY

PUBLIC LIBRARY

LOW VISION READER

1,137.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

WORTHINGTON OHIO SENIOR CENTER

SPEECH & HEARING GRANT

1,125.

VANDALIA OHIO PUBLIC LIBRARY

PUBLIC LIBRARY

LOW VISION READER

1,323.

CLEARVIEW LOCAL SCHOOL DISTRICT

PUBLIC SCHOOL DISTRICT

INFRARED CLASSROOM AMPLIFICATION

4,065.

MCCORMICK MIDDLE SCHOOL

PUBLIC SCHOOL

CLASSROOM AMPLIFICATION

6,775.

MIDVIEW LOCAL SCHOOLS

PUBLIC SCHOOL DISTRICT

REAL TIME CAPTIONING

1,830.

SANDUSKEY COUNTY EDUCATION SERVICE CENTER

PUBLIC SCHOOL

SPEECH & HEARING GRANT

4,312.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND

RECIPIENT NAME AND ADDRESS

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

LIONS CLUBS INTERNATIONAL FOUNDATION

501 (C) (3)

300.

TOTAL CONTRIBUTIONS PAID

65,247.

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

6,995.

TOTALS

6,995.
=====

*Assets Retired
USA
5X9024 1.000

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	MANAGEMENT AND GENERAL
-----	-----	-----
AWARDS & PLAQUES	927.	927.
BANK SERVICE CHARGES	300.	300.
COURIER SERVICES	255.	255.
FIDELITY BOND	115.	115.
OHIO ATTY GENERAL ANNUAL REGIS	100.	100.
OHIO SECRETARY OF STATE	25.	25.
POST OFFICE BOX RENT	50.	50.
POSTAGE AND DELIVERY	622.	622.
PRINTING AND REPRODUCTION	1,105.	1,105.
PROFESSIONAL FEES-ACCOUNTING	1,412.	1,412.
SAFE DEPOSIT BOX RENT	59.	59.
SECRETARIAL SERVICES	244.	244.
TWENTIETH ANNIVERSARY PINS	1,790.	1,790.
WEBSITE	86.	86.
TOTALS	7,090.	7,090.

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

DESCRIPTION

MAINTENANCE AND IMPROVEMENT OF THE SENSORY GARDEN
AT THE OHIO STATE SCHOOL FOR THE BLIND
OTHER SUPPORT GRANTS
SEE STATEMENTS 5, 6, 7, 8, 9 AND 10

TOTALS

GRANTS AND ALLOCATIONS	EXPENSES
1,859.	1,859.
11,496.	11,496.
13,355.	13,355.

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.	1,424.	66.		1,490.
COMPUTER SOFTWARE	SL	210.			210.	210.			210.
DISPLAY UNITS	M7	1,639.			1,639.	1,064.	165.		1,229.
TOTALS		9,872.			9,872.	9,231.			9,462.

