

For calendar year 2017, or tax year beginning 07-01-2017, and ending 06-30-2018

Name of foundation SOUTHERN OREGON LION		A Employer identification number 93-6042046	
Number and street (or P O box number if mail is not delivered to street address) 228 N HOLLY		Room/suite	B Telephone number (see instructions) (541) 779-3653
City or town, state or province, country, and ZIP or foreign postal code MEDFORD, OR 97501		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <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) \$ 1,649,944	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )	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)	32,924			
	2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .	16,344	16,344	16,344	
	4 Dividends and interest from securities . . . . .	11,605	11,605	11,605	
	5a Gross rents . . . . .	61,990	61,990	61,990	
	b Net rental income or (loss) -16,801				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2) . . . . .		0		
	8 Net short-term capital gain . . . . .			0	
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances 5,427				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .	5,427		5,427	
	11 Other income (attach schedule) . . . . .	88	0	88	
	12 Total. Add lines 1 through 11 . . . . .	128,378	89,939	95,454	
	13 Compensation of officers, directors, trustees, etc	41,800	0	0	0
	14 Other employee salaries and wages . . . . .	20,041	7,319	7,319	
	15 Pension plans, employee benefits . . . . .	4,844	0	0	153
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .	9,500	0	0	0
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .	102	102	0	0
	18 Taxes (attach schedule) (see instructions) . . . . .	1,370	0	0	0
	19 Depreciation (attach schedule) and depletion . . . . .	30,074	25,235	30,074	
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .	919	0	0	248
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	67,554	46,237	46,237	1,039
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	176,204	78,893	83,630	1,440
	25 Contributions, gifts, grants paid . . . . .	23,298			23,298
	26 Total expenses and disbursements. Add lines 24 and 25	199,502	78,893	83,630	24,738
	27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements		-71,124			
b Net investment income (if negative, enter -0-)			11,046		
c Adjusted net income (if negative, enter -0-)				11,824	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing . . . . .	31,221	21,849	21,849		
	2	Savings and temporary cash investments . . . . .					
	3	Accounts receivable ▶ 25,924					
		Less allowance for doubtful accounts ▶	19,351	25,924	25,924		
	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 . . . . .	2,101	2,101	2,101		
	9	Prepaid expenses and deferred charges . . . . .		1,209	1,209		
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule) . . . . .					
	c	Investments—corporate bonds (attach schedule) . . . . .					
	11	Investments—land, buildings, and equipment basis ▶ 1,076,927					
	Less accumulated depreciation (attach schedule) ▶ 449,414	652,748	627,513	627,513			
12	Investments—mortgage loans . . . . .						
13	Investments—other (attach schedule) . . . . .						
14	Land, buildings, and equipment basis ▶ 379,501						
	Less accumulated depreciation (attach schedule) ▶ 325,593	58,747	53,908	53,908			
15	Other assets (describe ▶)	951,438	917,440	917,440			
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	1,715,606	1,649,944	1,649,944			
Liabilities	17	Accounts payable and accrued expenses . . . . .	1,689	1,715			
	18	Grants payable . . . . .					
	19	Deferred revenue . . . . .					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule) . . . . .	12,191	2,465			
	22	Other liabilities (describe ▶)	973	3,082			
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	14,853	7,262			
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>						
	24	Unrestricted . . . . .	1,348,280	1,292,682			
	25	Temporarily restricted . . . . .	2,473	0			
	26	Permanently restricted . . . . .	350,000	350,000			
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>						
	27	Capital stock, trust principal, or current funds . . . . .					
	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
	29	Retained earnings, accumulated income, endowment, or other funds					
	30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	1,700,753	1,642,682			
	31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	1,715,606	1,649,944			

**Part III Analysis of Changes in Net Assets or Fund Balances**

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	1,700,753
2	Enter amount from Part I, line 27a . . . . .	2	-71,124
3	Other increases not included in line 2 (itemize) ▶	3	13,053
4	Add lines 1, 2, and 3 . . . . .	4	1,642,682
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	1,642,682

**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 )
<b>1a</b>			

  

(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)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) 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	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

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

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



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 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))
2016	29,419	1,679,083	0 017521
2015	30,593	1,695,341	0 018045
2014	24,432	1,095,752	0 022297
2013	22,181	1,095,752	0 020243
2012	49,863	1,045,885	0 047675
<b>2 Total</b> of line 1, column (d)			<b>2</b> 0 125781
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0 025156
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			<b>4</b> 1,660,773
<b>5</b> Multiply line 4 by line 3			<b>5</b> 41,778
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 110
<b>7</b> Add lines 5 and 6			<b>7</b> 41,888
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 24,738

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)**

<b>1a</b>	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)		
<b>b</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 . . . . .	<b>1</b>	221
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	221
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	221
<b>6</b>	Credits/Payments		
<b>a</b>	2017 estimated tax payments and 2016 overpayment credited to 2017	<b>6a</b>	760
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	760
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	539
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> <input type="checkbox"/> 539 <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for 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>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
<b>2</b> 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>	<b>2</b>	No
<b>3</b> 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> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	Yes
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	Yes
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	No
<b>6</b> 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? . . . . .	<b>6</b>	No
<b>7</b> 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> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> OR _____		
<b>b</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> .	<b>8b</b>	Yes
<b>9</b> 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 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	Yes
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>	No

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

<b>11</b>	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).	<b>11</b>		<b>No</b>
<b>12</b>	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)	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW.OLSHF.ORG	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► SO OREGON LIONS SIGHT HEARING CT Telephone no ► (541) 779-3653			

Located at ► 228 N HOLLY STREET MEDFORD OR ZIP+4 ► 97501

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . .	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year . . . . .	15		
<b>16</b>	At any time during calendar year 2017, 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?	<b>16</b>	<b>Yes</b>	<b>No</b>
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ►			

**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.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		<b>1b</b>	
	Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>			
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?		<b>1c</b>	<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
<b>a</b>	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If "Yes," list the years ► 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions).		<b>2b</b>	
<b>c</b>	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____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2017 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 2017).		<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		<b>4a</b>	<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?		<b>4b</b>	<b>No</b>

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

<b>5a</b>	<p>During the year did the foundation pay or incur any amount to</p> <p><b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(2)</b> 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</p> <p><b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(4)</b> 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</p> <p><b>(5)</b> 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</p>			
<b>b</b>	<p>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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/> </p>	<b>5b</b>		
<b>c</b>	<p>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</p> <p><i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i></p>			
<b>6a</b>	<p>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</p>			
<b>b</b>	<p>Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>If "Yes" to 6b, file Form 8870</i></p>	<b>6b</b>		<b>No</b>
<b>7a</b>	<p>At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<b>b</b>	<p>If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<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	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

**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	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

**Total** number of other employees paid over \$50,000. . . . . **0**

**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		

**Total** number of others receiving over \$50,000 for professional services. . . . . **0**

**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
<b>1</b> VISION CARE - PAYMENTS TO HEALTH CARE PROVIDERS FOR CARE OF VISION PATIENTS	0
<b>2</b> HEARING CARE - PAYMENTS TO HEALTH CARE PROVIDERS FOR CARE OF HEARING PATIENTS	0
<b>3</b> VISUAL AIDS	0
<b>4</b> HEARING AIDS	0

**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
<b>1</b>	
<b>2</b>	
All other program-related investments See instructions	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3	<b>0</b>

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	950,021
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	25,167
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	710,876
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	1,686,064
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	1,686,064
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	25,291
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	1,660,773
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	83,039

**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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	
<b>b</b>	Income tax for 2017 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	24,738
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	24,738
<b>5</b>	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).	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	24,738

**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 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .				
<b>b</b> From 2013. . . . .				
<b>c</b> From 2014. . . . .				
<b>d</b> From 2015. . . . .				
<b>e</b> From 2016. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ _____				
<b>a</b> Applied to 2016, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2017 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9 Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .				
<b>b</b> Excess from 2014. . . . .				
<b>c</b> Excess from 2015. . . . .				
<b>d</b> Excess from 2016. . . . .				
<b>e</b> Excess from 2017. . . . .				

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section ☒ 4942(j)(3) or ☐ 4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

Tax year	Prior 3 years			(e) Total
(a) 2017	(b) 2016	(c) 2015	(d) 2014	
11,824	36,728	4,639	0	53,191
10,050	31,219	3,943	0	45,212
24,738	29,419	30,593	24,432	109,182
0	0	0	0	0
24,738	29,419	30,593	24,432	109,182

**b** 85% of line 2a . . . . .

**c** Qualifying distributions from Part XII, line 4 for each year listed . . . . .

**d** Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .

**e** Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .

**3** Complete 3a, b, or c for the alternative test relied upon

**a** "Assets" alternative test—enter

(1) Value of all assets . . . . .

(2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .

**b** "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .

**c** "Support" alternative test—enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .

(3) Largest amount of support from an exempt organization . . . . .

(4) Gross investment income . . . . .

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

**1 Information Regarding Foundation Managers:**

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

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

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

Check here ☐ if the 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

SOUTHERN OREGON LIONS SIGHT HEAR  
228 N HOLLY STREET  
MEDFORD, OR 97501  
(541) 779-3653  
SOLSHC@RIOUSA.COM

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

SEE STATEMENT FOR LINE 2A

**c** Any submission deadlines

NONE

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

LIMITED TO JACKSON OR JOSEPHINE COUNTY RESIDENTS

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

Recipient Name and address (home or business)	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>a</b> <i>Paid during the year</i> VARIOUS BENEFICIARIES 228 N HOLLY STREET MEDFORD, OR 97501		I	PATIENT CARE HEARING	13,839
VARIOUS BENEFICIARIES 228 N HOLLY STREET MEDFORD, OR 97501		I	PATIENT CARE SIGHTPATIENT CARE VISUAL	9,459
<b>Total</b> . . . . .			<b>3a</b>	23,298
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	0

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2017)

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

<b>1</b> 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?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash. . . . .	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</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 <b>(d)</b> the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**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

<b>Sign Here</b>	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.		
	*****	2018-11-15	*****
	Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr )? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	CAROLYN M RYDER				P00033827
	Firm's name <b>►</b> ISLER MEDFORD LLC	Firm's EIN <b>►</b> 20-4749363			
	Firm's address <b>►</b> 839 ALDER CREEK DR MEDFORD, OR 97504				Phone no (541) 779-7641

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
WYLIE JOHNSON	SECRETARY 1 00	0	0	0
228 N HOLLY MEDFORD, OR 97501				
MARY STANSELL	TREASURER 1 00	0	0	0
228 N HOLLY MEDFORD, OR 97501				
GLORIANNA C COOPER	EXECUTIVE DIRECTOR 40 00	41,800	0	0
228 N HOLLY MEDFORD, OR 97501				
JAN SLUSSER	VICE-CHAIR 1 00	0	0	0
228 N HOLLY MEDFORD, OR 97501				
KARL EDDINGS	CHAIR 1 00	0	0	0
228 N HOLLY MEDFORD, OR 97501				
DONALD JOHNSON	DIRECTOR 1 00	0	0	0
228 N HOLLY MEDFORD, OR 97501				
CHUCK McGILVRAY	DIRECTOR 1 00	0	0	0
228 N HOLLY MEDFORD, OR 97501				
MEL WILLIAMS	DIRECTOR 1 00	0	0	0
228 N HOLLY MEDFORD, OR 97501				
CHARLIE COGHILL	DIRECTOR 1 00	0	0	0
228 N HOLLY MEDFORD, OR 97501				
BILL HANLAN	DIRECTOR 1 00	0	0	0
228 N HOLLY MEDFORD, OR 97501				
ROGUE BURMAN	DIRECTOR 1 00	0	0	0
228 N HOLLY MEDFORD, OR 97501				

**TY 2017 Accounting Fees Schedule****Name:** SOUTHERN OREGON LION**EIN:** 93-6042046**Accounting Fees Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
BOOKKEEPING	6,000	0	0	0
ACCOUNTANT	3,500	0	0	0

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

# TY 2017 Depreciation Schedule

Name: SOUTHERN OREGON LION

EIN: 93-6042046

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
LIONS COTTAGES	2003-06-30	408,000	144,722	SL	39 0000000000000	10,462	10,462	10,462	
LAND-LIONS COTTAGES	2000-10-27	38,000		L		0	0	0	
HOLLY COURT APARTMENTS	1998-08-15	590,927	279,457	SL	40 0000000000000	14,773	14,773	14,773	
LAND-HOLLY COURT	1995-03-15	40,000		L		0	0	0	
LAND-CENTER	1969-01-01	39,874		L		0	0	0	
PARKING LOT	1995-07-01	20,562	20,562	SL	15 0000000000000	0	0	0	
TABLES-CENTER	1978-01-01	342	342	SL	10 0000000000000	0	0	0	
TABLE RACKS	1979-01-01	105	105	SL	10 0000000000000	0	0	0	
MISC EQUIPMENT-CENTER	1982-01-01	800	800	SL	10 0000000000000	0	0	0	
FENCING-GRAPE STREET	1989-08-01	891	891	SL	20 0000000000000	0	0	0	
DRAPES	1979-01-01	331	331	SL	10 0000000000000	0	0	0	
EQUIPMENT	1991-01-15	9,812	9,812	SL	10 0000000000000	0	0	0	
MAGIC CHEF REFRIGERATOR	1991-07-25	500	500	SL	10 0000000000000	0	0	0	
HOT POINT REFRIGERATOR	1991-09-04	449	449	SL	10 0000000000000	0	0	0	
STEEL CASE FILE CABINET	1991-10-01	111	111	SL	10 0000000000000	0	0	0	
RHEEM ELECTRIC WT/HT	1991-11-25	210	210	SL	10 0000000000000	0	0	0	
AS 14" WHITE TOILET	1992-01-27	257	257	SL	10 0000000000000	0	0	0	
COMPUTER-JUDITH	1992-10-19	1,499	1,499	SL	6 0000000000000	0	0	0	
PRINTER	1992-11-01	814	814	SL	6 0000000000000	0	0	0	
CHAIRS	1993-03-01	220	220	SL	10 0000000000000	0	0	0	



Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
TYPEWRITER	1994-02-01	250	250	SL	10 0000000000000	0	0	0	
SOS ALARM CLOCK	1994-04-28	1,016	1,016	SL	10 0000000000000	0	0	0	
COMPUTER-DAMONTS 486	1995-03-28	1,440	1,440	SL	6 0000000000000	0	0	0	
AC-HEATING	1999-08-05	17,995	17,995	SL	10 0000000000000	0	0	0	
BPI COMPUTER SOFTWARE	1996-06-05	165	165	SL	6 0000000000000	0	0	0	
EQUIPMENT	1995-12-31	1,828	1,828	SL	6 0000000000000	0	0	0	
TELEPHONE SYSTEM	1998-05-20	2,909	2,909	SL	10 0000000000000	0	0	0	
COMPUTER-CHRISTINA	1997-12-31	1,606	1,606	SL	6 0000000000000	0	0	0	
RECYCLE BIN #9	1998-05-01	3,050	3,050	SL	10 0000000000000	0	0	0	
RECYCLE BIN #10	1998-06-01	3,050	3,050	SL	10 0000000000000	0	0	0	
RECYCLE BIN #11	1998-06-01	3,050	3,050	SL	10 0000000000000	0	0	0	
DISHWASHER	1997-09-15	805	805	SL	10 0000000000000	0	0	0	
WHEELS FOR BINS	1998-06-22	1,429	1,429	SL	10 0000000000000	0	0	0	
WHEELS FOR BINS	1998-03-31	1,085	1,085	SL	10 0000000000000	0	0	0	
SIGNAGE FOR BINS	1998-05-13	399	399	SL	10 0000000000000	0	0	0	
RECYCLE BIN #12	1998-12-28	3,489	3,489	SL	10 0000000000000	0	0	0	
RECYCLE BIN #13	1998-12-15	3,050	3,050	SL	10 0000000000000	0	0	0	
RECYCLE BIN #14	1999-02-26	3,050	3,050	SL	10 0000000000000	0	0	0	
LIFT GATE	1998-09-02	1,775	1,775	SL	10 0000000000000	0	0	0	
WHEELS FOR BINS	1999-03-31	1,465	1,465	SL	10 0000000000000	0	0	0	

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
COPIER	1999-06-30	7,790	7,790	SL	10 0000000000000	0	0	0	
COMPUTER-SHERRIE	1998-07-15	1,545	1,545	SL	6 0000000000000	0	0	0	
WATER HEATER	1999-08-23	950	950	SL	10 0000000000000	0	0	0	
INSULATION	1999-08-26	1,050	1,050	SL	10 0000000000000	0	0	0	
FAX MACHINE	1999-08-17	170	170	SL	7 0000000000000	0	0	0	
PRINTER	1999-09-14	1,130	1,130	SL	5 0000000000000	0	0	0	
VIDEO MAGNIFIER	1999-12-15	1,087	1,087	SL	7 0000000000000	0	0	0	
RECYCLE BINS-SHADY COVE	2000-03-13	2,700	2,700	SL	10 0000000000000	0	0	0	
VACUUM	2000-02-16	238	238	SL	7 0000000000000	0	0	0	
SHED	2000-04-01	1,880	1,880	SL	10 0000000000000	0	0	0	
VISUAL LATEX	1979-01-01	2,030	2,030	SL	10 0000000000000	0	0	0	
SOUND SYSTEM	1993-05-01	1,568	1,568	SL	6 0000000000000	0	0	0	
COMPUTER-AMBER	1993-05-01	3,452	3,452	SL	6 0000000000000	0	0	0	
TDD MACHINE	1995-03-17	385	385	SL	10 0000000000000	0	0	0	
FM TRANSMITTER	1995-04-27	325	325	SL	10 0000000000000	0	0	0	
CCTV	1995-05-08	320	320	SL	10 0000000000000	0	0	0	
COMTEK FM TRANSMITTER	1995-05-16	462	462	SL	10 0000000000000	0	0	0	
EQUIPMENT	1995-06-30	205	205	SL	10 0000000000000	0	0	0	
CENTER EQUIPMENT	1996-06-30	3,092	3,092	SL	10 0000000000000	0	0	0	
TOSHIBA TV	1996-10-15	195	195	SL	10 0000000000000	0	0	0	

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
CVCL	1996-09-20	1,382	1,382	SL	10 000000000000	0	0	0	
TYMPANOMETER	1998-04-30	2,483	2,483	SL	10 000000000000	0	0	0	
CCTV	1998-01-28	1,377	1,377	SL	10 000000000000	0	0	0	
FREEZER	2000-02-04	431	431	SL	7 000000000000	0	0	0	
DOOR RECYCLE BIN ASHLAND	1999-11-30	2,250	2,250	SL	10 000000000000	0	0	0	
EARLY BIRD COMPUTER	2001-03-01	4,000	4,000	SL	10 000000000000	0	0	0	
MONITORS (2)	2001-03-28	500	500	SL	5 000000000000	0	0	0	
KENMORE ELECTRIC STOVE	2001-04-16	700	700	SL	5 000000000000	0	0	0	
SHARP 32" TV	2001-02-07	400	400	SL	5 000000000000	0	0	0	
ALADDIN ULTRA 17" CCTV	2001-08-09	1,107	1,107	SL	5 000000000000	0	0	0	
SALAD BAR	2001-08-31	842	842	SL	5 000000000000	0	0	0	
COMPUTER	2001-08-31	1,588	1,588	SL	5 000000000000	0	0	0	
COPY MACHINE KM-3530-24	2003-10-09	8,932	8,932	SL	5 000000000000	0	0	0	
ADA UPGRADE	1993-06-01	9,043	5,443	SL	40 000000000000	226	0	226	
EMERGENCY MEDICAL	2011-09-30	790	790	SL	5 000000000000	0	0	0	
4-SCREENING AUDIOMETERS	2011-11-23	3,160	3,160	SL	5 000000000000	0	0	0	
BUILDING-CENTER	1969-01-01	48,753	46,800	SL	50 000000000000	975	0	975	
SLIDING DOOR	1998-06-01	1,450	688	SL	40 000000000000	36	0	36	
ROOF	2002-12-09	18,500	13,490	SL	20 000000000000	925	0	925	
GOODLIGHT MODEL A+ ACUITY CABINET	2011-07-15	995	995	SL	5 000000000000	0	0	0	

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
CENTER ADDITION	1980-01-01	105,820	98,398	SL	40 00000000000000	2,646	0	2,646	
CENTER ADDITION	1981-01-01	1,241	1,116	SL	40 00000000000000	31	0	31	
PAVING-CENTER	1983-01-01	3,500	3,500	SL	10 00000000000000	0	0	0	

**TY 2017 Investments - Land Schedule****Name:** SOUTHERN OREGON LION**EIN:** 93-6042046

<b>Category/ Item</b>	<b>Cost/Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
LIONS COTTAGES	408,000	155,184	252,816	
HOLLY COURT APARTMENTS	590,927	294,230	296,697	

**TY 2017 Land, Etc.**  
**Schedule**

**Name:** SOUTHERN OREGON LION  
**EIN:** 93-6042046

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
PARKING LOT	20,562	20,562	0	
TABLES-CENTER	342	342	0	
TABLE RACKS	105	105	0	
MISC. EQUIPMENT-CENTER	800	800	0	
FENCING-GRAPE STREET	891	891	0	
DRAPES	331	331	0	
EQUIPMENT	9,812	9,812	0	
MAGIC CHEF REFRIGERATOR	500	500	0	
HOT POINT REFRIGERATOR	449	449	0	
STEEL CASE FILE CABINET	111	111	0	
RHEEM ELECTRIC WT/HT	210	210	0	
AS 14" WHITE TOILET	257	257	0	
COMPUTER-JUDITH	1,499	1,499	0	
PRINTER	814	814	0	
CHAIRS	220	220	0	
TYPEWRITER	250	250	0	
SOS ALARM CLOCK	1,016	1,016	0	
COMPUTER-DAMONTS 486	1,440	1,440	0	
AC-HEATING	17,995	17,995	0	
BPI COMPUTER SOFTWARE	165	165	0	
EQUIPMENT	1,828	1,828	0	
TELEPHONE SYSTEM	2,909	2,909	0	
COMPUTER-CHRISTINA	1,606	1,606	0	
RECYCLE BIN #9	3,050	3,050	0	
RECYCLE BIN #10	3,050	3,050	0	
RECYCLE BIN #11	3,050	3,050	0	
DISHWASHER	805	805	0	
WHEELS FOR BINS	1,429	1,429	0	
WHEELS FOR BINS	1,085	1,085	0	
SIGNAGE FOR BINS	399	399	0	

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
RECYCLE BIN #12	3,489	3,489	0	
RECYCLE BIN #13	3,050	3,050	0	
RECYCLE BIN #14	3,050	3,050	0	
LIFT GATE	1,775	1,775	0	
WHEELS FOR BINS	1,465	1,465	0	
COPIER	7,790	7,790	0	
COMPUTER-SHERRIE	1,545	1,545	0	
WATER HEATER	950	950	0	
INSULATION	1,050	1,050	0	
FAX MACHINE	170	170	0	
PRINTER	1,130	1,130	0	
VIDEO MAGNIFIER	1,087	1,087	0	
RECYCLE BINS-SHADY COVE	2,700	2,700	0	
VACUUM	238	238	0	
SHED	1,880	1,880	0	
VISUAL LATEX	2,030	2,030	0	
SOUND SYSTEM	1,568	1,568	0	
COMPUTER-AMBER	3,452	3,452	0	
TDD MACHINE	385	385	0	
FM TRANSMITTER	325	325	0	
CCTV	320	320	0	
COMTEK FM TRANSMITTER	462	462	0	
EQUIPMENT	205	205	0	
CENTER EQUIPMENT	3,092	3,092	0	
TOSHIBA TV	195	195	0	
CVCL	1,382	1,382	0	
TYMPANOMETER	2,483	2,483	0	
CCTV	1,377	1,377	0	
FREEZER	431	431	0	
DOOR RECYCLE BIN ASHLAND	2,250	2,250	0	

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
EARLY BIRD COMPUTER	4,000	4,000	0	
MONITORS (2)	500	500	0	
KENMORE ELECTRIC STOVE	700	700	0	
SHARP 32" TV	400	400	0	
ALADDIN ULTRA 17" CCTV	1,107	1,107	0	
SALAD BAR	842	842	0	
COMPUTER	1,588	1,588	0	
COPY MACHINE KM-3530-24	8,932	8,932	0	
ADA UPGRADE	9,043	5,669	3,374	
EMERGENCY MEDICAL	790	790	0	
4-SCREENING AUDIOMETERS	3,160	3,160	0	
BUILDING-CENTER	48,753	47,775	978	
SLIDING DOOR	1,450	724	726	
ROOF	18,500	14,415	4,085	
GOODLIGHT MODEL A+ ACUITY CABINET	995	995	0	
CENTER ADDITION	105,820	101,044	4,776	
CENTER ADDITION	1,241	1,147	94	
PAVING-CENTER	3,500	3,500	0	



## TY 2017 Mortgages and Notes Payable Schedule

**Name:** SOUTHERN OREGON LION

**EIN:** 93-6042046

**Total Mortgage Amount:**

Item No.	1
<b>Lender's Name</b>	HOLLY COURT APARTMENTS
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	
<b>Balance Due</b>	2,465
<b>Date of Note</b>	
<b>Maturity Date</b>	
<b>Repayment Terms</b>	
<b>Interest Rate</b>	
<b>Security Provided by Borrower</b>	
<b>Purpose of Loan</b>	
<b>Description of Lender Consideration</b>	
<b>Consideration FMV</b>	

**TY 2017 Other Assets Schedule****Name:** SOUTHERN OREGON LION**EIN:** 93-6042046**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
CHRISTOPHER TRUST	525,404	544,696	544,696
HUNTER TRUST	426,034	372,744	372,744

**TY 2017 Other Expenses Schedule****Name:** SOUTHERN OREGON LION**EIN:** 93-6042046**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVERTISING	726	0	0	169
INSURANCE	4,812	0	0	0
OTHER	1,363	0	0	775
REPAIRS & MAINTENANCE	1,555	0	0	0
SUPPLIES	972	0	0	0
UTILITIES	10,982	0	0	0
EDUCATION/TRAINING	245	0	0	95
RECYCLING HAUL FEES	662	0	0	0
PROPERTY MANAGEMENT	1,920	1,920	1,920	0
REPAIRS & MAINTENANCE	3,234	3,234	3,234	0

**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
UTILITIES	2,988	2,988	2,988	0
PAYROLL TAXES & BENEFITS	1,571	1,571	1,571	0
SUPPLIES	53	53	53	0
TAXES & PERMITS	18	18	18	0
CONTRACT LABOR	52	52	52	0
LIABILITY INSURANCE	555	555	555	0
OTHER	7,967	7,967	7,967	0
PAYROLL TAXES & BENEFITS	3,420	3,420	3,420	0
PROPERTY MANAGEMENT	3,840	3,840	3,840	0
REPAIRS & MAINTENANCE	9,684	9,684	9,684	0

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
UTILITIES	6,800	6,800	6,800	0
SUPPLIES	107	107	107	0
TAXES & PERMITS	18	18	18	0
CONTRACT LABOR	2,442	2,442	2,442	0
LIABILITY INSURANCE	1,568	1,568	1,568	0

# **TY 2017 Other Income Schedule**

**Name:** SOUTHERN OREGON LION

**EIN:** 93-6042046

## **Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
LOW VISION CLINIC	88		88

**TY 2017 Other Increases Schedule**

**Name:** SOUTHERN OREGON LION  
**EIN:** 93-6042046

Description	Amount
UNREALIZED GAINS	13,053

**TY 2017 Other Liabilities Schedule****Name:** SOUTHERN OREGON LION**EIN:** 93-6042046

Description	Beginning of Year - Book Value	End of Year - Book Value
ACCRUED PAYROLL AND TAXES	973	3,082



**TY 2017 Taxes Schedule****Name:** SOUTHERN OREGON LION**EIN:** 93-6042046

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
TAXES, LICENSES	1,370	0	0	0