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Return of Private Foundation  
or Section 4947(a)(1) Trust Treated as Private FoundationDepartment of the Treasury  
Internal Revenue Service► Do not enter social security numbers on this form as it may be made public.  
► Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

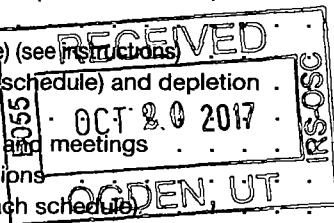
2016

Open to Public Inspection

For calendar year 2016 or tax year beginning July 1, 2016, and ending June 30, 2017

Name of foundation <b>DeLand Lions Foundation, Inc.</b>		A Employer identification number <b>26-1186495</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>P.O. Box 522</b>		B Telephone number (see instructions) <b>386-738-1020</b>
City or town, state or province, country, and ZIP or foreign postal code <b>DeLand, Florida 32721</b>		C If exemption application is pending, check here ► <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here . . . ► <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ► <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here . . . ► <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► <b>\$ 475,735</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . . ► <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions.)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	<b>1025</b>			
	2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	<b>0</b>			
	4 Dividends and interest from securities . . . . .	<b>10682</b>	<b>10682</b>		
	5a Gross rents . . . . .	<b>3720</b>			
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	<b>0</b>			
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2) . . .				
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold . . . . .					
c Gross profit or (loss) (attach schedule) . . . . .	<b>0</b>				
11 Other income (attach schedule) . . . . .	<b>926</b>				
12 Total. Add lines 1 through 11 . . . . .	<b>16360</b>	<b>10682</b>			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	<b>0</b>			
	14 Other employee salaries and wages . . . . .	<b>0</b>			
	15 Pension plans, employee benefits . . . . .	<b>0</b>			
	16a Legal fees (attach schedule) . . . . .	<b>0</b>			
	b Accounting fees (attach schedule) . . . . .	<b>0</b>			
	c Other professional fees (attach schedule) . . . . .	<b>0</b>			
	17 Interest . . . . .	<b>0</b>			
	18 Taxes (attach schedule) (see instructions) . . . . .	<b>290</b>			
	19 Depreciation (attach schedule) and depletion . . . . .	<b>0</b>			
	20 Occupancy . . . . .	<b>8295</b>			
	21 Travel, conferences, and meetings . . . . .	<b>46</b>			
	22 Printing and publications . . . . .	<b>0</b>			
	23 Other expenses (attach schedule) . . . . .	<b>3617</b>			
	24 Total operating and administrative expenses.				
Add lines 13 through 23 . . . . .	<b>12248</b>				
25 Contributions, gifts, grants paid . . . . .	<b>7260</b>			<b>7260</b>	
26 Total expenses and disbursements. Add lines 24 and 25	<b>19508</b>	<b>10682</b>		<b>7260</b>	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	<b>(3148)</b>				
b Net investment income (if negative, enter -0-) . . .		<b>10682</b>			
c Adjusted net income (if negative, enter -0-) . . .					



<b>Part II</b> <b>Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	<b>Beginning of year</b>	<b>End of year</b>		
			<b>(a) Book Value</b>	<b>(b) Book Value</b>	<b>(c) Fair Market Value</b>	
<b>Assets</b>	1	Cash—non-interest-bearing . . . . .	2466	4894	4894	
	2	Savings and temporary cash investments . . . . .	13965	8706	8706	
	3	Accounts receivable ►				
		Less: allowance for doubtful accounts ►				
	4	Pledges receivable ►				
		Less: allowance for doubtful accounts ►				
	5	Grants receivable . . . . .				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .				
	7	Other notes and loans receivable (attach schedule) ►				
		Less: allowance for doubtful accounts ►				
	8	Inventories for sale or use . . . . .				
	9	Prepaid expenses and deferred charges . . . . .				
	10a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule) . . . . .	261009	223859	223859	
	c	Investments—corporate bonds (attach schedule) . . . . .	33876	71669	71669	
	11	Investments—land, buildings, and equipment: basis ►				
	Less: accumulated depreciation (attach schedule) ►					
12	Investments—mortgage loans . . . . .					
13	Investments—other (attach schedule) . . . . .					
14	Land, buildings, and equipment: basis ►	152921				
	Less: accumulated depreciation (attach schedule) ►	0	152921	163607		
15	Other assets (describe ► )					
16	<b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) . . . . .		464237	475735	475735	
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .				
	18	Grants payable . . . . .				
	19	Deferred revenue . . . . .				
	20	Loans from officers, directors, trustees, and other disqualified persons . . . . .				
	21	Mortgages and other notes payable (attach schedule) . . . . .				
	22	Other liabilities (describe ► )				
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .		0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here ► <input type="checkbox"/></b> and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted . . . . .				
	25	Temporarily restricted . . . . .				
	26	Permanently restricted . . . . .				
	<b>Foundations that do not follow SFAS 117, check here ► <input type="checkbox"/></b> and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds . . . . .		311316	312128	
	28	Paid-in or capital surplus, or land, bldg., and equipment fund . . . . .		152921	163607	
	29	Retained earnings, accumulated income, endowment, or other funds . . . . .				
	30	<b>Total net assets or fund balances</b> (see instructions) . . . . .		464237	475735	
	31	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .		464237	475735	
	<b>Part III</b> <b>Analysis of Changes in Net Assets or Fund Balances</b>					
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .		1	464237		
2	Enter amount from Part I, line 27a . . . . .		2	(3148		
3	Other increases not included in line 2 (itemize) ► Land Value \$10,686, ML Portfolio \$6,791		3	17477		
4	Add lines 1, 2, and 3 . . . . .		4	478566		
5	Decreases not included in line 2 (itemize) ► Cash on hand		5	(2831)		
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .		6	475735		

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

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)			(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
(i) F M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8			3		

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2015			
2014			
2013			
2012			
2011			
2 Total of line 1, column (d)			2
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			4
5 Multiply line 4 by line 3			5
6 Enter 1% of net investment income (1% of Part I, line 27b)			6
7 Add lines 5 and 6			7
8 Enter qualifying distributions from Part XII, line 4			8
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.			

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)	1	214
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input type="checkbox"/> and enter 1% of Part I, line 27b		
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	3	214
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		
6	Credits/Payments:	6a 6b 6c 6d	6a 6b 6c 6d
a	2016 estimated tax payments and 2015 overpayment credited to 2016		
b	Exempt foreign organizations—tax withheld at source		
c	Tax paid with application for extension of time to file (Form 8868)		
d	Backup withholding erroneously withheld		
7	Total credits and payments. Add lines 6a through 6d	7	0
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	214
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>		
11	Enter the amount of line 10 to be: <b>Credited to 2017 estimated tax</b> ► <span style="float: right;">Refunded</span> ►	10	0
		11	0

**Part VII-A Statements Regarding Activities**

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes ✓
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?		
	<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		
c	Did the foundation file <b>Form 1120-POL</b> for this year?	1b	Yes ✓
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ _____ (2) On foundation managers. ► \$ _____		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	1c	Yes ✓
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	2	Yes ✓
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	3	Yes ✓
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► <i>Florida does not require 990PF report</i>		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i>		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	4a 4b 5	Yes ✓
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		
		6	Yes ✓
		7	Yes ✓
		8b	Yes ✓
		9	Yes ✓
		10	Yes ✓

## Part VII-A Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) . . . . .	11	✓
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) . . . . .	12	
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►	13	
14 The books are in care of ► Robert McWaid Located at ► 2225 S. Spring Garden Avenue, DeLand, Florida	Telephone no. ► 386-736-7993	
	ZIP+4 ► 32720-4472	
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here. and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► 15		□
16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►	16	✓

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . .		
Organizations relying on a current notice regarding disaster assistance check here . . . . . ►		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? . . . . .		
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," list the years ► 20____, 20____, 20____, 20____		
b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.) . . . . .		
c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016.) . . . . .		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .		
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016? . . . . .		

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

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Gwenyth Wilson, President P.O. Box 866, DeLand, FL 32721	8	0	0	0
Cheryl Crozier, Secretary 193 Cedar Avenue, Orange City, FL 32763	6	0	0	0
Robert McWaid, Treasurer 2225 S. Spring Garden Avenue, DeLand, FL 32720	4	0	0	0
Robert Humbert, First VP 73 Sanctuary Avenue, DeBary, FL 32713	2	0	0	0

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
"NONE"				
<b>Total number of other employees paid over \$50,000</b>		► 0		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
"NONE"		
<b>Total number of others receiving over \$50,000 for professional services</b>		<b>0</b>

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 Lions International Foundation, Inc.	500
2 Impaired Vision Resources Foundation	300
3 High School Scholarships	500
4 ILions District 35-0 Hearing Board	325

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
<b>Total. Add lines 1 through 3</b>	<b>0</b>

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	294,000
b	Average of monthly cash balances	1b	13,000
c	Fair market value of all other assets (see instructions)	1c	163,607
d	<b>Total</b> (add lines 1a, b, and c)	1d	470,607
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	470,607
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,059
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	463,558
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	23,178

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

1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2016 from Part VI, line 5	2a	
b	Income tax for 2016. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	7260
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	7260
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	0
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	7260

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

**Part XIII Undistributed Income (see instructions)**

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7 . . . . .				
2 Undistributed income, if any, as of the end of 2016:				
a Enter amount for 2015 only . . . . .				
b Total for prior years: 20 ____ ,20 ____ ,20 ____				
3 Excess distributions carryover, if any, to 2016:				
a From 2011 . . . . .				
b From 2012 . . . . .				
c From 2013 . . . . .				
d From 2014 . . . . .				
e From 2015 . . . . .				
f Total of lines 3a through e . . . . .				
4 Qualifying distributions for 2016 from Part XII, line 4: ► \$				
a Applied to 2015, but not more than line 2a . . . . .				
b Applied to undistributed income of prior years (Election required—see instructions) . . . . .				
c Treated as distributions out of corpus (Election required—see instructions) . . . . .				
d Applied to 2016 distributable amount . . . . .				
e Remaining amount distributed out of corpus . . . . .				
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .				
b Prior years' undistributed income. Subtract line 4b from line 2b . . . . .				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .				
d Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .				
e Undistributed income for 2015. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .				
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 . . . . .				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) . . . . .				
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . . . .				
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a . . . . .				
10 Analysis of line 9:				
a Excess from 2012 . . . . .				
b Excess from 2013 . . . . .				
c Excess from 2014 . . . . .				
d Excess from 2015 . . . . .				
e Excess from 2016 . . . . .				

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

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling ►					
<b>b</b> Check box to indicate whether the foundation is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	<b>Tax year</b>	<b>Prior 3 years</b>			<b>(e) Total</b>
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
	10682	14498	13661	12049	50890
<b>b</b> 85% of line 2a . . . . .	9080	12323	11612	10242	43257
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .	7260	6960	30261	22826	67307
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .	0	0	0	0	
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	7260	6960	30261	22826	67307
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
(1) Value of all assets . . . . .					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test—enter $\frac{2}{3}$ of minimum investment return shown in Part X, line 6 for each year listed . . . . .					
<b>c</b> "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(ii) . . . . .					
(3) Largest amount of support from an exempt organization . . . . .					
(4) Gross investment income . . . . .	10682	14498	13661	12049	50890

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

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

**"NONE"**

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

**:NONE"****2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

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

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

Gwenyth Wilson, P.O. Box 866, DeLand, FL 32721 Phone 386-738-1020

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

Letter of request and attachments to verify organization needs

**c** Any submission deadlines:

**"NONE"**

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

**"NONE"**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>Name and address (home or business)</b>				
<b>a Paid during the year</b>				
The Braille Association of Mid-Florida, Inc. P.O. Box 140908, Orlando , FL 32814	None	None	Assist Eye Care	\$300
Lions Clubs International Foundation, Inc 300 West 22nd Street, Oak Brook, IL 60523-8842	None	None	Charities	\$500
Lions Foundation for the Blind, c/o Lois Malecky 880 41st Street, Pinellas Park, FL 33782-5824	None	None	Assist blind	\$300
Lions District 35-0 Hearing Board c/o Dama Comeau 6 Woodfield Circle, Homosassa, FL 34446	None	None	Assist hearing loss	\$325
Southeastern Guide Dogs 4210 77th Street East, Palmetto, FL 34221	None	None	Assist blind	\$300
Florida for the School of Deaf and Blind 207 N. San Marco Ave., St. Augustine, FL 32084	None	None	Assist deaf and blind	\$300
Impaired Vision Resource Foundation 1490 Casey Avenue, Port Orange, FL 32129	None	None	Eye Care	\$300
Friends of the Library Access, Inc. P.O. Box 10716 , Daytona Beach, FL 32120-0716	None	None	Eye Care	\$300
HELP Animals, Inc. c/o Cheryl Crozier 193 Cedar Avenue, Orange City, FL 32763	None	None	Assist Handicapped Animals	\$300
The Neighborhood Center 434 S. Woodland Blvd, DeLand, FL 32720	None	None	Assist Homeless	\$300
The House Next Door 804 N.Woodland Blvd., Deland, FL 32720	None	None	Mental Health	\$300
DeLand High School Scholarships DeLand, FL	None	None	Medical Scholarship	\$500
DeLand Lions Eye Fund DeLand, FL	None	None	Glasses for needy	\$1,635
Kidds Are First DeLand, FL	None	None	Assist needy children	\$200
Daytona Halifax Lions Club Daytona, FL	None	None	Assist charity	\$100
Homeless Children Gift Cards Volusia County Schools, FL	None	None	Assist needy children	\$700
<b>Total</b>				► 3a See Next page
<b>b Approved for future payment</b>				
<b>Total</b>				► 3b

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>Name and address (home or business)</b>				
<i>a Paid during the year</i>				
Florida Diabetic Camp P.O. Box 14136, Gainesville, FL 32604-d2136	None	None	Assist Diabetic Care	\$300
Lions District 35-0 Youth Exchange	None	None	Scholarships	\$300
<b>Total</b>				► 3a \$7,260
<i>b Approved for future payment</i>				
				0
<b>Total</b>				► 3b \$7,260

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514	(e) Related or exempt function income (See instructions.)	
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b>	Program service revenue:					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
<b>2</b>	Membership dues and assessments					926
<b>3</b>	Interest on savings and temporary cash investments					
<b>4</b>	Dividends and interest from securities					10682
<b>5</b>	Net rental income or (loss) from real estate:					
a	Debt-financed property					
b	Not debt-financed property					3720
<b>6</b>	Net rental income or (loss) from personal property					
<b>7</b>	Other investment income					
<b>8</b>	Gain or (loss) from sales of assets other than inventory					
<b>9</b>	Net income or (loss) from special events					
<b>10</b>	Gross profit or (loss) from sales of inventory					
<b>11</b>	Other revenue: a <u>Donations</u>					1025
b						
c						
d						
e						
<b>12</b>	Subtotal. Add columns (b), (d), and (e)					16360
<b>13</b>	Total. Add line 12, columns (b), (d), and (e)					16360

(See worksheet in line 13 instructions to verify calculations.)

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)
2	Paid dues to International and District Lions and meals
4	Grants to charities and administrative costs
5a	Grants to charities and occupancy costs
11a	Grants to charities

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

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization:		
(1)	Cash	1a(1)	✓
(2)	Other assets	1a(2)	✓
b	Other transactions:		
(1)	Sales of assets to a noncharitable exempt organization	1b(1)	✓
(2)	Purchases of assets from a noncharitable exempt organization	1b(2)	✓
(3)	Rental of facilities, equipment, or other assets	1b(3)	✓
(4)	Reimbursement arrangements	1b(4)	✓
(5)	Loans or loan guarantees	1b(5)	✓
(6)	Performance of services or membership or fundraising solicitations	1b(6)	✓
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	✓
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . .  Yes  No

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

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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

**Sign  
Here**

correct, and complete. Declaration of preparer  
► Robert A. Van Winkle

10/16/17  
Date

**Treasurer**  
Title

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no		

ATTACHMENTS FOR DELAND LIONS FOUNDATION, INC. 26-1186495 FORM 990PF

PART 1, Line 11, Other Income

Dues, Meals	926
-------------	-----

PART 1, Line 18

IRS taxes for 990PF 2015	290
--------------------------	-----

PART 1, Line 23, Other Expenses

Administration	296
Website	208
International and District Dues	1,033
Meals	861
Supplies	1,219
Total line 23	3,617

PART VIII DIRECTORS CONTINUED

Betty Johnson, 818 S. Stone Street, DeLand, FL 32720	Hours 2 lines c,d,e None
Gloria McNeil, 391 S. Boston Ave., Deland, FL 32724	Hours 2 lines c,d,e None
Nancy Wachter, 193 Cedar Ave., Orange City, FL 32763	Hours 2 lines c,d,e None
Linda Erdman, 625 Applegate Terrace, Deltona, FL 32725	Hours 2 lines c,d,e None
Nancy Fitzgerald, 415 W. Blue Springs, Orange City, FL 32763	Hours 2 lines c,d,e None
Vincent Gould, Box 165, Deland, FL 32721	Hours 2 lines c,d,e None



Bank of America Corporation

Primary Account: 71G-07C33

DELAND LIONS FOUNDATION INC  
PO BOX 522  
DELAND FL 327721-0522

## YOUR MERRILL LYNCH REPORT

June 01, 2017 - June 30, 2017

### PORTFOLIO SUMMARY

<b>Net Portfolio Value</b>	<b>\$304,233.88</b>	<b>\$310,914.72</b>	<b>(\$6,680.84)</b>
Your assets	\$304,233.88	\$310,914.72	(\$6,680.84)
Your liabilities			
Your Net Cash Flow (Inflows/Outflows)			
Securities You Transferred In/Out	(\$3,000.00)	(\$5,000.00)	
Your Dividends/Interest Income	\$1,634.09	\$578.10	
Your Market Gains/(Losses)	(\$5,314.93)	\$5,150.38	

If you have questions on your statement,

call 24-Hour Assistance:

**(866) 4MLBUSINESS**

**(866) 465-2874**

Access Code: 13-714-07233

Investment Advice and Guidance:

Call Your Financial Advisor

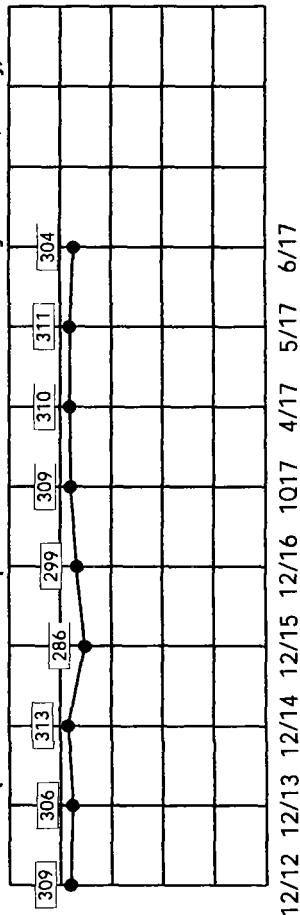
Your Financial Advisor:

MCCORVEY, OGRAM AND ASSOCIATES  
125 EAST INDIANA AVE SUITE A  
DELAND FL 32724  
1-386-943-8558

Up-to-date account information can be viewed  
at: [www.mymerrill.com](http://www.mymerrill.com), where your statements  
are archived for three or more years.

Questions about MyMerrill? Click the "help" tab  
at the top of the screen once you log in

Total Value (Net Portfolio Value plus Assets Not Held/Valued By MLPF&S, if any) in thousands, 2012-2017



12/12 12/13 12/14 12/15 12/16 1Q17 4/17 5/17 6/17

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Primary Account: 71G-07C33

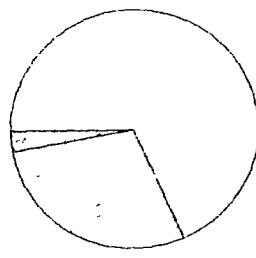
24-Hour Assistance: (866) 4MLBUSINESS  
Access Code: 13-714-07233

## YOUR PORTFOLIO REVIEW

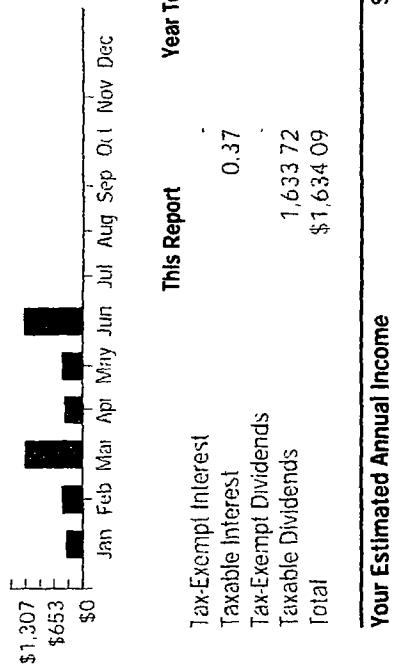
### ASSET ALLOCATION\*

\*Estimated Accrued Interest not included; may not reflect all holdings; does not include asset categories less than 1%. Includes the categorical values for the underlying portfolio of individual mutual funds, closed end funds, and UITs.

	Current Value	Allocation
Equities	208,577.98	68.56%
Fixed Income	86,950.15	28.58%
Cash/Money Accounts	8,705.75	2.86%
<b>TOTAL</b>	<b>\$304,233.88</b>	<b>100%</b>



### CURRENT INCOME



Your Estimated Annual Income **\$10,673.23**

### TOP FIVE PORTFOLIO HOLDINGS

FRANKLIN UTILITIES FD	124,237.42	40.84%	S&P 500	2423.41	2411.80	2238.83
AMERICAN CAPITAL INCOME	38,784.61	12.75%	Three-Month Treasury Bills	1.01%	.97%	.50%
DNP SELECT INCOME FD INC	33,580.50	11.04%	Long-Term Treasury Bonds	2.83%	2.86%	3.07%
AMERICAN FUNDS BOND FUND	33,359.44	10.97%	One-Month LIBOR	1.22%	1.05%	76%
DUFF & PHELPS UTIL&CORP	30,051.30	9.88%	NASDAQ	6140.42	6198.52	5383.12

### FINANCIAL MARKET INDICATORS



DELAND LIONS FOUNDATION INC

Account Number: 71G-07C33

June 01, 2017 - June 30, 2017

Bank of America, N.A.	9,827	8,480	.05	0.37	8,464
<b>TOTAL</b> Ml Bus. Deposit Program	<b>9,827</b>			<b>0.37</b>	<b>8,464</b>

CASH/MONEY ACCOUNTS

CASH	241.75	241.75		241.75	
+ML BUS. DEPOSIT PROGRAM	8,464.00	8,464.00	1.0000	8,464.00	.05
<b>TOTAL</b>		<b>8,705.75</b>		<b>8,705.75</b>	<b>.05</b>

EQUITIES

FRONTIER COMMUNICATIONS	FTR	N/A	35	N/A	N/A	1,1600	40.60	N/A	6	13.79
INTL BUSINESS MACHINES	IBM	N/A	80	N/A	N/A	153.8300	12,306.40	N/A	480	3.90
VERIZON COMMUNICATNS COM	VZ	N/A	148	N/A	N/A	44.6600	6,609.68	N/A	342	5.17
<b>TOTAL</b>							<b>18,956.68</b>		<b>828</b>	<b>4.37</b>

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**DELAND LIONS FOUNDATION INC**

Account Number: 71G-07C33

**24-Hour Assistance: (866) 4MLBUSINESS**  
Access Code: 13-714-07233

June 01, 2017 - June 30, 2017

**RESEARCH RATINGS**

FRONTIER COMMUNICATIONS	FTR	Neutral (B2B)	Hold
INTL BUSINESS MACHINES	IBM	Buy (B17)	Hold
VERIZON COMMUNICATNS COM	VZ	Buy (A17)	Hold

PLEASE REFER TO THE BACK OF YOUR STATEMENT FOR A GUIDE TO BofAML AND THIRD PARTY RESEARCH RATINGS.

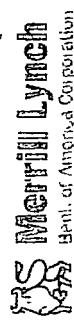
**MUTUAL FUNDS/CLOSED END FUNDS/UIT**

AMERICAN CAPITAL INCOME	631	37,815.83	61,3800	-38,730.78	914.95	37,815	914	956	2.46
AMERICAN FUNDS BOND FUND	2,582	35,011.92	12.9200	33,359.44	(1,652.48)	35,011	(1,652)	561	1.67
DNP SELECT INCOME FD INC	3,050	31,812.09	11.0100	33,580.50	1,768.41	31,812	1,768	2,380	7.08
DUFF & PHELPS UTIL&CORP	3,270	40,051.47	9.1900	30,051.30	(10,000.17)	40,051	(10,000)	1,962	6.52
EATON VANCE FLTRT INC	569	9,990.90	15.1400	8,614.66	(1,376.24)	9,990	(1,376)	478	5.54

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Bank of America Corporation

### DELAND LIONS FOUNDATION INC

Account Number: 71G-07C33

June 01, 2017 - June 30, 2017

### MUTUAL FUNDS/CLOSED END FUNDS/UIT (continued)

FRANKLIN UTILITIES FD	5,235	63,646.42	18.8100	98,470.35	34,823.93	47,990	50,479	2,435	2.47
INVESCO SENIOR	1,742	9,996.51	4.5600	7,943.52	(2,052.99)	9,996	(2,052)	429	5.39
<b>TOTAL</b>		228,390.07		<b>276,571.45</b>	<b>22,430.49</b>		<b>38,081</b>	<b>9,841</b>	<b>3.56</b>
<b>LONG PORTFOLIO</b>									
		237,095.82		304,233.88		22,430.49		10,673	3.51

**Total Client Investment:** Cost of shares directly purchased and still held. Does not include shares purchased through reinvestment.

**Cumulative Investment Return:** Estimated Market Value minus Total Client Investment.

**Cumulative Investment Return** is the dollar value of the capital appreciation (depreciation) of all shares purchased and still held, including shares acquired through reinvestment of dividends and distributions, which may be greater or less than the actual income distributed.

**Market Timing:** Merrill Lynch's policies prohibit mutual fund market timing, which involves the purchase and sale of mutual fund shares within short periods of time with the intention of capturing short-term profits resulting from market volatility. Market timing may result in lower returns for long-term fund shareholders because market timers capture short-term gains that would otherwise pass to all shareholders and due to increased transaction costs and fewer assets for investment due to the need to retain cash to satisfy redemptions

**Unrealized Gain or (Loss):** Estimated Market Value minus Total Cost Basis (Initial cost of shares directly purchased and still held, as well as cost of shares acquired through reinvestment). Provided for Tax Planning purposes only and is not applicable to retirement accounts.

**Initial Purchase:** Date of your initial investment in this fund.

Online at: [www.mymerrill.com](http://www.mymerrill.com)  
 DELAND LIONS FOUNDATION INC  
 PO BOX 522  
 DELAND FL 32721-0522

Account Number: 71G-07C33

24-Hour Assistance: (866) 4MILBUSINESS

Access Code: 13-714-07233

**Net Portfolio Value:**  
**\$308,849.78**

Your Financial Advisor:  
 MCCORVEY, OGRAM AND ASSOCIATES  
 125 EAST INDIANA AVE SUITE A  
 DELAND FL 32724  
 1-386-943-8558

## BUSINESS INVESTOR ACCOUNT

	<i>This Statement</i>	<i>Year to Date</i>		
<b>Opening Value (1/1/11)</b>	\$296,469.50			
Total Credits	1,600.55	5,065.66		
Total Debits		(18,344.63)		
Securities You Transferred In/Out				
Market Gains/(Losses)	10,779.73	35,585.40		
<b>Closing Value (1/1/11)</b>	<b>\$308,849.78</b>			
<hr/>				
			<i>June 01, 2016 - June 30, 2016</i>	
<hr/>				
			<i>June 30</i>	<i>May 31</i>
<hr/>				
<b>ASSETS</b>				
Cash/Money Accounts			13,965.39	12,364.84
Fixed Income				
Equities			20,579.62	20,013.35
Mutual Funds			274,304.77	264,091.31
Options				
Other				
<i>Subtotal (Long Portfolio)</i>				
<b>TOTAL ASSETS</b>	<b>\$308,849.78</b>		<b>296,469.50</b>	<b>\$296,469.50</b>
<hr/>				
			<i>June 30, 2016 - June 30, 2016</i>	
<hr/>				
			<i>June 30</i>	<i>May 31</i>
<hr/>				
<b>LIABILITIES</b>				
Debit Balance				
Short Market Value				
<b>TOTAL LIABILITIES</b>				
<b>NET PORTFOLIO VALUE</b>	<b>\$308,849.78</b>		<b>\$296,469.50</b>	<b>\$296,469.50</b>

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Primary Account: 71G07C33

DELAND LIONS FOUNDATION INC  
PO BOX 522  
DELAND FL 32721-0522

## YOUR MERRILL LYNCH REPORT

June 01, 2016 - June 30, 2016

### PORTFOLIO SUMMARY

	June 30	May 31	Month Change
<b>Net Portfolio Value</b>	<b>\$308,849.78</b>	<b>\$296,469.50</b>	<b>\$12,380.28</b>
Your assets	\$308,849.78	\$296,469.50	\$12,380.28
Your liabilities			
Your Net Cash Flow (Inflows/Outflows)		(\$11,950.00)	
Securities You Transfer In/Out			
<b>Subtotal Net Contributions</b>		<b>(\$11,950.00)</b>	
Your Dividends/Interest Income			
Your Market Gains/(Losses)			
<b>Subtotal Investment Earnings</b>		<b>\$4,373.88</b>	
<b>Total Value (Net Portfolio Value plus Assets Not Held/Valued By MLPF&amp;S, if any) in thousands, 2011-2016</b>			
12/11 12/12 12/13 12/14 12/15 1Q16 4/16 5/16 6/16			

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call 24-Hour Assistance:  
(866) 4MLBUSINESS  
(866) 465-2874  
Access Code: 13-714-07233

Investment Advice and Guidance:  
Call Your Financial Advisor

Your Financial Advisor:  
MCCORVEY, OGRAM AND ASSOCIATES  
125 EAST INDIANA AVE SUITE A  
DELAND FL 32724  
1-386-943-8558

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Primary Account: 71607033

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DELAND LIONS FOUNDATION INC  
PO BOX 522  
DELAND FL 32721-0522

## YOUR MERRILL LYNCH REPORT

June 01, 2016 - June 30, 2016

### PORTFOLIO SUMMARY

	June 30	May 31	Month Change
<b>Net Portfolio Value</b>	<b>\$308,849.78</b>	<b>\$296,469.50</b>	<b>\$12,380.28</b> 
Your assets	\$308,819.78	\$296,469.50	\$12,380.28 
Your liabilities			
Your Net Cash Flow (Inflows/Outflows) Securities You Transferred In/Out		(\$11,950.00)	
<b>Subtotal Net Contributions</b>		<b>(\$11,950.00)</b>	
Your Dividends/Interest Income Your Market Gains/Losses	\$1,600.55 \$10,779.73	\$1,606.75 \$3,807.13	\$4,373.88
<b>Subtotal Investment Earnings</b>	<b>\$12,380.28</b>		

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Access Code: 13-714-07233

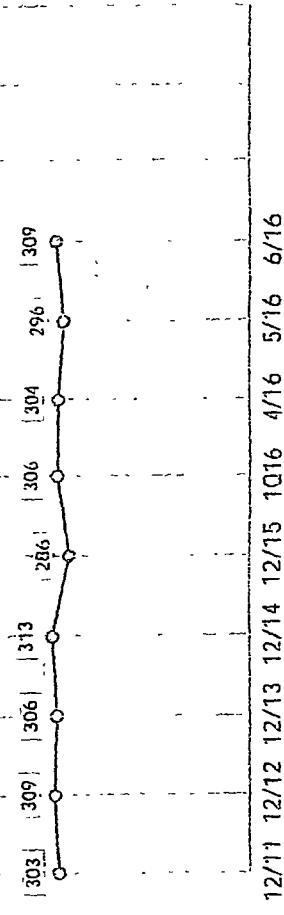
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### Total Value (Net Portfolio Value plus Assets Not Held/Valued By MLP&S, if any) in thousands, 2011-2016



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