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Form 990-PF

## Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation

2008

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2008, or tax year beginning 07-01-2008 and ending 06-30-2009

 Check all that apply     Initial return     Final return     Amended return     Address change     Name change**Use the IRS  
label.  
Otherwise,  
print  
or type.  
See Specific  
Instructions.**Name of foundation  
SOUTHERN OREGON LIONS SIGHT & HEARING  
CENTERNumber and street (or P O box number if mail is not delivered to street address)  
228 N HOLLY STREET**A Employer identification number**

93-6042046

City or town, state, and ZIP code  
MEDFORD, OR 97501**B Telephone number (see the instructions)**

(541) 779-3653

**H Check type of organization**  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation**C If exemption application is pending, check here**  **D 1. Foreign organizations, check here**  2. Foreign organizations meeting the 85% test, check here and attach computation  **E If private foundation status was terminated under section 507(b)(1)(A), check here**  **F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here**  **I Fair market value of all assets at end of year (from Part II, col. (c), line 16)**  \$ 1,931,801**J Accounting method**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

(Part I, column (d) must be on cash basis.)

**Part I Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions))**(a) Revenue and expenses per books****(b) Net investment income****(c) Adjusted net income****(d) Disbursements for charitable purposes (cash basis only)**

<b>1</b>	Contributions, gifts, grants, etc., received (attach schedule)	30,234		
<b>2</b>	Check <input type="checkbox"/> <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B			
<b>3</b>	Interest on savings and temporary cash investments	21,742	21,742	21,742
<b>4</b>	Dividends and interest from securities. . . . .	15,715	15,715	15,715
<b>5a</b>	Gross rents . . . . .	51,975	51,975	51,975
<b>b</b>	Net rental income or (loss) _____ 24,000			
<b>6a</b>	Net gain or (loss) from sale of assets not on line 10	0		
<b>b</b>	Gross sales price for all assets on line 6a _____			
<b>7</b>	Capital gain net income (from Part IV, line 2) . . .			
<b>8</b>	Net short-term capital gain . . . . .			
<b>9</b>	Income modifications . . . . .			
<b>10a</b>	Gross sales less returns and allowances	21,492		
<b>b</b>	Less Cost of goods sold . . . . . 6,316			
<b>c</b>	Gross profit or (loss) (attach schedule) . . . . .	15,176		15,176
<b>11</b>	Other income (attach schedule) . . . . .	3,711		
<b>12</b>	<b>Total.</b> Add lines 1 through 11 . . . . .	138,553	89,432	104,608

<b>13</b>	Compensation of officers, directors, trustees, etc	39,728	28	11,891	27,809
<b>14</b>	Other employee salaries and wages . . . . .	17,165	12	5,137	12,016
<b>15</b>	Pension plans, employee benefits . . . . .	3,865	3	1,157	2,705
<b>16a</b>	Legal fees (attach schedule) . . . . .				
<b>b</b>	Accounting fees (attach schedule) . . . . .	13,795	10	4,129	9,656
<b>c</b>	Other professional fees (attach schedule) . . . . .				
<b>17</b>	Interest . . . . .				
<b>18</b>	Taxes (attach schedule) (see the instructions) . . .	7,128	5	2,133	4,990
<b>19</b>	Depreciation (attach schedule) and depletion . . .	36,301	85	36,216	
<b>20</b>	Occupancy . . . . .				
<b>21</b>	Travel, conferences, and meetings . . . . .				
<b>22</b>	Printing and publications . . . . .				
<b>23</b>	Other expenses (attach schedule) . . . . .	89,971	41,655	14,665	33,651
<b>24</b>	<b>Total operating and administrative expenses.</b>				
	Add lines 13 through 23 . . . . .	207,953	41,798	75,328	90,827
<b>25</b>	Contributions, gifts, grants paid . . . . .	30,744			30,744
<b>26</b>	<b>Total expenses and disbursements.</b> Add lines 24 and 25	238,697	41,798	75,328	121,571
<b>27</b>	Subtract line 26 from line 12				
<b>a</b>	<b>Excess of revenue over expenses and disbursements</b>	-100,144			
<b>b</b>	<b>Net investment income</b> (if negative, enter -0-) . . .		47,634		
<b>c</b>	<b>Adjusted net income</b> (if negative, enter -0-) . . .			29,280	

<b>Part II</b> <b>Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .	45,751	24,699	24,699
	<b>2</b>	Savings and temporary cash investments . . . . .			
	<b>3</b>	Accounts receivable ► 4,427			
		Less allowance for doubtful accounts ►			
	<b>4</b>	Pledges receivable ►	1,126	4,427	4,427
		Less allowance for doubtful accounts ►			
	<b>5</b>	Grants receivable . . . . .			
	<b>6</b>	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions) . . . . .			
	<b>7</b>	Other notes and loans receivable (attach schedule) ►			
		Less allowance for doubtful accounts ►			
	<b>8</b>	Inventories for sale or use . . . . .	6,782	5,106	5,106
	<b>9</b>	Prepaid expenses and deferred charges . . . . .	1,310	438	438
	<b>10a</b>	Investments—U S and state government obligations (attach schedule)			
	<b>b</b>	Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b>	Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b>	Investments—land, buildings, and equipment basis ►			
		Less accumulated depreciation (attach schedule) ►			
	<b>12</b>	Investments—mortgage loans . . . . .			
	<b>13</b>	Investments—other (attach schedule) . . . . .			
	<b>14</b>	Land, buildings, and equipment basis ► 1,475,833			
		Less accumulated depreciation (attach schedule) ► 518,498	993,636	957,335	957,335
	<b>15</b>	Other assets (describe ► )	1,179,242	939,796	939,796
	<b>16</b>	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	2,227,847	1,931,801	1,931,801
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .	4,091	4,677	
	<b>18</b>	Grants payable . . . . .			
	<b>19</b>	Deferred revenue . . . . .			
	<b>20</b>	Loans from officers, directors, trustees, and other disqualified persons . . . . .			
	<b>21</b>	Mortgages and other notes payable (attach schedule) . . . . .	90,401	82,807	
	<b>22</b>	Other liabilities (describe ► )	3,205	3,627	
	<b>23</b>	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	97,697	91,111	
	<b>Foundations that follow SFAS 117, check here ► <input checked="" type="checkbox"/></b> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	<b>24</b>	Unrestricted . . . . .	1,680,150	1,390,690	
	<b>25</b>	Temporarily restricted . . . . .			
	<b>26</b>	Permanently restricted . . . . .	450,000	450,000	
	<b>Foundations that do not follow SFAS 117, check here ► <input type="checkbox"/></b> <b>and complete lines 27 through 31.</b>				
	<b>27</b>	Capital stock, trust principal, or current funds . . . . .			
	<b>28</b>	Paid-in or capital surplus, or land, bldg , and equipment fund . . . . .			
	<b>29</b>	Retained earnings, accumulated income, endowment, or other funds . . . . .			
	<b>30</b>	<b>Total net assets or fund balances</b> (see the instructions)	2,130,150	1,840,690	
	<b>31</b>	<b>Total liabilities and net assets/fund balances</b> (see the instructions)	2,227,847	1,931,801	
<b>Net Assets or Fund Balances</b>	<b>Part III</b> <b>Analysis of Changes in Net Assets or Fund Balances</b>				
	<b>1</b>	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .		<b>1</b>	2,130,150
	<b>2</b>	Enter amount from Part I, line 27a . . . . .		<b>2</b>	-100,144
	<b>3</b>	Other increases not included in line 2 (itemize) ►		<b>3</b>	
	<b>4</b>	Add lines 1, 2, and 3 . . . . .		<b>4</b>	2,030,006
	<b>5</b>	Decreases not included in line 2 (itemize) ►		<b>5</b>	189,316
	<b>6</b>	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30		<b>6</b>	1,840,690

**Part IV Capital Gains and Losses for Tax on Investment Income**

<b>(a)</b> List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	<b>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo., day, yr.)	<b>(d)</b> Date sold (mo., day, yr.)
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**1a**


<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

**(I)** Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))

<b>(i)</b> FMV as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col (i) over col (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	<b>If gain, also enter in Part I, line 7</b> <b>If (loss), enter -0- in Part I, line 7</b>	<b>2</b>	
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)			
If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0- in Part I, line 8		<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

 Yes  No

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

<b>(a)</b> Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use assets	<b>(d)</b> Distribution ratio (col (b) divided by col (c))
2007	120,552	1,049,363	0 11488
2006	112,434	2,339,109	0 04807
2005	110,391	2,416,686	0 04568
2004	112,414	2,423,278	0 04639
2003	106,184	2,369,441	0 04481

<b>2</b> Total of line 1, column (d).	<b>2</b>	0 29983
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0 05997
<b>4</b> Enter the net value of noncharitable-use assets for 2008 from Part X, line 5.	<b>4</b>	925,699
<b>5</b> Multiply line 4 by line 3.	<b>5</b>	55,510
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b).	<b>6</b>	476
<b>7</b> Add lines 5 and 6.	<b>7</b>	55,986
<b>8</b> Enter qualifying distributions from Part XII, line 4.	<b>8</b>	121,571

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see the instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1	1	476
1b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		
1c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	476
3	Add lines 1 and 2.		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .	3	476
6	<b>Credits/Payments</b>		
6a	2008 estimated tax payments and 2007 overpayment credited to 2008		
6b	Exempt foreign organizations—tax withheld at source	6a	914
6c	Tax paid with application for extension of time to file (Form 8868)		
6d	Backup withholding erroneously withheld		
7	Total credits and payments Add lines 6a through 6d.	6b	914
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached		
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .		
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	7	438
11	Enter the amount of line 10 to be <b>Credited to 2009 estimated tax</b> <input type="checkbox"/>		
	0   <b>Refunded</b> <input type="checkbox"/>		

**Part VII-A Statements Regarding Activities**

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?			
1c	<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	No	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			
4b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	3	Yes	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either <ul style="list-style-type: none"> <li>• By language in the governing instrument, or</li> <li>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .</li> </ul>			
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	4b	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see the instructions) <input type="checkbox"/> OR			
8b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	5	Yes	
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>			

**Part VII-A Statements Regarding Activities Continued**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11a		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract? . . . . .	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Web site address ►WWW LIONS ORG/NRLIONS HTM	13	Yes	
14	The books are in care of ►SO LIONS SIGHT & HEARING CTR Located at ►228 N HOLLY ST MEDFORD OR	Telephone no ►(541) 779-3653 ZIP +4 ►97501		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the year. . . . . ► 15			

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
<b>1a</b>	During the year did the foundation (either directly or indirectly)		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? . . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ►	1b	No
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2008? . . . . .	1c	No
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
<b>a</b>	At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2008? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see the instructions) . . . . .	2b	No
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	If "Yes," did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2008). . . . .	3b	No
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .	4a	No
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008? . . . . .	4b	No

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** Continued

<b>5a</b>	During the year did the foundation pay or incur any amount to			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions). . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see the instructions)? . . . . .		<b>5b</b>	<b>No</b>
Organizations relying on a current notice regarding disaster assistance check here. . . . . ►				
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If "Yes," attach the statement required by Regulations section 53.4945–5(d).				
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>	<b>No</b>
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			
If you answered "Yes" to 6b, also file Form 8870.				
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>7b</b>	<b>No</b>
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .			

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see the instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation <b>(If not paid, enter -0-)</b>	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

**2 Compensation of five highest-paid employees (other than those included on line 1—see the instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
<b>Total</b> number of other employees paid over \$50,000. . . . .				

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors Continued**

**3 Five highest-paid independent contractors for professional services—(see the instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total number of others receiving over \$50,000 for professional services. . . . .</b>		

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

	Expenses
1 Visual Care - payments to healthcare providers for care for vision patients	0
2	
3	
4	

**Part IX-B Summary of Program-Related Investments (see the instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1	
2	
3	
4	
5	
6	
<b>Total Add lines 1 through 3. . . . .</b>	

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities. . . . .	1a	0
b	Average of monthly cash balances. . . . .	1b	0
c	Fair market value of all other assets (see the instructions). . . . .	1c	939,796
d	<b>Total</b> (add lines 1a, b, and c). . . . .	1d	939,796
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	0
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	
3	Subtract line 2 from line 1d. . . . .	3	939,796
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see the instructions). . . . .	4	14,097
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	925,699
6	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	6	46,285

**Part XI Distributable Amount** (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ►  and do not complete this part.)

1	Minimum investment return from Part X, line 6. . . . .	1	
2a	Tax on investment income for 2008 from Part VI, line 5. . . . .	2a	
b	Income tax for 2008 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	
5	Add lines 3 and 4. . . . .	5	
6	Deduction from distributable amount (see the instructions). . . . .	6	
7	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	

**Part XII Qualifying Distributions** (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	121,571
b	Program-related investments—total from Part IX-B. . . . .	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the	3a	
a	Suitability test (prior IRS approval required). . . . .	3b	
b	Cash distribution test (attach the required schedule). . . . .	4	121,571
4	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	5	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see page 26 of the instructions)	6	476
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .		121,095

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see page 26 of the instructions)

	<b>(a) Corpus</b>	<b>(b) Years prior to 2007</b>	<b>(c) 2007</b>	<b>(d) 2008</b>
<b>1</b> Distributable amount for 2008 from Part XI, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2007				
<b>a</b> Enter amount for 2007 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2008				
<b>a</b> From 2003. . . . .				
<b>b</b> From 2004. . . . .				
<b>c</b> From 2005. . . . .				
<b>d</b> From 2006. . . . .				
<b>e</b> From 2007. . . . .				
<b>f Total</b> of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2008 from Part XII, line 4 ► \$ _____				
<b>a</b> Applied to 2007, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see the instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see the instructions). . . . .				
<b>d</b> Applied to 2008 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see the instructions . . . . .				
<b>e</b> Undistributed income for 2006 Subtract line 4a from line 2a Taxable amount—see the instructions . . . . .				
<b>f</b> Undistributed income for 2008 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2008. . . . .				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see the instructions) . . . . .				
<b>8</b> Excess distributions carryover from 2002 not applied on line 5 or line 7 (see page 27 of the instructions) . . . . .				
<b>9</b> <b>Excess distributions carryover to 2008.</b> Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9				
<b>a</b> From 2004. . . . .				
<b>b</b> From 2005. . . . .				
<b>c</b> From 2006. . . . .				
<b>d</b> From 2007. . . . .				
<b>e</b> From 2008. . . . .				

**Part XIV Private Operating Foundations** (see the instructions and Part VII-A, question 9)

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2008, enter the date of the ruling.				
b	Check box to indicate whether the organization is a private operating foundation described in section <input checked="" type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)				
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.				
b	85% of line 2a.				
c	Qualifying distributions from Part XII, line 4 for each year listed.				
d	Amounts included in line 2c not used directly for active conduct of exempt activities.				
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c.				
3	Complete 3a, b, or c for the alternative test relied upon				
a	"Assets" alternative test—enter				
(1)	Value of all assets.				
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i).				
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.				
c	"Support" alternative test—enter				
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).				
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III).				
(3)	Largest amount of support from an exempt organization				
(4)	Gross investment income				

**Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see the instructions.)****1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the organization only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the organization makes gifts, grants, etc. (see the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

SOUTHERN OREGON LIONS SIGHT HEARING  
228 N HOLLY STREET  
MEDFORD, OR 97501  
(541) 779-3653

b The form in which applications should be submitted and information and materials they should include

THIS ORGANIZATION DOES NOT PROVIDE FUNDS DIRECTLY TO APPLICANTS IT PROVIDES PAYMENT DIRECTLY TO  
HEALTHCARE PROVIDERS FOR VISION AND HEARING CARE AND AIDS TO PRE-APPROVED APPLICANTS APPLICATIONS  
ARE TAKEN IN WRITING ADDRESSED TO THIS ORGANIZATION

c Any submission deadlines

NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

LIMITED TO HEARING AND VISION CARE AND HARDWARE

**Part XV Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
VARIOUS BENEFICIARIES 228 N HOLLY STREET MEDFORD, OR 97501			PATIENT CARE VISUAL	21,499
VARIOUS BENEFICIARIES 228 N HOLLY STREET MEDFORD, OR 97501			PATIENT CARE HEARING	9,245
<b>Total</b>				30,744
<b>b Approved for future payment</b>				
<b>Total</b>				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See the instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue					
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . . .					
<b>3</b> Interest on savings and temporary cash investments		14	21,742		
<b>4</b> Dividends and interest from securities. . . . .		14	15,715		
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property. . . . .	531110	14,975			
<b>b</b> Not debt-financed property. . . . .	531110	9,025			
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory					
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory. . . . .					15,176
<b>11</b> Other revenue <b>a</b> PROGRAM FEES		3			
<b>b</b> MISCELLANEOUS		3			
<b>c</b> LOW VISION CLINIC		3	3,495		
<b>d</b> HEARING CLINIC		3	216		
<b>e</b>					
<b>12</b> Subtotal Add columns (b), (d), and (e). . . . .	24,000		41,168		15,176
<b>13</b> Total Add line 12, columns (b), (d), and (e). . . . .				80,344	

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

**Part XVII** **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

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

a Transfers from the reporting organization to a noncharitable exempt organization or

## **b Other transactions**

- (1) Sales of assets to a noncharitable exempt organization. . . . .
- (2) Purchases of assets from a noncharitable exempt organization. . . . .
- (3) Rental of facilities, equipment, or other assets. . . . .
- (4) Reimbursement arrangements. . . . .
- (5) Loans or loan guarantees. . . . .
- (6) Performance of services or membership or fundraising solicitations. . . . .

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

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

	Yes	No
<b>1a(1)</b>		No
<b>1a(2)</b>		No
<b>1b(1)</b>		No
<b>1b(2)</b>		No
<b>1b(3)</b>		No
<b>1b(4)</b>		No
<b>1b(5)</b>		No
<b>1b(6)</b>		No
<b>1c</b>		No

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations?

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527.  Yes  No

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

(a) Name of organization	(b) Type of organization	(c) Description of relationship		
<p>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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge.</p>				
<p>*****</p>	<p>2010-01-25</p>	<p>*****</p>		
<p>Signature of officer or trustee</p>	<p>Date</p>	<p>Title</p>		
<p><b>Sign Here</b>  Paid Preparer's Use Only</p>	<p>Preparer's Signature</p>	<p>Date</p>	<p>Check if self-employed <input type="checkbox"/></p>	<p>Preparer's SSN or PTIN (See <b>Signature</b> in the instructions )</p>
	<p>Firm's name (or yours if self-employed), address, and ZIP code</p>	<p>MICHAEL L PIELS CPAs LLP</p>	<p>EIN <input type="checkbox"/></p>	<p>Phone no (541) 779-8261</p>
	<p>940 TOWN CENTRE DR</p>			
	<p>MEDFORD, OR 975046100</p>			

