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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Open to Public Inspection

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 07/01, 2013, and ending 06/30, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OHIO LIONS FOUNDATION			D Employer identification number 31-1162338	
	Doing Business As			E Telephone number (614) 459-5200 EXT 230	
	Number and street (or P O box if mail is not delivered to street address) Room/suite P.O. BOX 21016				
	City or town, state or province, country, and ZIP or foreign postal code COLUMBUS, OH 43221-0016			G Gross receipts \$ <u>63,542.</u> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
F Name and address of principal officer <u>GARY GARRETT, PRESIDENT</u>			H(c) Group exemption number ▶		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ <u>WWW.OHIOLIONSFOUNDATION.ORG</u>					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					
L Year of formation <u>1985</u> M State of legal domicile <u>OH</u>					

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>SPONSORSHIP OF THE HELEN KELLER SCHOLARSHI COLLEGE STUDENTS; MATCHING GRANTS FOR ADAPTIVE EQUIPMENT; PROVIDING EYE EXAMS AND GLASSES TO NEEDY INDIVIDUALS.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>12.</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>12.</u>
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<u>5</u>	<u>0</u>
	6	Total number of volunteers (estimate if necessary)	<u>6</u>	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>
7b	Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	<u>300,341.</u>	<u>60,474.</u>
	9	Program service revenue (Part VIII, line 2g)	<u>0</u>	<u>0</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>1,495.</u>	<u>3,068.</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>0</u>	<u>0</u>
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>301,836.</u>	<u>63,542.</u>	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>65,412.</u>	<u>70,525.</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>0</u>	<u>0</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	<u>0</u>	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>3,240.</u>	<u>4,975.</u>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>68,652.</u>	<u>75,500.</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>233,184.</u>	<u>-11,958.</u>	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	<u>750,319.</u>	<u>734,629.</u>
	21	Total liabilities (Part X, line 26)	<u>41,003.</u>	<u>37,271.</u>
22	Net assets or fund balances. Subtract line 21 from line 20	<u>709,316.</u>	<u>697,358.</u>	

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.

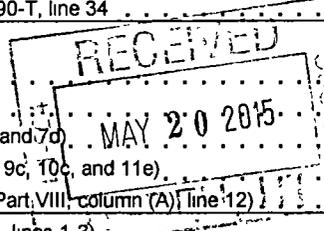
Sign Here	Signature of officer	Date <u>5/12/2015</u>
	Type or print name and title JEFFREY M. BRANTNER SECRETARY	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶		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 (2013)

SCANNED JUN 18 2015



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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 4,850.) (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 \$ 70,525. including grants of \$ 27,175.) (Revenue \$)

4e Total program service expenses 70,525.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and their compliance status.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants or 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>	22 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>	23	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 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	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>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II.</i>	26	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>	27	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>	28a	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>	28b	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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	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>	32	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>	33	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>	34 X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
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>	36	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>	37	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	38 X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a; 2 Did any officer, director, trustee, or key employee have a family relationship; 3 Did the organization delegate control over management duties; 4 Did the organization make any significant changes to its governing documents; 5 Did the organization become aware during the year of a significant diversion of the organization's assets; 6 Did the organization have members or stockholders; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body; 8b Each committee with authority to act on behalf of the governing body; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address?

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 Did the organization have local chapters, branches, or affiliates; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy; 13 Did the organization have a written whistleblower policy; 14 Did the organization have a written document retention and destruction policy; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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 or note to any line in this Part VII.

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

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) HANK KIES TRUSTEE, DISTRICT E		X					0	0	0	
(5) JEFFREY W. BRANTNER TRUSTEE AND EXEC. SECRETARY		X		X			0	0	0	
(6) PAT CRAIG TRUSTEE DISTRICT G		X					0	0	0	
(7) DICK WEIMER TRUSTEE AND V.P.		X		X			0	0	0	
(8) JAMES FAUST TRUSTEE AND ASSIST. SEC-TREAS		X		X			0	0	0	
(9) LARRY ROBERTS TRUSTEE DISTRICT K		X					0	0	0	
(10) ROB MURRY HONORARY TRUSTEE		X					0	0	0	
(11) ERNEST MCFARLAND HONORARY TRUSTEE		X					0	0	0	
(12) HAROLD L. MERKLE TRUSTEE EMERITUS		X					0	0	0	
(13) RICHARD FREDRICK TRUSTEE DISTRICT D		X					0	0	0	
(14) GREG HALLEY TRUSTEE-AT-LARGE		X					0	0	0	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

X

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	2,000.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	58,474.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		60,474.			
Program Service Revenue	2a	_____	Business Code				
	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		3,068.			
	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		63,542.				

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 or note to any line 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	60,918.	60,918.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	9,607.	9,607.		
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	565.		565.	
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 4	400.		400.	
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	798.		798.	
b PRINTING & REPRODUCTION	761.		761.	
c POSTAGE AND DELIVERY	222.		222.	
d OHIO ATTY GENERAL ANNUAL REG	400.		400.	
e All other expenses	1,829.		1,829.	
25 Total functional expenses. Add lines 1 through 24e	75,500.	70,525.	4,975.	
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 or note to any line in this Part X X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	8,930.	1	2,574.
	2 Savings and temporary cash investments	740,064.	2	400,633.
	3 Pledges and grants receivable, net	1,025.	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	ATCH 3	11	330,097.
	12 Investments - other securities See Part IV, line 11		12	0
	13 Investments - program-related See Part IV, line 11		13	0
	14 Intangible assets		14	0
	15 Other assets See Part IV, line 11	300.	15	300.
16 Total assets. Add lines 1 through 15 (must equal line 34)	750,319.	16	734,629.	
Liabilities	17 Accounts payable and accrued expenses	1,003.	17	237.
	18 Grants payable	40,000.	18	37,034.
	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	41,003.	26	37,271.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	130,245.	27	129,394.
	28 Temporarily restricted net assets	35,000.	28	35,000.
	29 Permanently restricted net assets	544,071.	29	532,964.
	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	709,316.	33	697,358.
34 Total liabilities and net assets/fund balances	750,319.	34	734,629.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	63,542.
2	Total expenses (must equal Part IX, column (A), line 25)	2	75,500.
3	Revenue less expenses Subtract line 2 from line 1	3	-11,958.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	709,316.
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	0
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	697,358.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
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	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits? 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	3b	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2013

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of 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) 2013

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) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (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) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (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 2013 (line 6, column (f) divided by line 11, column (f)) 92.98%; 15 Public support percentage from 2012 Schedule A, Part II, line 14 93.52%; 16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 - 2012. 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) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 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) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (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, whether or not the business is regularly carried on; 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, Value, Percentage. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2012 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2012. 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.** 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 1SCHEDULE 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 2SCHEDULE 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		237,289.	
TOTAL		<u>237,289.</u>	

ATTACHMENT 3SCHEDULE A, PART II - OTHER INCOME

<u>DESCRIPTION</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</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
 ▶ 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.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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

	(a) Donor advised funds	(b) Funds and other accounts
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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

Schedule D (Form 990) 2013

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 (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g

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

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

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

Table with columns Yes, No and rows 3a(i) unrelated organizations, 3a(ii) related organizations, 3b

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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 for 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.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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) -----		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. 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)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

2. Liability for uncertain tax positions 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)

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.

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)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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 SCHOLARS 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)	11,500.				TO PROVIDE GUIDE DOG
(4) -----							
(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.

Schedule I (Form 990) (2013)

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		757.			
2 DISASTER RELIEF TO INDIVIDUALS		4,850.			
3 VOWELL PLAIN CITY SCHOLARSHIPS		4,000.			
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.

FORM 990 SCHEDULE I PART IV

WRITTEN CRITERIA ESTABLISHED BY THE FOUNDATION FOR AWARDING THE HELEN KELLERYSCHOLARSHIPS 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 SHCOLARSHIPS TO GRADUATES OF JONATHAN ALDER HIGHT SCHOOL, PLAIN CITY, OHIO, INLCUDING PROHIBITION ON AWARDING SCHOLARHSIPS TO DISQUALIFIED RELATED PARTIES.

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.

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.

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 APPLICANT'S FINANCIAL NEED.

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

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 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

Name of the organization

OHIO LIONS FOUNDATION

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

2013

**Open to Public
Inspection**

Employer identification number

31-1162338

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
- 2- PILOT DOGS, INC.

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

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.

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

3-DAN LESTER TRUSTEE DISTRICT C 5543 BRECKSWOOD OVAL BROADVIEW HEIGHTS,
OH 44147

4-RICHARD FREDRICK, TRUSTEE DISTRICT D, 1861 ALGONQUIN PLACE, KENT,
OHIO 44240,

Name of the organization OHIO LIONS FOUNDATION	Employer identification number 31-1162338
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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-DR. GREG HALLEY, MD, TRUSTEE-AT-LARGE, 203 SOUTH WALNUT STREET,
WOOSTER, OHIO 44691.

15-STANLEY E. KOPP, TRUSTEE, 984 TOWNSHIP ROAD 1654, ASHLAND, OH 44805

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

VOTING MEMBERS:

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

NON-VOTING MEMBERS:

ALL MEMBERS IN GOOD STANDING OF ALL LIONS CLUBS ASSOCIATED WITH MULTIPLE

Name of the organization

OHIO LIONS FOUNDATION

Employer identification number

31-1162338

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.

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.

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 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

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

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.

FORM 990, PART X, LINE 29(B)

RESTRICTED FUND BALANCES:

321,351. CHARLES E. CODY FUND FOR AID TO THE BLIND
19,316. COFFEY SCHOLARSHIP FUND
0. DISASTER RELIEF FUND

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3,347. DISTRICT 13-B SPEECH & HEARING FUND
 28,156. DISTRICT 13-F EYE CARE FUND
 610. GROVE CITY NOON LIONS RES. FUND
 47,976. HELEN KELLER SCHOLARHSIP FUND
 1,798. HILLTOP LIONS RES FUND
 35,539. MEMORIAL FUND
 4,890. OHIO STATE SCHOOL FOR THE BLIND FUND MARCHING BAND FUND
 158. ONTARIO LIONS RES. FUND
 27,145. PLAIN CITY LIONS SCHOLARHSIP RES FUND.
 2,553. SENSORY GARDEN ENDOWMENT FUND
 23,807. SENSORY GARDEN RES. FUND
 110. SPRINGDALE FOREST PARK LIONS RES. FUND
 3,467. TIFFIN LIONS RES. FUND
 4,825. TRI VILLAGE LIONS RES. FUND
 2,272. TRI VILLAGE NOON LIONS RES FUND
 2,952. WESTERVILLE LIONS RES. FUND
 1,367. WILMINGTON LIONS RES. FUND
 1,325. DUBLIN LIONS RES. FUND

532,964. TOTAL PERMANENTLY RESTRICTED

=====

TEMPORARILY RE STRICTED FUNDS:

RESERVE FOR DISASTER RELIEF 35,000.

TOTAL TEMPORARILY RESTRICTED FUNDS 35,000.

Name of the organization OHIO LIONS FOUNDATION	Employer identification number 31-1162338
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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.
MATCHING GRANTS FOR IPADS FOR PUBLIC LIBRARIES	284.
SPEECH AND HEARING GRANTS	1,000.

TOTAL GRANTS PAYABLE	37,034.

=====

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

SEE ATTACHMENT NO. 1

ATTACHMENT 1

FORM 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;			
OHIO STATE SCHOOL FOR THE BLIND MARCHING BAN	757.		
MATCHING GRANTS TO LIBRARIES AND SIGNT CENTE	500.		
LOW VISION ADAPTIVE DEVICES	605.		

Name of the organization

OHIO LIONS FOUNDATION

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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
GRANTS TO OTHER SIGHT RELATED 501(C)(3) ORGS	6,950.		
SPEECH AND HEARING GRANTS FOR ADAPTIVE EQUIP	2,863.		
VOWELL SCHOLARSHIP GRANTS TO GRADUATES OF JO ALDER HIGH SCHOOL	4,000.		
GRANTS TO PILOT DOGS INC. FOR GUIDE DOGS FOR	11,500.		
TOTALS	<u>27,175.</u>		

ATTACHMENT 2FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A) TOTAL REVENUE</u>	<u>(B) RELATED OR EXEMPT REVENUE</u>	<u>(C) UNRELATED BUSINESS REV.</u>	<u>(D) EXCLUDED REVENUE</u>
INTEREST INCOME:				
WESBANCO BANK MONEY MARKET FUNDS	77.			
ARLINGTON BANK CDS & MONEY MKTS	405.			
HUNTINGTON NATIONAL BANK CD	314.			
FIFTH THIRD BANK CDS	27.			
U S BANK C/A & CD	170.			
AMERIPRISE ADVISORS INVESTMENT ACCOUN	2,075.			
TOTALS	<u>3,068.</u>			

ATTACHMENT 3

Name of the organization

OHIO LIONS FOUNDATION

Employer identification number

31-1162338

ATTACHMENT 3 (CONT'D)FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
AMERPRISE ADVISED INV ACCOUNT	330,097.	COST
TOTALS	<u>330,097.</u>	

**SCHEDULER
(Form 990)**

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ▶ Attach to Form 990. ▶ See separate instructions.
 ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

OHIO LIONS FOUNDATION

Employer identification number
31-1162338

Open to Public Inspection

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on 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" on 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) 2013

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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" on 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" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	OHIO LIONS INC. SHARES ITS MAILING LIST			
(2)				
(3)				
(4)				
(5)				
(6)				

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

OHIO LIONS FOUNDATION

Identifying number

31-1162338

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see 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 2012 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 2014. 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 2013	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 2013 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2013 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?		Yes	No	24b If "Yes," is the evidence written?		Yes	No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25								
26 Property used more than 50% in a qualified business use.								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1.							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1.							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles) . . .						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
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)

	Yes	No
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

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions)					
43 Amortization of costs that began before your 2013 tax year					43
44 Total. Add amounts in column (f) See the instructions for where to report					44

