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Return of Organization Exempt From Income Tax

2012

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

Department of the Treasury Internal Revenue Service

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

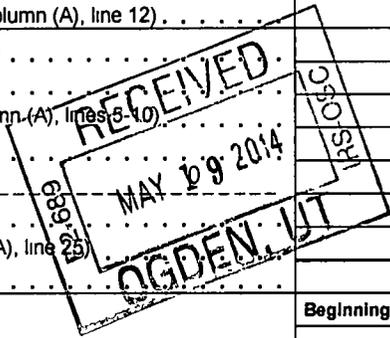
A For the 2012 calendar year, or tax year beginning 07/01, 2012, and ending 06/30, 2013

Form sections B through K: B Check if applicable, C Name of organization (OHIO LIONS FOUNDATION), D Employer identification number (31-1162338), E Telephone number ((614) 459-5200 EXT 230), F Name and address of principal officer (COLUMBUS, OH 43221-0016), G Gross receipts (\$ 301,836), H(a) Is this a group return for affiliates? (Yes X No), H(b) Are all affiliates included? (Yes No), I Tax-exempt status (501(c)(3)), J Website (WWW.OHIOLIONSFOUNDATION.ORG), K Form of organization (Corporation), L Year of formation (1985), M State of legal domicile (OH)

Part I Summary

SCANNED JUN 12 2014

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... (SPONSORSHIP OF THE HELEN KELLER SCHOLARSHIP...), 2 Check this box if the organization discontinued its operations..., 3 Number of voting members of the governing body (3), 4 Number of independent voting members of the governing body (4), 5 Total number of individuals employed in calendar year 2012 (0), 6 Total number of volunteers (6), 7a Total unrelated business revenue from Part VIII, column (C), line 12 (0), 7b Net unrelated business taxable income from Form 990-T, line 34 (0), 8 Contributions and grants (173,268 / 300,341), 9 Program service revenue (0 / 0), 10 Investment income (1,229 / 1,495), 11 Other revenue (300 / 0), 12 Total revenue - add lines 8 through 11 (174,797 / 301,836), 13 Grants and similar amounts paid (69,306 / 65,412), 14 Benefits paid to or for members (0 / 0), 15 Salaries, other compensation, employee benefits (0 / 0), 16a Professional fundraising fees (0 / 0), 16b Total fundraising expenses (3,937 / 3,240), 17 Other expenses (73,243 / 68,652), 18 Total expenses Add lines 13-17 (73,243 / 68,652), 19 Revenue less expenses Subtract line 18 from line 12 (101,554 / 233,184), 20 Total assets (513,221 / 750,319), 21 Total liabilities (37,081 / 41,003), 22 Net assets or fund balances Subtract line 21 from line 20 (476,140 / 709,316)



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 (Gary Garrett), Date (5-10-14), Type or print name and title (GARY GARRETT, PRESIDENT)

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission:
SEE MISSION STATEMENT ON SCHEDULE O.

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
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
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ _____ 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 \$ _____ including grants of \$ 4,000.) (Revenue \$ _____)
DISASTER RELIEF GRANTS TO INDIVIDUALS WHO ARE VICTIMS OF FLOODS
AND OTHER NATURAL DISASTERS IN OHIO FOR PURCHASE OF FOOD,
MEDICATIONS, TEMPORARY SHELTER, CLOTHING, ETC.

4c (Code: _____) (Expenses \$ _____ including grants of \$ 5,500.) (Revenue \$ _____)
JAMES AND BETTY COFFEY SCHOLARSHIP GRANTS TO TAX EXEMPT SCHOOLS
AND OTHER 501(C)(3) ORGANIZATIONS FOR YOUTH PROGRAMS

4d Other program services (Describe in Schedule O.) ATTACHMENT 1
(Expenses \$ _____ including grants of \$ 22,912.) (Revenue \$ _____)

4e Total program service expenses **▶** 65,412.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States 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 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		X
24 a 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 lines 24b through 24d and complete Schedule K. If "No," go to line 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?		
25 a 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 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <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 sections 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, Part II, III, or IV, and Part V, line 1.</i>	X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Table with columns for question number, sub-question, and Yes/No responses. Includes questions 1a-14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and Form 990 filings.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (12), 1b (12), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a (X), 10b, 11a (X), 11b, 12a (X), 12b, 12c, 13 (X), 14 (X), 15a, 15b, 16a (X), 16b.

Section C. Disclosure

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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) RICHARD BOEHR TRUSTEE, DISTRICT A		X					0	0	0	
(2) GARY GARRETT TRUSTEE AND PRESIDENT		X		X			0	0	0	
(3) DAN LESTER TRUSTEE AND TREASURER		X		X			0	0	0	
(4) DEE PAMER TRUSTEE, DISTRICT D		X					0	0	0	
(5) HANK KIES TRUSTEE, DISTRICT E		X					0	0	0	
(6) JEFFREY W. BRANTNER TRUSTEE AND EXEC. SECRETARY		X		X			0	0	0	
(7) PAT CRAIG TRUSTEE DISTRICT G		X					0	0	0	
(8) DICK WEIMER TRUSTEE AND V.P.		X		X			0	0	0	
(9) JAMES FAUST TRUSTEE AND ASSIST.SEC-TREAS		X		X			0	0	0	
(10) LARRY ROBERTS TRUSTEE DISTRICT K		X					0	0	0	
(11) ROB MURRY HONORARY TRUSTEE		X					0	0	0	
(12) ERNEST MCFARLAND HONORARY TRUSTEE		X					0	0	0	
(13) HAROLD L. MERKLE TRUSTEE EMERITUS		X					0	0	0	
(14) FRANK HACKER TRUSTEE-AT-LARGE		X					0	0	0	

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(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	1,040.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	299,301.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f ▶		300,341.			
Program Service Revenue			Business Code				
	2a	_____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
g	Total. Add lines 2a-2f ▶		0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 2 ▶		1,495.			
	4	Income from investment of tax-exempt bond proceeds . . . ▶		0			
	5	Royalties ▶		0			
	6a	Gross rents	(i) Real	(ii) Personal			
			b	Less. rental expenses			
			c	Rental income or (loss)			
			d	Net rental income or (loss) ▶		0	
	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) ▶		0	
	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 ▶		0	
			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 ▶		0	
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 ▶		0				
Miscellaneous Revenue		Business Code					
11a	SALES OF COMMEMORATIVE PINS						
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▶		0				
12	Total revenue. See instructions ▶		301,836.				

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).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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 United States See Part IV, line 21	57,864.	57,864.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	7,548.	7,548.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance ATCH 3	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a AWARDS & PLAQUES	921.		921.	
b PRINTING & REPRODUCTION	649.		649.	
c POSTAGE AND DELIVERY	194.		194.	
d OHIO ATTY GENERAL ANNUAL REG	200.		200.	
e All other expenses	1,276.		1,276.	
25 Total functional expenses. Add lines 1 through 24e	68,652.	65,412.	3,240.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing	8,036.	1	8,930.	
	2	Savings and temporary cash investments	504,660.	2	740,064.	
	3	Pledges and grants receivable, net	525.	3	1,025.	
	4	Accounts receivable, net	0	4	0	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0	
	7	Notes and loans receivable, net	0	7	0	
	8	Inventories for sale or use	0	8	0	
	9	Prepaid expenses and deferred charges	0	9	0	
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	9,872.		
	b	Less: accumulated depreciation	10b	9,872.	10c	0
	11	Investments - publicly traded securities	0	11	0	
	12	Investments - other securities. See Part IV, line 11	0	12	0	
	13	Investments - program-related. See Part IV, line 11	0	13	0	
	14	Intangible assets	0	14	0	
	15	Other assets. See Part IV, line 11	0	15	300.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	513,221.	16	750,319.		
Liabilities	17	Accounts payable and accrued expenses	331.	17	1,003.	
	18	Grants payable	36,750.	18	40,000.	
	19	Deferred revenue	0	19	0	
	20	Tax-exempt bond liabilities	0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0	
	26	Total liabilities. Add lines 17 through 25	37,081.	26	41,003.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	129,726.	27	130,245.	
	28	Temporarily restricted net assets	35,000.	28	35,000.	
	29	Permanently restricted net assets	311,414.	29	544,071.	
	Organizations that do not follow SFAS 117 (ASC 958), 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	476,140.	33	709,316.		
34	Total liabilities and net assets/fund balances	513,221.	34	750,319.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	301,836.
2	Total expenses (must equal Part IX, column (A), line 25)	2	68,652.
3	Revenue less expenses. Subtract line 2 from line 1	3	233,184.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	476,140.
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	-8.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	709,316.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 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?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ 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. (For lines 1 through 11, check only one box.)