OHIO LIONS FOUNDATION

31-1162338

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 AS REQ	NONE		
HAROLD L. MERKLE 6337 KREISCHER ROAD VAN WERT, OH 45891	VICE PRES. AS REQ	NONE		
JEFFREY W. BRANTNER 1644 CARDIFF ROAD COLUMBUS, OH 43221	SECRETARY AS REQ	NONE		
JAMES FAUST 2400 SR 131 HILLSBORO, OH 45133	ASST SEC/TREASURER AS REQ	NONE		
HAROLD L. MERKLE 6337 KREISHER ROAD VAN WERT, OH 45891	TRUSTEE DISTRICT A AS REQ	NONE		
GARY GARRETT 1122 DRESDEN DRIVE MANSFIELD, OH 44905	TRUSTEE DISTRICT B AS REQ	NONE		
DAN LESTER 5543 BRECKSWOOD OVAL BROADVIEW HEIGHTS, OH 44147	TRUSTEE DISTRICT C AS REQ	NONE		
ELMER F. MUNDY 7565 IVYDALE AVE. NW NORTH CANTON, OH 44720	TRUSTEE DISTRICT D AS REQ	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 AS REQ	NONE		
JEFFREY W. BRANTNER 1644 CARDIFF ROAD COLUMBUS, OH 43221	TRUSTEE DISTRICT F AS REQ	NONE		
PHIL JENKINS 104 JILL COURT CRESTON, OH 44217	TRUSTEE AT LARGE AS REQ	NONE		
ERNEST MCFARLAND 864 VALLEY VISTA DRIVE MANCHESTER, OH 45144	TRUSTEE EMERITUS AS REQ	NONE		
TOM CAHOON 9101 ECKLEBEERY ROAD CAMBRIDGE, OH 43725	TRUSTEE DISTRICT G AS REQ	NONE		
DICK WEIMER 303 RANKIN DRIVE ENGLEWOOD, OH 45332	TRUSTEE DISTRICT H AS REQ	NONE		
JAMES FAUST 2400 SR 131 HILLSBORO, OH 45133	TRUSTEE DISTRICT J AS REQ	NONE		
LARRY ROBERTS BOX 33 THORNVILLE, OH 43076	TRUSTEE DISTRICT K AS REQ	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
C. THOMAS ROBERDS 3912 OLD MILL ROAD SPRINGFIELD, OH 45502	TRUSTEE EMERITUS AS REQ	NONE		
RONALD L. HUTCHINSON 305 MIAMI LAKES DRIVE MILFORD, OH 45150	HONORARY TRUSTEE 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 6/30/2006

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.

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2005

Attachment
Sequence No. **67**

Identifying number

31-1162338

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

OHIO LIONS FOUNDATION

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
6	(a) Description of property	(b) Cost (business use only)
	(c) Elected cost	
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 2004 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 2006. 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 certain aircraft, certain property with a long production period, and qualified NYL or GO 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 2005	17	231.
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		

Section B - Assets Placed in Service During 2005 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						
h Residential rental property			25 yrs.		S/L	
			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 2005 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
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 certain aircraft, certain property with a long production period, and qualified NYL or GO 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	
30 Total business/investment miles driven during the year (do not include commuting miles)												
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	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 instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 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		
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 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 2005 tax year (see instructions):					
43 Amortization of costs that began before your 2005 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

[illegible]

***Assets Retired**
JSA

FEDERAL FOOTNOTES

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

COFFEY SCHOLARSHIP FUND	22,067.
TIFFIN EYE FUND	2,398.
HELEN KELLER SCHOLARSHIP FUND	33,383.
ONTARIO LIONS RESTRICTED FUND	739.
MEMORIAL FUND	29,662.
DISTRICT B SPEECH & HEARING FUND	4,502.
SENSORY GARDEN FUND	9,524.
DISTRICT 13-F EYE FUND	5,079.
HILLTOP EYE FUND	1,626.
WILMINGTON LIONS RESTRICTED FUND	115.
TRI-VILLAGE RESTRICTED FUND	4,429.
PLAIN CITY SCHOLARSHIP FUND	27,104.
SENSORY GARDEN ENDOWMENT FUND	2,365.
TRI VILLAGE NOON LIONS	846.
SPRINGDALE FOREST PARK LIONS	97.
DISASTER RELIEF FUND	910.
EQUIPMENT FUND	412.
TOTAL PERMANENTLY RESTRICTED	----- 145,258. =====
TEMPORARILY RESTRICTED FUNDS	-----
RESERVE FOR DISASTER RELIEF	35,000.
TOTAL TEMPORARILY RESTRICTED	----- 35,000. =====

FEDERAL FOOTNOTES
=====FORM 990, PAGE 3, LINE 61-GRANTS PAYABLE:

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 #25-LANCASTER, OHIO	1,380.
LINCOLN ELEMENTARY SCHOOL	500.
NORDONIA HIGH SCHOOL	200.
UNIVERSAL LOW VISION AIDS, INC.	1,323.
MONTGOMERY COUNTY LIBRARY	2,000.
NORTH BALTIMORE HIGH SCHOOL	150.
COLUMBUS ART MEMORIAL (SENSORY GARDEN MAINTENANCE)	1,040.
INDIVIDUAL EYE CASES	80.
TOTAL GRANTS PAYABLE	----- 29,898. =====

OHIO LIONS FOUNDATION

ANALYSIS OF FUND BALANCES

FISCAL YEAR ENDING JUNE 30, 2006

Fund	Beginning Fund Balance 7/1/2005	Fiscal Year Ended 6/30/2006					End of Year Fund Balance 6/30/2006
		Contributions	Interest Income Allocated	Transaction Fees Assessed	Direct Disbursements	Inter-Fund Transfers	
Unrestricted Fund balance:	110,600	52,315	3,162	183	(11,160)	(30,250)	124,850
Restricted Funds:							
Disaster Relief Fund	-						-
James Coffey Scholarship Fund	22,186	900	10				910
District 13F Eye Care Fund	1,466	2,100	520		(2,739)		22,067
District 13B Speech & Hearing Fund	19,685	10,583	97	(71)	(6,996)		5,079
Hilltop Lions Restricted Fund	1,589	3,085	397	(38)	(18,627)		4,502
Memorial Fund	29,077		37				1,626
Sensory Garden Fund	5,710	75	510				29,662
Helen Keller Scholarship Fund	30,958	5,518	178	(23)	(1,859)		9,524
Ontario Lions Restricted Fund	24	1,670	755		(30,250)	30,250	33,383
Sensory Garden Endowment Fund	2,353	1,000	21	(6)	(300)		739
Tiffin Eye Fund	1,850		12				2,365
Tri Village Lions Restricted Fund	1,988	500	50	(2)			2,398
Tri Village Noon Lions Restricted Fund	-	5,854	104	(17)	(3,500)		4,429
Plain City Lions Scholarship Restricted Fund	26,376	3,315	45	(14)	(2,500)		846
Wilmington Lions Restricted Fund	112		728				27,104
Springdale-Forest Park Restricted Fund	-	1,500	3	(12)	(1,400)		115
Equipment Fund	643		9		(231)		97
Total permanently restricted funds balances:	144,017	36,100	3,476	(183)	(68,402)	30,250	145,258
Reserve for Disaster Relief	35,000						35,000
Total temporarily restricted funds balances:	35,000						35,000
Total Restricted Funds Balances:	179,017						180,258
Total Fund Balances:	289,617	88,415	6,638	-	(79,562)	-	305,108

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. 20 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.

OHIO LIONS FOUNDATION
FORM 990
F.Y.E. 06/30/2006
31-1162338

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>

STATEMENT NO. 24



THE OHIO LIONS FOUNDATION



P O. Box 21016, Upper Arlington, Ohio 43221-0016
www.ohiolionsfoundation.org

Jeffrey W. Brantner, Executive Secretary
1720 Zollinger Road, Second Floor
Columbus, Ohio 43221
Tele: 614-459-5200 Ext #230
Fax: 614-459-1151
Email: jwbrantner@rpbke.com
Website: www.ohiolionsfoundation.org

May 14, 2007

CERTIFIED MAIL; RETURN RECEIPT REQUESTED

Office of the Ohio Attorney General
Charitable Foundations Section
150 East Gay Street, 23d Floor
Columbus, Ohio 43215

RE: Ohio Lions Foundation
Ohio Registration Number 192-87
Federal E.I.N. 31-1162338
F.Y.E. 6/30/2006

Gentlemen:

Enclosed is a copy of the Form 990 together with Schedule A for the Ohio Lions Foundation's fiscal year ended June 30, 2006. An approved extension of time to file the return was obtained to May 15, 2007. A check in the amount of \$100.00 for the annual registration fee was heretofore remitted under cover of November 14, 2006.

Very truly yours,

Jeffrey W. Brantner

Encl.: