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Return of Organization Exempt From Income Tax

2008

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

| | | | | |
|--|--|--|---------------------------------|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions | C Name of organization OHIO LIONS FOUNDATION | | D Employer identification number 31-1162338 |
| | | Doing Business As | | E Telephone number (614) 459-5200 EXT 230 |
| | | Number and street (or P O box if mail is not delivered to street address) Room/suite P.O. BOX 21016 | | G Gross receipts \$ 130,606. |
| | | City or town, state or country, and ZIP + 4 COLUMBUS, OH 43221-0016 | | |
| F Name and address of principal officer | | | | H(a) Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list (see instructions) |
| J Website: WWW.OHIOLIONSFOUNDATION.ORG | | | | H(c) Group exemption number |
| K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | | L Year of formation 1985 | M State of legal domicile OH |

SCANNED JUL 14 2010 Activities & Governance

Part I Summary

| | | |
|--|--|---|
| 1 Briefly describe the organization's mission or most significant activities SPONSORSHIP OF THE HELEN KELLER SCHOLARSHIP FOR VISUALLY IMPAIRED COLLEGE STUDENTS; MATCHING GRANTS FOR ADAPTIVE EQUIPMENT; PROVIDING EYE EXAMS AND GLASSES TO NEEDY INDIVIDUALS. | | |
| 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets | | |
| 3 Number of voting members of the governing body (Part VI, line 1a) | 3 12 | |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 12 | |
| 5 Total number of employees (Part V, line 2a) | 5 NONE | |
| 6 Total number of volunteers (estimate if necessary) | 6 15 | |
| 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) | 7a | |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 7b | |
| Revenue | 8 Contribution and grants (Part VIII, line 1h) | Prior Year: 82,803. Current Year: 122,278. |
| | 9 Program service revenue (Part VIII, line 2g) | NONE |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 12,325. 6,929. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 176. 1,399. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 95,304. 130,606. |
| | Expenses | 13 Grants and similar amounts (Part IX, column (A), lines 1-3) |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | NONE |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | NONE |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | NONE |
| 16b Total fundraising expenses, Part IX, column (B), line 25 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | | 5,469. 4,498. |
| 18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25) | 92,272. 73,362. | |
| 19 Revenue less expenses Subtract line 18 from line 12 | 3,032. 57,244. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Year: 398,429. End of Year: 460,178. |
| | 21 Total liabilities (Part X, line 26) | 41,048. 45,553. |
| | 22 Net assets or fund balances Subtract line 21 from line 20 | 357,381. 414,625. |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: *Jeffrey W. Brantner* Date: 5/11/2010

JEFFREY W. BRANTNER SECRETARY

Preparer's Information

Preparer's signature: _____ Date: _____ Check if self-employed:

Preparer's identifying number (see instructions): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

916-18 13

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No [X]

If "Yes" describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No [X]

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 33,000. including grants of \$ 33,000.) (Revenue \$)

HELEN KELLER SCHOLARSHIP PROGRAM-SCHOLARSHIPS FOR VISUALLY IMPAIRED UNDERGRADUATE AND GRADUATE STUDENTS; TOTAL OF 11 SCHOLARSHIPS AT SEVEN STATE SUPPORTED UNIVERSITIES. THE SCHOLARSHIP RECIPIENTS ARE SELECTED BY THE PARTICIPATING UNIVERSITIES ON THE BASIS OF FINANCIAL NEED AND ACADEMIC ABILITY AS SET FORTH IN THE SCHOLARSHIP CRITERIA ESTABLISHED BY THE ORGANIZATION.

4b (Code) (Expenses \$ 4,350. including grants of \$ 4,350.) (Revenue \$)

MATCHING GRANTS FOR LOW VISION READERS FOR PUBLIC LIBRARIES AND COMMUNITY SENIOR CENTERS AND LENS MEASURING EQUIPMENT FOR V.O.S.H. (A VOLUNTEER CHARITABLE ORGANIZATION PROVIDING EYE GLASSES FOR INDIGENTS).

4c (Code) (Expenses \$ 5,569. including grants of \$ 5,569.) (Revenue \$)

SPEECH AND HEARING GRANTS TO EASTER SEALS AND THREE PUBLIC SCHOOLS FOR ADAPTIVE EQUIPMENT MATERIALS AND PROGRAMS FOR HEARING IMPAIRED.

4d Other program services (Describe in Schedule O) SEE STATEMENT 2 (Expenses \$ 25,945. including grants of \$ 25,945.) (Revenue \$)

4e Total program service expenses \$ 68,864. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

| | | Yes | No |
|-----|--|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 | Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> | X | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the U S ? | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i> | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> | | X |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20 | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | | X |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | |
| a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | X | |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No | | | |
|-----|--|-----|------|--|--|---|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. | 1a | 1 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 1b | NONE | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | 2a | NONE | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | 2b | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | | | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | | | |
| 4a | 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)? | 4a | | | | X |
| b | 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 | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | | X |
| c | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5c | | | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | 6a | | | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| a | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? | 7a | | | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | | | |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | | | X |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | | | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | | | | X |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | X |
| 10 | Section 501(c)(7) organizations. Enter | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | | | |
| a | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

| | | Yes | No |
|---|---|-----|----|
| For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O See instructions | | | |
| 1a | Enter the number of voting members of the governing body | 1a | 12 |
| b | Enter the number of voting members that are independent | 1b | 12 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | X |
| 6 | Does the organization have members or stockholders? | 6 | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | X |
| 8 | Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| a | The governing body? | 8a | X |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X |
| 9a | Does the organization have local chapters, branches, or affiliates? | 9a | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 9b | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 | 10 | X |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 11 | X |

Section B. Policies

| | | Yes | No |
|---|--|-----|----|
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | |
| 13 | Does the organization have a written whistleblower policy? | 13 | X |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision | | |
| a | The organization's CEO, Executive Director, or top management official? | 15a | X |
| b | Other officers or key employees of the organization? | 15b | X |
| Describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | |

Section C. Disclosure

| | |
|----|--|
| 17 | List the states with which a copy of this Form 990 is required to be filed ► <u>OH</u> |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► <u>JEFFREY W. BRANTNER, SECY. 1720 ZOLLINGER ROAD, COLUMBUS, OHIO, 43221</u> <u>614-459-5200</u> |

Part VIII Statement of Revenue

31-1162338

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|--|--|----------------------|--|---|---|--|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 122,278. | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | | | | |
| | h | Total. Add lines 1a-1f | STMT 3. | 122,278. | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| g | Total. Add lines 2a-2f | | NONE | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | STMT 5. | 6,929. | | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | NONE | | | |
| | 5 | Royalties | | NONE | | | |
| | 6a | Gross Rents | (i) Real | (ii) Personal | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | b | Less rental expenses | | | | | |
| | c | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | | NONE | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | b | Less cost or other basis and sales expenses | | | | | |
| | c | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | | NONE | | | |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | |
| | b | Less direct expenses | b | | | | |
| | c | Net income or (loss) from fundraising events | | NONE | | | |
| 9a | Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| b | Less direct expenses | b | | | | | |
| c | Net income or (loss) from gaming activities | | NONE | | | | |
| 10a | Gross sales of inventory, less returns and allowances | a | | | | | |
| b | Less: cost of goods sold | b | | | | | |
| c | Net income or (loss) from sales of inventory | | NONE | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | SALES OF TRADING PINS | | 1,399. | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | 1,399. | | | | |
| 12 | Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e | | 130,606. | | | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . | 62,882. | 62,882. | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 5,982. | 5,982. | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | NONE | | | |
| 4 | Benefits paid to or for members | NONE | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | NONE | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . | NONE | | | |
| 7 | Other salaries and wages | NONE | | | |
| 8 | Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . . | NONE | | | |
| 9 | Other employee benefits | NONE | | | |
| 10 | Payroll taxes | NONE | | | |
| 11 | Fees for services (non-employees). | | | | |
| a | Management | NONE | | | |
| b | Legal | NONE | | | |
| c | Accounting | 1,231. | | 1,231. | |
| d | Lobbying | NONE | | | |
| e | Professional fundraising services See Part IV, line 17 | NONE | | | |
| f | Investment management fees | NONE | | | |
| g | Other | NONE | | | |
| 12 | Advertising and promotion | NONE | | | |
| 13 | Office expenses | NONE | | | |
| 14 | Information technology | 154. | | 154. | |
| 15 | Royalties | NONE | | | |
| 16 | Occupancy | NONE | | | |
| 17 | Travel | NONE | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | NONE | | | |
| 19 | Conferences, conventions, and meetings | NONE | | | |
| 20 | Interest | NONE | | | |
| 21 | Payments to affiliates | NONE | | | |
| 22 | Depreciation, depletion, and amortization | 208. | | 208. | |
| 23 | Insurance \$TMT. 6 | 230. | | 230. | |
| 24 | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| a | AWARDS & PLAQUES ----- | 1,097. | | 1,097. | |
| b | PRINTING & REPRODUCTION ----- | 431. | | 431. | |
| c | POSTAGE AND DELIVERY ----- | 367. | | 367. | |
| d | OHIO ATTY GENERAL ANNUAL REG ----- | 100. | | 100. | |
| e | SAFE DEPOSIT BOX RENT ----- | 65. | | 65. | |
| f | All other expenses ----- | 615. | | 615. | |
| 25 | Total functional expenses. Add lines 1 through 24f | 73,362. | 68,864. | 4,498. | |
| 26 | Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|----------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 2,145. | 1 | 15,532. |
| | 2 Savings and temporary cash investments | 396,074. | 2 | 444,646. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sales or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment cost basis | 10a 9,662. | | |
| | b Less accumulated depreciation. Complete Part VI of Schedule D. | 10b 9,662. | 210. | 10c |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | | 398,429. | 16 | 460,178. |
| Liabilities | 17 Accounts payable and accrued expenses | 100. | 17 | 577. |
| | 18 Grants payable | 40,948. | 18 | 44,976. |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow account liability Complete Part IV of Schedule D | | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable. | | 24 | |
| | 25 Other liabilities Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25. | | 41,048. | 26 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 133,170. | 27 | 138,914. |
| | 28 Temporarily restricted net assets | 35,000. | 28 | 35,000. |
| | 29 Permanently restricted net assets | 189,211. | 29 | 240,711. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | | 357,381. | 33 |
| 34 Total liabilities and net assets/fund balances. | | 398,429. | 34 | 460,178. |

Part XI Financial Statements and Reporting

| | | Yes | No |
|----|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | X |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | X |
| c | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | X |
| b | If "Yes," did the organization undergo the required audit or audits? | 3b | |

Public Charity Status and Public Support

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

| | |
|--|---|
| Name of the organization OHIO LIONS FOUNDATION | Employer identification number 31-1162338 |
|--|---|

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only one organization)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 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 exempt 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)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) A family member of a person described in (i) above? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

h Provide the following information about the organizations the organization supports

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col (i) organized in the U.S.? | | (vii) Amount of support |
|------------------------------------|----------|---|--|----|--|----|--|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| N/A | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 96,246. | 88,415. | 110,951. | 82,803. | 122,278. | 500,693. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1-3 | 96,246. | 88,415. | 110,951. | 82,803. | 122,278. | 500,693. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 18,092. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 482,601. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4. | 96,246. | 88,415. | 110,951. | 82,803. | 122,278. | 500,693. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 3,797. | 6,638. | 10,599. | 12,325. | 6,929. | 40,288. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | 176. | 1,399. | 1,575. |
| 11 Total support. Add lines 7 through 10 | | | | | | 542,556. |

12 Gross receipts from related activities, etc (See instructions) **12**

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

| | | |
|---|---------------------------------------|---------|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | 88.95 % |
| 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | 94.06 % |
| 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | ▶ <input checked="" type="checkbox"/> | |
| b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | ▶ <input type="checkbox"/> | |
| 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization | ▶ <input type="checkbox"/> | |
| b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | ▶ <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | ▶ <input type="checkbox"/> | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1-5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12).

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows: 15 Public support percentage for 2008; 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows: 17 Investment income percentage for 2008; 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2004 | 2005 | 2006 | 2007 | 2008 | TOTAL |
|----------------------|------|------|------|------|--------|--------|
| SALE OF TRADING PINS | | | | 176. | 1,399. | 1,575. |
| TOTALS | | | | 176. | 1,399. | 1,575. |

FORM 990, PART VIII - CONTRIBUTIONS

=====

| NAME AND ADDRESS | DATE | FEDERATED CAMPAIGNS | FUNDRAISING EVENTS | RELATED ORGANIZATIONS | GOVERNMENT GRANTS | ALL OTHER CONTRIBUTIONS |
|------------------|------|------------------------|-----------------------|--------------------------|----------------------|----------------------------|
| ----- | --- | ----- | ----- | ----- | ----- | ----- |
| | | | | | | 45,091. |
| | | | | | | 6,450. |
| | | | | | | 2,673. |
| | | | | | | 3,275. |
| | | | | | | 7,915. |
| | | | | | | 1,865. |
| | | | | | | 875. |
| | | | | | | 45,098. |
| | | | | | | 1,000. |

FORM 990, PART VIII - CONTRIBUTIONS

=====

| DATE | FEDERATED CAMPAIGNS | MEMBERSHIP DUES | FUNDRAISING EVENTS | RELATED ORGANIZATIONS | GOVERNMENT GRANTS | ALL OTHER CONTRIBUTIONS |
|------|------------------------|-----------------|-----------------------|--------------------------|----------------------|----------------------------|
| | | | | | | 1,880. |
| | | | | | | 250. |
| | | | | | | 4,856. |
| | | | | | | 1,050. |
| | | | | | | 122,278. |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

OHIO LIONS FOUNDATION

31-1162338

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, acreage, and monitoring. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Investment earnings or losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment 100.0000 %
b Permanent endowment %
c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Table with 3 columns: Description, Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))

Part XIV Supplemental Information (continued)

MEMORIAL FUND

SCHEDULE D, PART V ENDOWMENT FUNDS

MEMORIAL GIFTS RECIEVED BY THE ORGANIZAION ARE PLACED IN THE MEMORIAL
FUND. INCOME FROM THE MEMORIAL FUND IS DESIGNATED TO BE USED TO FUND THE
HELEN KELLER SCHOLARSHIP PROGRAM.

SENSORY GARDEN ENDOWMENT FUND

SCHEDULE D, PART V, ENDOWMENT FUNDS

INCOME FROM THE SENSORY GARDEN ENDOWMENT FUND IS DESIGNATED FOR THE
ON-GOING MAINTTENANCE AND IMPROVEMENT OF THE SENSORY GARDEN AT THE OHIO
STATE SCHOL FOR THE BLIND.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| GRANTS FOR INDIVIDUAL EYE EXAMS AND GLASSES | 36 | 5,982. | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHOLARSHIPS

FORM 990 SCHEDULE I PART IV

WRITTEN CRITERIA ESTABLISHED BY THE FOUNDATION FOR AWARDING THE HELEN

KELLER SCHOLARSHIPS ARE PROVIDED TO EACH PARTICIPATING UNIVERSITY. EACH

UNIVERSITY IS REQUESTED TO SUBMIT A REPORT TO THE FOUNDATION ANNUALLY

REGARDING THE AWARDING OF THE SCHOLARSHIPS.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| | | | | | |
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

GRANTS TO INDIVIDUALS

FORM 990, SCHEDULE I, PART IV

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| | | | | | |
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

COMMITTEES SCREEN APPLICATIONS FOR ASSISTANCE TO DETERMINE THE APPLICANT'S FINANCIAL NEED.

GRANT APPLICATIONS

FORM 990, SCHEDULE I, PART IV

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 FURTHERANCE OF THE FOUNDATION'S EXEMPT PURPOSE, AND (2) THAT THE RECIPIENT IS "QUALIFIED".

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

OHIO LIONS FOUNDATION

31-1162338

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| RICHARD BOEHR TRUSTEE, DISTRICT A | | X | | | | | | NONE | NONE | NONE |
| GARY GARRETT TRUSTEE, DISTRICT B | | X | | | | | | NONE | NONE | NONE |
| DAN LESTER TRUSTEE, DISTRICT C | | X | | | | | | NONE | NONE | NONE |
| TO KIRKBRIDE TRUSTEE, DISTRICT D | | X | | | | | | NONE | NONE | NONE |
| HANK KIES TRUSTEE, DISTRICT E | | X | | | | | | NONE | NONE | NONE |
| JEFFREY W. BRANTNER TRUSTEE DISTRICT F | | X | | | | | | NONE | NONE | NONE |
| PAT CRAIG TRUSTEE DISTRICT G | | X | | | | | | NONE | NONE | NONE |
| DICK WEIMER TRUSTEE DISTRICT H | | X | | | | | | NONE | NONE | NONE |
| JAMES FAUST TRUSTEE DISTRICT J | | X | | | | | | NONE | NONE | NONE |
| LARRY ROBERTS TRUSTEE DISTRICT K | | X | | | | | | NONE | NONE | NONE |
| RONALD L. HUTCHINSON HONORARY TRUSTEE | | X | | | | | | NONE | NONE | NONE |
| ROB MURPHY HONORARY TRUSTEE | | X | | | | | | NONE | NONE | NONE |
| STEVE THORNTON TRUSTEE AT LARGE | | X | | | | | | NONE | NONE | NONE |
| ERNEST MCFARLAND HONORARY TRUSTEE | | X | | | | | | NONE | NONE | NONE |
| HAROLD L. MERKLE TRUSTEE EMERITUS | | X | | | | | | NONE | NONE | NONE |
| GARY GARRETT PRESIDENT | | | | X | | | | NONE | NONE | NONE |
| DICK WEIMER VICE PRESIDENT | | | | X | | | | NONE | NONE | NONE |
| JEFFREY W. BRANTNER SECRETARY | | | | X | | | | NONE | NONE | NONE |
| JAMES FAUST ASSISTANT SECRETARY/TREASURER | | | | X | | | | NONE | NONE | NONE |
| | | | | | | | | | | |
| | | | | | | | | | | |

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

OHIO LIONS FOUNDATION

Employer identification number

31-1162338

MISSION

FORM 990, PART III, 1- MISSION

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, AMOUNT 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 CONSTRUCTIONS AND OPERATION OF A

RESEARCH HOSPITAL, CLINIC OR SIMILAR FACILITY;

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

(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.

Name of the organization

Employer identification number

OHIO LIONS FOUNDATION

31-1162338

DISCLOSURE

FORM 990, PART VI, SECTION C, LINE 19

COPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND MAY BE OBTAINED FROM ANY

OF THE TRUSTEES UPON REQUEST.

Name of the organization

Employer identification number

OHIO LIONS FOUNDATION

31-1162338

TRUSTEES

FORM 990, PART VI, SECTION A, ITEM 11

RICHARD BOEHR

TRUSTEE DISTRICT A

7270 GRISMORE ROAD

BLUFTON, OH 45817

GARY GARRETT

PRESIDENT, TRUSTEE DISTRICT B

1122 DRESDEN DRIVE

MANSFIELD, OH 44905

DAN LESTER

TRUSTEE DISTRICT C

5543 BRECKSWOOD OVAL

BROADVIEW HEIGHTS, OH 44147

TOM KIRKBRIDE

TRUSTEE DISTRICT D

39764 STATE ROUTE 517

LISBON, OH 44432

HANK KIES

TRUSTEE DISTRICT E

429 COLTON AVENUE

BELLEFONTAINE, OH 43311

Name of the organization

Employer identification number

OHIO LIONS FOUNDATION

31-1162338

JEFFREY W. BRANTNER

SECRETARY, TRUSTEE DISTRICT F

1644 CARDIFF ROAD

COLUMBUS, OH 43221

PAT CRAIG

TRUSTEE DISTRICT G

54030 RED LANE

CUMBERLAND, OH 43732

DICK WEIMER

V.P., TRUSTEE DISTRICT H

303 RANKIN DRIVE

ENGLEWOOD, OH 45322

JAMES FAUST

ASST. SEC./TREASURER, TRUSTEE DISTRICT J

2400 SR 131

HILLSBORO, OH 45133

LARRY ROBERTS

TRUSTEE DISTRICT K

BOX 33

THORNVILLE OH 43076

RONALD L. HUTCHINSON

Name of the organization

Employer identification number

OHIO LIONS FOUNDATION

31-1162338

HONORARY TRUSTEE

202 MIAMI LAKES DRIVE

MILFORD, OH 45150

ROB MURRY

HONORY TRUSTEE (EFF 07/01/07)

212 ROSS STREET

UHRICHSVILLE, OH 44683

STEVE THORNTON

TRUSTEE-AT-LARGE

720 W. HUTTON RD.

WOOSTER, OH 44691

ERNEST MCFARLAND

HONORARY TRUSTEE

864 VALLEY VISTA DRIVE

MANCHESTER, OH 45144

HAROLD L. MERKLE

TRUSTEE EMERITUS

6337 KREISCHER RD.

VAN WERT, OH 45891

Name of the organization

Employer identification number

OHIO LIONS FOUNDATION

31-1162338

MEMBERS

FORM 990, PART VI, SECTION A, ITEMS 6-7

VOTING MEMBERS:

THE VOTING MEMBERS OF THE ORGANIZATION ARE THE MEMBERS OF THE BOARD OF TRUSTEES (THE GOVERNING BODY).

NON-VOTING MEMBERS:

ALL MEMBERS IN GOOD STANDING OF ALL LIONS CLUBS ASSOCIATED WITH MULTIPLE DISTRICT 13, OHIO LIONS INC. ARE NON-VOTING MEMBERS OF THE ORGANIZATION.

ELECTION OF TRUSTEES (GOVERNING BODY):

THE BOARD OF TRUSTEES (THE GOVERNING BODY) CONSISTS OF:

(A) TEN (10) ELECTED SUB-DISTRICT TRUSTEES WHO ARE ELECTED BY THE MEMBERSHIP OF THEIR RESPECTIVE SUB-DISTRICTS OF OHIO LIONS MULTIPLE DISTRICT 13.

(B) ONE (1) TRUSTEE-AT-LARGE APPOINTED BY THE COUNCIL OF GOVERNORS OF MULTIPLE DISTRICT 13 - OHIO LIONS INC.

(C) NOT MORE THAN FIVE (5) TRUSTEES EMERITUS WHO ARE APPOINTED BY THE BOARD OF TRUSTEES.

THE BOARD OF TRUSTEES MAY ALSO ELECT HONORARY TRUSTEES TO SERVE AS NON-VOTING MEMBERS OF THE BOARD OF TRUSTEES.

Name of the organization

Employer identification number

OHIO LIONS FOUNDATION

31-1162338

REVIEW 990

FORM 990, PART VI, SECTION A, ITEM 10

REVIEW OF FORM 990:

A FULL AND COMPLETE COPY OF FORM 990 IS PRESENTED TO AND REVIEWED WITH

THE BOARD OF TRUSTEES AT THE FIRST MEETING OF THE BOARD OF TRUSTEES

FOLLOWING THE COMPLETION OF THE FORM 990.

Name of the organization

Employer identification number

OHIO LIONS FOUNDATION

31-1162338

ADVISED FUNDS

FORM 990, PART IV, LINE 6

THE ORGANIZATION MAINTAINS VARIOUS ADVISED RESTRICTED FUNDS, EACH OF

WHICH HAS AN ADVISORY COMMITTEE TO ADVISE THE ORGANIZAION'S BOARD OF

TRUSTEES REGARDING THE DISTRIBUITON OF FUNDS. RESTRICTED FUNDS HAVE

BEEN ESTABLISHED FOR SEVERAL LIONS CLUBS AND LIONS DISTRICTS WHICH IN

TURN APPOINT COMMITTEES TO SERVE AS ADVISORS TO THE FOUNDAITON REGARDING

THE DISRIBUTION OF FUNDS FROM THE RESPECTIVE RESTRICTED FUNDS. NO

ADVISED RESTRICTED FUNDS HAVE BEEN ESTABLISHED FOR INDIVIDUAL DONORS.

CONTRIBUTIONS TO THE VARIOUS RESTRICTED FUNDS MAY COME FROM INDIVIDUALS,

LIONS CLUBS AND LIONS RELATED ORGANIZATIONS, CORPORATIONS, AND OTHER

FOUNDATIONS. THE ORGANIZAION HAS ADOPTED WRITTEN GOVERNANCE DOCUMENTS

FOR SUCH ADVISED RESTRICTED FUNDS.

Name of the organization

Employer identification number

OHIO LIONS FOUNDATION

31-1162338

RELATED ORGANIZATIONS

FORM 990, PART IV, LINE 34

ALL OF THE TRUSTEES (THE VOTING MEMBES) OF THE REPORTING ORGANIZAION ARE

REQUIRED TO BE MEMBERS IN GOOD STANDING OF A LIONS CLUB ASSOCIATED WITH

MULTIPLE DISTRICT 13 - OHIO LIONS, INC. (AN I.R.C. SEC. 501(C)(4)

ORGANIZATION). ALL MEMBERS IN GOOD STANDING OF OHIO LIONS INC. ARE ALSO

NON-VOITNG MEMBERS OF THE REPORTING ORGANIZATION. THE BOARD OF TRUSTEES

OF THE REPORTING ORGANIZAION CONSISTS OF: (A) TEN (10) ELECTED

SUB-DISTRICT TRUSTEES WHO ARE DIRECTLY ELECTED BY THE MEMBERSHIP OF THEIR

RESPECTIVE SUB-DISTRICTS OF MULTIPLE DISTRICT 13, OHIO LIONS, INC.,

(B) ONE (1) TRUSTEE-AT-LARGE APPOINTED BY THE COUNCIL OF GOVERNORS OF

MULTIPLE DISTRICT 13 - OHIO LIONS INC., AND (C) NOT MORE THAN FIVE (5)

TRUSTEES EMERITUS WHO ARE APPOINTED BY THE BOARD OF TRUSTEES OF THE

REPORTING ORGANZIATION ALL OF WHOM MUST ALSO BE MEMBERS IN GOOD STANDING

OF A LIONS CLUB ASSOCIATED WITH MULTIPLE DISTRICT 13, OHIO LIONS, INC.

Name of the organization

Employer identification number

OHIO LIONS FOUNDATION

31-1162338

| RESTRICTED FUND BALANCES | |
|----------------------------------|----------|
| FORM 990, PART X, LINE 29(B) | |
| DISASTER RELIEF FUND | 2,702. |
| COFFEY SCHOLARSHIP FUND | 29,814. |
| TIFFIN EYE FUND | 3,107. |
| HELEN KELLER SCHOLARSHIP FUND | 42,894. |
| ONTARIO LIONS RESTRICTED FUND | 1,113. |
| MEMORIAL FUND | 33,523. |
| DISTRICT B SPEECH & HEARING FUND | 3,501. |
| SENSORY GARDEN FUND | 18,650. |
| DISTRICT 13-F EYE FUND | 19,904. |
| HILLTOP EYE FUND | 1,765. |
| WILMINGTON LIONS RESTRICTED FUND | 138. |
| TRI-VILLAGE RESTRICTED FUND | 4,016. |
| PLAIN CITY SCHOLARSHIP FUND | 30,497. |
| SENSORY GARDEN ENDOWMENT FUND | 2,533. |
| TRI VILLAGE NOON LIONS | 998. |
| SPRINGDALE FOREST PARK LIONS | 108. |
| GROVE CITY NOON LIONS | 104. |
| OHIO STATE SCHOOL FOR THE BLIND | 45,344. |
| ----- | |
| TOTAL PERMANENTLY RESTRICTED | 240,711. |
| ===== | |
| TEMPORARILY RESTRICTED FUNDS | |
| ----- | |
| RESERVE FOR DISASTER RELIEF | 35,000. |
| ===== | |

Name of the organization

Employer identification number

OHIO LIONS FOUNDATION

31-1162338

GRANTS PAYABLE

FORM 990, PART X, LINE 18(B)

HELEN KELLER SCHOLARSHIPS:

| | |
|---|---------|
| OHIO STATE UNIVERSITY | 12,000. |
| CLEVELAND STATE UNIVERSITY | 3,000. |
| BOWLING GREEN STATE UNIVERSITY | 5,750. |
| OHIO UNIVERSITY | 3,000. |
| WRIGHT STATE UNIVERSITY | 6,000. |
| YOUNGSTOWN STATE UNIVERSITY | 3,000. |
| UNIVERSITY OF CINCINNATI | 3,000. |
| AMERICAN COUNCIL FOR THE BLIND | 1,000. |
| CHESTNUT HILL EYE CARE | 35. |
| DR. TODD CHONTOS & ASSOCIATES | 140. |
| HORVATH VISION CARE | 85. |
| KAIROS ACADEMY | 500. |
| LIONS CLUBS INTERNATIONAL FOUNDATION | 120. |
| MUSKINGUM COUNTY EDUCATION SERVICE CENTER | 500. |
| NEW LEXINGTON MIDDLE SCHOOL | 500. |
| NORTH CENTRAL OHIO EDUCATION SERVICE CENTER | 1,146. |
| NORTH ROYALTON HIGH SCHOOL | 500. |
| NORTH ROYALTON MIDDLE SCHOOL | 500. |
| OHIO LIONS EYE RESEARCH FOUNDATION | 60. |
| OHIO LIONS FOUNDATION DISTRICT B SPEECH & HEARING | 60. |
| OHIO LIONS FOUNDATION UNRESTRICTED | 150. |
| PERRY COUNTY FAMILY & CHILDREN FIRST | 500. |
| PILOT DOGS, INC. | 120. |
| OHIO STATE UNIVERSITY-STUDENT VOSH | 60. |

Name of the organization

Employer identification number

OHIO LIONS FOUNDATION

31-1162338

VOSH-OHIO

3,250.

TOTAL GRANTS PAYABLE

44,976.

Name of the organization

Employer identification number

OHIO LIONS FOUNDATION

31-1162338

UNUSUAL GRANTS

FORM 990, SCHEDULE A, PART II, SECTION A, LINE 1

TOTAL GIFTS, GRANTS AND CONTRIBUTIONS

2004 122,246.

LESS: ONE-TIME GRANT FROM CHARITABLE

REMAINDER TRUST TO ENDOW A SCHOLARSHIP

PROGRAM (26,000.)

2004 TOTAL GIFTS, GRANTS AND

CONTRIBUTIONS ADJUSTED TO EXCLUDE

UNUSUAL GRANTS 96,246.

=====

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to other organization(s) | | X |
| c Gift, grant, or capital contribution from other organization(s) | X | |
| d Loans or loan guarantees to or for other organization(s) | | X |
| e Loans or loan guarantees by other organization(s) | | X |
| f Sale of assets to other organization(s) | | X |
| g Purchase of assets from other organization(s) | | X |
| h Exchange of assets | | X |
| i Lease of facilities, equipment, or other assets to other organization(s) | | X |
| j Lease of facilities, equipment, or other assets from other organization(s) | | X |
| k Performance of services or membership or fundraising solicitations for other organization(s) | | X |
| l Performance of services or membership or fundraising solicitations by other organization(s) | | X |
| m Sharing of facilities, equipment, mailing lists, or other assets | | X |
| n Sharing of paid employees | | X |
| o Reimbursement paid to other organization for expenses | | X |
| p Reimbursement paid by other organization for expenses | | X |
| q Other transfer of cash or property to other organization(s) | | X |
| r Other transfer of cash or property from other organization(s) | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (A) Name of other organization(s) | (B) Transaction type (e-r) | (C) Amount involved |
|---|-------------------------------|------------------------|
| (1) OHIO LIONS INC. SHARES ITS MAILING LIST | | |
| (2) WITH THE FOUNDATION | 1M | NONE |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

SEE MISSION STATEMENT ON SCHEDULE O.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

| DESCRIPTION | GRANTS | EXPENSES | REVENUE |
|---|---------|----------|---------|
| INDIVIDUAL EYE CASES (GLASSES AND EXAMS) FOR FINANCIALLY NEEDY INDIVIDUALS; TOTAL OF 36 INDIVIDUALS | 5,982. | 5,982. | |
| PILOT DOGS, INC. | 6,920. | 6,920. | |
| AMERICAN COUNCIL FOR THE BLIND FAMILY SEMINAR | 1,000. | 1,000. | |
| JAMES COFFEY SCHOLARSHIPS FOR YOUTH PROGRAMS AWARDED TO 9 SCHOOLS AND OTHER 501(C) (3) ORGS | 4,500. | 4,500. | |
| PRE-SCHOOL VISION SCREENING GRANTS | 1,146. | 1,146. | |
| GRANTS TO OTHER SECTION 501(C) (3) ORGS | 6,397. | 6,397. | |
| TOTALS | 25,945. | 25,945. | |

FORM 990, PART VIII - INVESTMENT INCOME

| DESCRIPTION | (A) TOTAL REVENUE | (B) RELATED OR EXEMPT REVENUE | (C) UNRELATED BUSINESS REV. | (D) EXCLUDED REVENUE |
|--|-------------------------|-------------------------------------|-----------------------------------|----------------------------|
| INTEREST INCOME: | | | | |
| WESBANCO BANK #1647014083-MEMORIAL FUND | 140. | | | |
| WESBANCO BANK #1647014075-SENSORY GARDEN ENDOWMENT | 30. | | | |
| ARLINGTON BANK #323076-PLAIN CITY SCHOLARSHIP FUND | 747. | | | |
| ARLINGTON BANK #316456-UNRESTRICTED FUND | 1,035. | | | |
| WESBANCO BANK #1647013697-UNRESTRICTED FUND | 1,115. | | | |
| FIRST STATE BANK #316480691-UNRESTRICTED FUND | 209. | | | |
| FIRST STATE BANK #316480142-UNRESTRICTED FUND | 133. | | | |
| FIFTH THIRD BANK CD #1100523342712-UNRESTRICTED | 192. | | | |
| FIFTH THIRD BANK CD #80521877027-UNRESTRICTED | 93. | | | |
| FIFTH THIRD BANK CD #1100523342413-UNRESTRICTED | 46. | | | |
| FIFTH THIRD BANK CD #80521877182-UNRESTRICTED | 109. | | | |
| FIFTH THIRD BANK CD #60520224454-UNRESTRICTED | 394. | | | |
| FIFTH THIRD BANK CD #80521877019-UNRESTRICTED | 31. | | | |
| FIFTH THIRD BANK CD #1100523342691-UNRESTRICTED | 128. | | | |
| FIFTH THIRD BANK CD #0521885035-TIFFIN EYE CARE | 8. | | | |
| US BANK CD # 3540164619-UNRESTRICTED FUND | 1,029. | | | |
| US BANK CHECKING A/C-UNRESTRICTED FUND | 427. | | | |
| HUNTINGTON NATIONAL BANK CD #07899501027-UNRESTR. | 1,063. | | | |
| TOTALS | 6,929. | | | |

2008

Description of Property
GENERAL DEPRECIATION
DEPRECIATION

| Asset description | Date placed in service | Unadjusted Cost or basis | Bus % | 179 exp reduction in basis | Basis Reduction | Basis for depreciation | Beginning Accumulated depreciation | Ending Accumulated depreciation | Method | Conv | Life | ACRS class | MA CRS class | Current-year 179 expense | Current-year depreciation |
|------------------------|------------------------|--------------------------|---------|----------------------------|-----------------|------------------------|------------------------------------|---------------------------------|----------|------|--------|------------|--------------|--------------------------|---------------------------|
| DISPLAY CASES | 06/30/1988 | 6,249. | 100.000 | | | 6,249. | 6,249. | 6,249. | SL | | 12.000 | | | | |
| FILE CABINET | 06/30/1988 | 205. | 100.000 | | | 205. | 205. | 205. | SL | | 12.000 | | | | |
| SIGNS | 06/30/1990 | 79. | 100.000 | | | 79. | 79. | 79. | SL | | 12.000 | | | | |
| DISPLAY UNITS | 02/09/1999 | 1,490. | 100.000 | | | 1,490. | 1,490. | 1,490. | 200DB HY | | | 7 | | | |
| DISPLAY UNITS | 05/20/2002 | 1,639. | 100.000 | | | 1,639. | 1,639. | 1,639. | 200DB MQ | | | 7 | | | 208. |
| Less Retired Assets | | | | | | | | | | | | | | | |
| Subtotals | | 9,662. | | | | 9,662. | 9,454. | 9,662. | | | | | | | 208. |
| Listed Property | | | | | | | | | | | | | | | |
| Less Retired Assets | | | | | | | | | | | | | | | |
| Subtotals | | | | | | | | | | | | | | | |
| TOTALS | | 9,662. | | | | 9,662. | 9,454. | 9,662. | | | | | | | 208. |

AMORTIZATION

| Asset description | Date placed in service | Cost or basis | Accumulated amortization | Ending Accumulated amortization | Code | Life | Current-year amortization |
|-------------------|------------------------|---------------|--------------------------|---------------------------------|------|-------|---------------------------|
| COMPUTER SOFTWARE | 08/30/1999 | 210. | 210. | 1,838. | A174 | 3.000 | |
| TOTALS | | 210. | 210. | 210. | | | |

*Assets Retired
USA
8X8024 1 000

Depreciation and Amortization
(Including Information on Listed Property)

▶ 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 (see instructions) | 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 2007 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 2009 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 depreciation allowance for qualified 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 2008 | 17 | 208. |
| 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 2008 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 | |
| | | | 27.5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | MM | S/L | |

Section C - Assets Placed in Service During 2008 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 | 208. |
| 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 depreciation allowance for qualified listed 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

30 Total business/investment miles driven during the year (do not include commuting miles) (a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
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 2008 tax year (see instructions)
43 Amortization of costs that began before your 2008 tax year 43
44 Total. Add amounts in column (f) See the instructions for where to report 44

Form **8868**

(Rev April 2009)

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
 - 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).

A corporation 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 a corporation 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 and click on *e-file for Charities & Nonprofits*.

| | | |
|--|--|---|
| Type or print File by the due date for filing your return. See instructions. | Name of Exempt Organization OHIO LIONS FOUNDATION | Employer Identification number 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 ► 614 459-5200 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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year _____ or

► tax year beginning 07/01, 2008, and ending 06/30, 2009

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

| | | | |
|---|-----------|----|------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 3a | \$ | NONE |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | NONE |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions | 3c | \$ | NONE |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev 4-2009)

• 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. Only file the original (no copies needed).

| | | | |
|---|---|--|---|
| 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 |
| | Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 21016 | | For IRS use only |
| | 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.

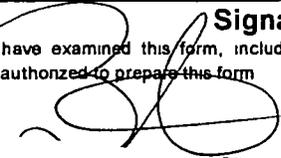
- The books are in the care of JEFFREY W. BRANTNER, SECY.
 Telephone No 614 459-5200 FAX No 614 459-1151
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (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 05/15/2010
- 5 For calendar year , or other tax year beginning 07/01/2008, and ending 06/30/2009
- 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. | 8a | \$ | NONE |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ | NONE |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | \$ | NONE |

Signature and Verification

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

Signature  Title Secretary Date 2/11/2010

(Rev 4-2009)