- 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)**.
- 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)**.
- 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-Non-functionally integrated
- 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?
 - (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?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 US ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) N/A									0
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 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 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 93.52%; 15 Public support percentage from 2011 Schedule A, Part II, line 14 90.49%; 16a 33 1/3% support test - 2012. 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 [X]; 16b 33 1/3% support test - 2011. 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; 17a 10%-facts-and-circumstances test - 2012. 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 "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; 17b 10%-facts-and-circumstances test - 2011. 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; 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.

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (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 under section 513; 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 through 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; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (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 (Explain in Part IV.); 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: Description, Amount, Percentage. Row 15: Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2011 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Amount, Percentage. Row 17: Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2011 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests - 2012. 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.
19b 33 1/3% support tests - 2011. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - ORGANIZATIONS RECEIVING ANY UNUSUAL GRANTS FOR 2011

<u>NAME OF CONTRIBUTOR</u>	<u>DATE</u>	<u>AMOUNT</u>	<u>EXPLANATION</u>
ESTATE OF CHARLES E. CODY		100,000.	
TOTAL		<u>100,000.</u>	

ATTACHMENT 2

SCHEDULE A, PART II - ORGANIZATIONS RECEIVING ANY UNUSUAL GRANTS FOR 2012

<u>NAME OF CONTRIBUTOR</u>	<u>DATE</u>	<u>AMOUNT</u>	<u>EXPLANATION</u>
ESTATE OF CHARLES E. CODY	08/04/2012	237,289.	BEQUEST DECEDENT'S ESTATE
TOTAL		<u>237,289.</u>	

ATTACHMENT 3

SCHEDULE A, PART II - OTHER INCOME

<u>DESCRIPTION</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>TOTAL</u>
SALES OF COMMEMORATIVE PINS		200.				200.
SALE OF SURPLUS GARDEN MATL		1,178.				1,178.
TOTALS		<u>1,378.</u>				<u>1,378.</u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. See separate instructions.

Name of the organization OHIO LIONS FOUNDATION

Employer identification number 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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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 1-9 regarding purpose of easements, monitoring, and reporting. Includes a table for 'Held at the End of the Tax 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 1a, 1b, 2, 2a, 2b regarding reporting requirements and amounts.

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

Schedule D (Form 990) 2012

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

3 Using the organization's acquisition, 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 XIII.

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?

Part IV Escrow and Custodial Arrangements. Complete if the 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?

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

Table with columns for Amount and rows for 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?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

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

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
(ii) related organizations

Table with columns Yes, No and rows 3a(i), 3a(ii), 3b.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other.

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

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII.

Part XIII Supplemental Information (continued)

MEMORIAL FUND

SCHEDULE D, PART V ENDOWMENT FUNDS

MEMORIAL GIFTS RECEIVED BY THE ORGANIZATION 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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

OHIO LIONS FOUNDATION

Employer identification number

31-1162338

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	OHIO STATE UNIVERSITY HELEN KELLER SCHOLARS 1760 NEIL AVENUE COLUMBUS, OH 43210		501 (C) (3)	12,000.				SCHOLARSHIPS
(2)	WRIGHT STATE UNIVERSITY HELEN KELLER SCHOLA 3460 COLONEL GLENN HIGHWAY DAYTON, OH 45435		501 (C) (3)	6,000.				SCHOLARSHIPS
(3)	PILOT DOGS, INC. 625 WEST TOWN STREET COLUMBUS, OH 43215		501 (C) (3)	10,000.				UNRESTRICTED
(4)	LIONS CLUBS INTERNATIONAL FOUNDATION		501 (C) (3)	6,000.				UNRESTRICTED
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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. Part III can be duplicated 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
1 INDIVIDUAL EYE EXAMS, GLASSES, & SURGERIES		2,548.			
2 DISASTER RELIEF TO INDIVIDUALS		4,000.			
3 VOWELL PLAIN CITY SCHOLARSHIPS		1,000.			
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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.

WRITTEN CRITERIA ESTABLISHED BY THE FOUNDATION FOR AWARDING THE VOWELL PLAIN CITY SCHOLARSHIPS TO GRADUATES OF JONATHAN ALDER HIGHT SCHOOL, PLAIN CITY, OHIO, INCLUDING PROHIBITION ON AWARDING SCHOLARSHIPS TO

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. Part III can be duplicated 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
1						
2						
3						
4						
5						
6						
7						

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

DISQUALIFIED RELATED PARTIES.

MATCHING GRANTS

FORM 990 SCHEDULE I PART IV

WITH RESPECT TO MATCHING GRANTS FOR ADAPTIVE EQUIPMENT SUCH AS LOW VISION

READERS, IN MOST CASES THE FOUNDATION ISSUES ITS CHECK DIRECTLY TO THE

SUPPLIER OF THE EQUIPMENT ON BEHALF OF THE DONEE CHARITABLE

ORGANIZATION.

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. Part III can be duplicated 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
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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, GLASSES AND EYE-RELATED MEDICAL PROCEDURES FOR NEEDY INDIVIDUALS LOCAL ADVISORY COMMITTEES ARE APPOINTED BY THE TRUSTEES, THE ADVISORY COMMITTEES SCREEN APPLICATIONS FOR ASSISTANCE TO DETERMINE THE

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. Part III can be duplicated 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
1						
2						
3						
4						
5						
6						
7						

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

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".

SPECIFICALLY, IF THE RECIPIENT IS AN ENTITY, INQUIRY IS MADE TO ASCERTAIN

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. Part III can be duplicated 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
1						
2						
3						
4						
5						
6						
7						

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

THAT THE ENTITY IS A QUALIFIED SECTION 501(C)(3) EXEMPT ORGANIZATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

**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;

(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

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

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.

DISCLOSURE

FORM 990, PART VI, SECTION C, LINE 19

COPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
ARE AVAILABLE ON THE ORGANIZAITON'S WEBSITE AND MAY BE OBTAINED FROM ANY
OF THE TRUSTEES UPON REQUEST.

TRUSTEES

FORM 990, PART VI, SECTION A, ITEM 9

1-RICHARD BOEHR TRUSTEE DISTRICT A 110 MAGNOLIA DRIVE, BLUFTON, OH 45817

2-GARY GARRETT PRESIDENT, TRUSTEE DISTRICT B 1122 DRESDEN DRIVE
MANSFIELD, OH 44905

Name of the organization

OHIO LIONS FOUNDATION

Employer identification number

31-1162338

3-DAN LESTER TRUSTEE DISTRICT C 5543 BRECKSWOOD OVAL BROADVIEW HEIGHTS,

OH 44147

4-DEE PAMER TRUSTEE DISTRICT D 2079 TALLMADGE RD. KENT, OH 44240

5-HANK KIES TRUSTEE DISTRICT E 429 COLTON AVENUE BELLEFONTAINE, OH

43311 6-JEFFREY W. BRANTNER SECRETARY, TRUSTEE DISTRICT F 1644 CARDIFF

ROAD COLUMBUS, OH 43221

7-PAT CRAIG TRUSTEE DISTRICT G 54030 RED LANE CUMBERLAND, OH 43732

8-DICK WEIMER V.P., TRUSTEE DISTRICT H 303 RANKIN DRIVE ENGLEWOOD, OH

45322

9-JAMES FAUST ASST. SEC./TREASURER, TRUSTEE DISTRICT J 2400 SR 131

HILLSBORO, OH 45133

10-LARRY ROBERTS TRUSTEE DISTRICT K BOX 33 THORNVILLE OH 43076

11-ROB MURRY, HONORY TRUSTEE (NON-VOTING) 212 ROSS STREET UHRICHSVILLE,

OH 44683

12- ERNEST MCFARLAND, HONORARY TRUSTEE (NON-VOTING,) 864 VALLEY VISTA

DRIVE MANCHESTER, OH 45144

13- HAROLD L. MERKLE, TRUSTEE EMERITUS, 1120 CHAMPION DRIVE, VAN WERT,

OH 45891

14-FRANK HACKER, TRUSTEE-AT-LARGE, 8795 COTTONWOOD PLACE, SPRINGBORO, OH,

45066

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).

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

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.

REVIEW 990

FORM 990, PART VI, SECTION B, ITEM 11

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.

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 ORGANIZATION'S BOARD OF

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

TRUSTEES REGARDING THE DISTRIBUTION 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 FOUNDATION REGARDING THE DISTRIBUTION 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 ORGANIZATION HAS ADOPTED WRITTEN GOVERNANCE DOCUMENTS FOR SUCH ADVISED RESTRICTED FUNDS.

RELATED ORGANIZATIONS

FORM 990, PART IV, LINE 34

ALL OF THE TRUSTEES (THE VOTING MEMBERS) OF THE REPORTING ORGANIZATION 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-VOTING MEMBERS OF THE REPORTING ORGANIZATION. THE BOARD OF TRUSTEES OF THE REPORTING ORGANIZATION 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 ORGANIZATION 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 OHIO LIONS FOUNDATION	Employer identification number 31-1162338
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RESTRICTED FUND BALANCES

FORM 990, PART X, LINE 29(B)

329,077. CHARLES E. CODY FUND FOR AID TO THE BLIND

22,103. COFFEY SCHOLARSHIP FUND

 0. DISASTER RELEIEF FUND

 3,289. DISTRICT 13-B SPEECH & HEARING FUND

26,144. DISTRICT 13-F EYE CARE FUND

 609. GROVE CITY NOON LIONS RES. FUND

46,948. HELEN KELLER SCHOLARHSIP FUND

 1,795. HILLTOP LIONS RES FUND

35,201. MEMORIAL FUND

 4,258. OHIO STATE SCHOOL FOR THE BLIND FUND

 157. ONTARIO LIONS RES. FUND

30,973. PLAIN CITY LIONS SCHOLARHSIP RES FUND.

 2,551. SENSORY GARDEN ENDOWMENT FUND

23,365. SENSORY GARDEN RES. FUND

 110. SPRINGDALE FOREST PARK LIONS RES. FUND

 3,462. TIFFIN LIONS RES. FUND

 6,315. TRI VILLAGE LIONS RES. FUND

 2,269. TRI VILLAGE NOON LIONS RES FUND

 3,503. WESTERVILLE LIONS RES. FUND

 768. WILMINGTON LIONS RES. FUND

1,174. DUBLIN LIONS RES. FUND

544,071. TOTAL PERMANENTLY RESTRICTED

=====

Name of the organization

OHIO LIONS FOUNDATION

Employer identification number

31-1162338

TEMPORARILY RESTRICTED FUNDS:

RESERVE FOR DISASTER RELIEF	35,000.
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TOTAL TEMPORARILY RESTRICTED FUNDS	35,000.
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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 OF THE BLIND OHIO	1,250.
LIONS CLUBS INTERNATIONAL FOUNDATION	3,000.

TOTAL GRANTS PAYABLE	40,000.
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Name of the organization

OHIO LIONS FOUNDATION

Employer identification number

31-1162338

OTHER PROGRAM SERVICES

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

SEE ATTACHMENT NO. 1

ATTACHMENT 1FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
INDIVIDUAL EYE CASES (GLASSES, EXAMS & SURGE FINANCIALLY NEEDY INDIVIDUALS;	2,548.		
OHIO STATE SCHOOL FOR THE BLIND MARCHING BAN AMERICAN COUNCIL FOR THE BLIND FAMILY SEMINA	1,250.		
GRANTS TO OTHER SIGHT RELATED 501(C)(3) ORGS	15,410.		
SPEECH AND HEARING GRANTS FOR ADAPTIVE EQUIP	2,704.		
VOWELL SCHOLARSHIP GRANTS TO GRADUATES OF JO ALDER HIGH SCHOOL	1,000.		
TOTALS	<u>22,912.</u>		

ATTACHMENT 2FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST INCOME:				
WESBANCO BANK MONEY MARKET FUNDS	104.			
ARLINGTON BANK CDS & MONEY MKTS	429.			
HUNTINGTON NATIONAL BANK CD	512.			
FIFTH THIRD BANK CDS	97.			
U S BANK C/A & CD	353.			

Name of the organization

OHIO LIONS FOUNDATION

Employer identification number

31-1162338

ATTACHMENT 2 (CONT'D)FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A)</u> <u>TOTAL</u> <u>REVENUE</u>	<u>(B)</u> <u>RELATED OR</u> <u>EXEMPT REVENUE</u>	<u>(C)</u> <u>UNRELATED</u> <u>BUSINESS REV.</u>	<u>(D)</u> <u>EXCLUDED</u> <u>REVENUE</u>
TOTALS	<u>1,495.</u>			

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2012

Open to Public
Inspection

Name of the organization

OHIO LIONS FOUNDATION

Employer identification number
31-1162338

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MULTIPLE DISTRICT 13-OHIO LIONS, INC. 4074 HOOVER ROAD GROVE CITY, OH 43123 31-6064520		OH			N/A		X
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2012

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Table with columns: (a) Name of other organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Rows include items 1a-1s and 2.

Table with columns: (a) Name of other organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Rows (1) through (6) listing OHIO LIONS INC. SHARES ITS MAILING LIST.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No **179**

Name(s) shown on return

Identifying number

OHIO LIONS FOUNDATION

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 instructions)	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	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 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 2013 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 2012	17	
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 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2012 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 instructions	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, 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? 24b If "Yes," is the evidence written? 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) 26 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

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) 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? 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? 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

42 Amortization of costs that begins during your 2012 tax year (see instructions) 43 Amortization of costs that began before your 2012 tax year 44 Total. Add amounts in column (f) See the instructions for where to report

- 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 due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. OHIO LIONS FOUNDATION	Enter filer's identifying number, see instructions Employer identification number (EIN) or 31-1162338
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 21016	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLUMBUS, OH 43221-0016	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

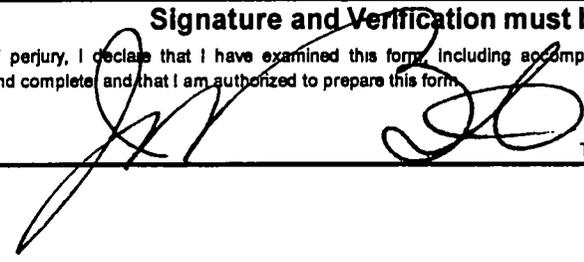
- The books are in the care of JEFFREY W. BRANTNER, SECY.
Telephone No. 614 459-5200 FAX No. 614 459-1151
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (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.

- I request an additional 3-month extension of time until 05/15, 20 14.
- For calendar year _____, or other tax year beginning 07/01, 20 12, and ending 06/30, 20 13.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- 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 \$
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 \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification must be completed for Part II only.

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 2/7/2014

FILE

OHIO LIONS FOUNDATION

31-1162338

F.Y.E. 6/30/2013

FORM 8868

APPLICATION FOR ADDITIONAL EXTENSION OF TIME TO FILE

SUPPLEMENTAL STATEMENT

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