## Additional Data

**Software ID:** 08000091  
**Software Version:**  
**EIN:** 93-6042046  
**Name:** SOUTHERN OREGON LIONS SIGHT & HEARING CENTER

### Form 990PF PartVIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

<b>(a)</b> Name and address	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation <b>(If not paid, enter -0-)</b>	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
HELEN ORR	Secretary 0 50	0		
715 TAWN CHEREE MEDFORD, OR 97501				
BETTY SMITH	Treasurer 0 50	0		
93 NORTHRIDGE TERR 40 MEDFORD, OR 97501				
WYLIE JOHNSON	Chairman 0 50	0		
3980 E ANTELOPE ROAD EAGLE POINT, OR 97524				
CHUCK MCGILVRAY	Vice Chairman 0 50	0		
6704 TABLE ROCK ROAD CENTRAL POINT, OR 97502				
SHERRIE E MESSER	Executive Direc 45 00	39,728		
228 N HOLLY MEDFORD, OR 97501				

## TY 2008 Accounting Fees Schedule

**Name:** SOUTHERN OREGON LIONS SIGHT & HEARING  
CENTER

**EIN:** 93-6042046

**Software ID:** 08000091

**Software Version:** 2008v2.7

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	13,795	10	4,129	9,656

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2008 Depreciation Schedule

**Name:** SOUTHERN OREGON LIONS SIGHT & HEARING  
CENTER

**EIN:** 93-6042046

**Software ID:** 08000091

**Software Version:** 2008v2.7

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
LIONS COTTAGES	2003-06-30	408,000	50,566	91	39 0000	10,462	10,462		
COPY MACHINE KM-3530-24	2003-10-09	8,932	8,484	91	5 0000	448			
ROOF - CENTER BUILDING	2002-12-09	18,500	5,165	91	20 0000	925			
EARLY BIRD COMPUTER	2001-03-01	4,000	2,933	91	10 0000	400			
DOOR RECYCLE BIN ASHLAND	1999-11-30	2,250	1,950	91	10 0000	225			
SHED	2000-04-01	1,880	1,551	91	10 0000	188			
RECYCLE BIN - SHADY COVE	2000-03-13	2,700	2,250	91	10 0000	270			
INSULATION	1999-08-26	1,050	936	91	10 0000	105			
WATER HEATER	1999-08-23	950	847	91	10 0000	95			
COPIER	1999-06-30	7,790	7,076	91	10 0000	714			
WHEELS FOR BINS	1999-03-31	1,465	1,372	91	10 0000	93			
LIFT GATE	1998-09-02	1,775	1,750	91	10 0000	25			
RECYCLE BIN # 14	1999-02-26	3,050	2,872	91	10 0000	178			
RECYCLE BIN # 13	1998-12-15	3,050	2,923	91	10 0000	127			
RECYCLE BIN # 12	1998-12-28	3,489	3,345	91	10 0000	144			
AC- HEATING UNIT	1999-08-05	17,995	16,050	91	10 0000	1,800			
FENCING -GRAPE STREET	1989-08-01	891	847	91	20 0000	44			
HOLLY COURT APARTMENTS	1998-08-15	590,927	146,499	91	40 0000	14,773	14,773		
SLIDING DOOR	1998-06-01	1,450	363	91	40 0000	36			
ADA UPGRADE	1993-06-01	9,043	3,409	91	40 0000	226			
CENTER	1981-01-01	1,241	837	91	40 0000	31			
CENTER ADDITION	1980-01-01	105,820	74,586	91	40 0000	2,646			
BUILDING - CENTER	1969-01-01	48,753	38,025	91	50 0000	975			
PARKING LOT	1995-07-01	20,562	16,204	91	15 0000	1,371			

## TY 2008 Land, Etc. Schedule

**Name:** SOUTHERN OREGON LIONS SIGHT & HEARING  
CENTER

**EIN:** 93-6042046

**Software ID:** 08000091

**Software Version:** 2008v2.7

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Miscellaneous	800	800		
Land	525,874		525,874	525,874
Improvements	36,496	25,617	10,879	10,879
Buildings	765,241	344,982	420,259	420,259
Machinery and Equipment	146,167	145,844	323	323
Furniture and Fixtures	1,255	1,255		

## TY 2008 Mortgages and Notes Payable Schedule

**Name:** SOUTHERN OREGON LIONS SIGHT & HEARING  
CENTER

**EIN:** 93-6042046

**Software ID:** 08000091

**Software Version:** 2008v2.7

**Total Mortgage Amount:** 82807

## TY 2008 Other Assets Schedule

**Name:** SOUTHERN OREGON LIONS SIGHT & HEARING  
CENTER

**EIN:** 93-6042046

**Software ID:** 08000091

**Software Version:** 2008v2.7

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
UNREALIZED GAIN/LOSS	- 51,247	- 156,671	
NELSON CORSON TRUST	454,794	363,596	335,257
HUNTER TRUST	335,609	299,689	189,678
CHRISTOPHER TRUST	440,085	433,182	414,861

## TY 2008 Other Decreases Schedule

**Name:** SOUTHERN OREGON LIONS SIGHT & HEARING  
CENTER

**EIN:** 93-6042046

**Software ID:** 08000091

**Software Version:** 2008v2.7

Description	Amount
REALIZED/UNREALIZED LOSS	189,316

## TY 2008 Other Expenses Schedule

**Name:** SOUTHERN OREGON LIONS SIGHT & HEARING  
CENTER

**EIN:** 93-6042046

**Software ID:** 08000091

**Software Version:** 2008v2.7

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
UTILITIES	9,923	7	2,970	6,946
TRAVEL & MEALS	2,679	1	505	2,173
SUPPLIES	3,397	2	985	2,410
SPECIAL PROGRAMS	51,263	41,457	3,459	6,347
REPAIRS & MAINTENANCE	3,443	2	1,031	2,410
Rental Expenses	2,740	2	820	1,918
R & M RENTALS	172	172		
PERMITS	407		122	285
OTHER	2,563	2	767	1,794
JANITORIAL	5,209	4	1,559	3,646
INSURANCE	5,288	4	1,583	3,701
EQUIPMENT	1,270	1	380	889
ADVERTISING	1,617	1	484	1,132

## TY 2008 Other Income Schedule

**Name:** SOUTHERN OREGON LIONS SIGHT & HEARING  
CENTER

**EIN:** 93-6042046

**Software ID:** 08000091

**Software Version:** 2008v2.7

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
LOW VISION CLINIC	3,495		
HEARING CLINIC	216		

## TY 2008 Other Liabilities Schedule

**Name:** SOUTHERN OREGON LIONS SIGHT & HEARING  
CENTER

**EIN:** 93-6042046

**Software ID:** 08000091

**Software Version:** 2008v2.7

Description	Beginning of Year - Book Value	End of Year - Book Value
Rounding		1
ACCRUED PAYROLL AND TAXES	3,205	3,626

## TY 2008 Sales Of Inventory Schedule

**Name:** SOUTHERN OREGON LIONS SIGHT & HEARING  
CENTER

**EIN:** 93-6042046

**Software ID:** 08000091

**Software Version:** 2008v2.7

Category	Gross Sales	Cost of Goods Sold	Net (Gross Sales Minus Cost of Goods Sold)
	21,492	6,316	15,176

## TY 2008 Taxes Schedule

**Name:** SOUTHERN OREGON LIONS SIGHT & HEARING  
CENTER

**EIN:** 93-6042046

**Software ID:** 08000091

**Software Version:** 2008v2.7

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	5,197	4	1,555	3,638
INCOME TAX EXPENSE	1,931	1	578	1,352