

# Short Form Return of Organization Exempt From Income Tax

# 2014

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

▶ **Do not enter social security numbers on this form as it may be made public.**

▶ **Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

|   |   |  |  |
|---|---|--|--|
| <b>A</b> For the 2014 calendar year, or tax year beginning  |   | and ending   |  |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input checked="" type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>LION'S HEART</b>                        |  | <b>D</b> Employer identification number<br><b>26-2781977</b> |
|   | Number and street (or P.O. box, if mail is not delivered to street address) |  | <b>E</b> Telephone number                                    |
|   | <b>23052 ALICIA PARKWAY</b>   |  | <b>(949) 768-8122</b>  |
|   | Room/suite  |  | <b>H300</b>  |
|   | City or town, state or province, country, and ZIP or foreign postal code    |  | <b>F</b> Group Exemption Number ▶                            |
| <b>MISSION VIEJO, CA 92692</b>  |   |  |  |
| <b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶   |   | <b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). |  |
| <b>I</b> Website: ▶ <b>WWW.LIONSHEARTSERVICE.ORG</b>  |   |  |  |
| <b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |  |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other   |   |  |  |
| <b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ <b>196,725.</b>   |   |  |  |

| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  |  |           |          |
|---|--|-----------|----------|
| Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>   |  |           |          |
| <b>Revenue</b>  | <b>1</b> Contributions, gifts, grants, and similar amounts received  | <b>1</b>  | 195,613. |
|   | <b>2</b> Program service revenue including government fees and contracts   | <b>2</b>  |          |
|   | <b>3</b> Membership dues and assessments   | <b>3</b>  |          |
|   | <b>4</b> Investment income   | <b>4</b>  |          |
|   | <b>5a</b> Gross amount from sale of assets other than inventory  | <b>5a</b> |          |
|   | <b>b</b> Less: cost or other basis and sales expenses  | <b>5b</b> |          |
|   | <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)   | <b>5c</b> |          |
|   | <b>6</b> Gaming and fundraising events   |           |          |
|   | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)   | <b>6a</b> |          |
| <b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | <b>6b</b>  |           |          |
| <b>c</b> Less: direct expenses from gaming and fundraising events   | <b>6c</b>  |           |          |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   | <b>6d</b>  |           |          |
| <b>7a</b> Gross sales of inventory, less returns and allowances   | <b>7a</b>  |           |          |
| <b>b</b> Less: cost of goods sold   | <b>7b</b>  |           |          |
| <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   | <b>7c</b>  |           |          |
| <b>8</b> Other revenue (describe in Schedule O) <b>SEE SCHEDULE O</b>   | <b>8</b>   | 1,112.    |          |
| <b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶  | <b>9</b>   | 196,725.  |          |
| <b>Expenses</b>   | <b>10</b> Grants and similar amounts paid (list in Schedule O)   | <b>10</b> |          |
|   | <b>11</b> Benefits paid to or for members  | <b>11</b> |          |
|   | <b>12</b> Salaries, other compensation, and employee benefits  | <b>12</b> |          |
|   | <b>13</b> Professional fees and other payments to independent contractors  | <b>13</b> | 33,665.  |
|   | <b>14</b> Occupancy, rent, utilities, and maintenance <b>SEE SCHEDULE O</b>  | <b>14</b> | 2,238.   |
|   | <b>15</b> Printing, publications, postage, and shipping  | <b>15</b> | 5,737.   |
|   | <b>16</b> Other expenses (describe in Schedule O) <b>SEE SCHEDULE O</b>  | <b>16</b> | 113,100. |
| <b>17</b> <b>Total expenses.</b> Add lines 10 through 16 ▶  | <b>17</b>  | 154,740.  |          |
| <b>Net Assets</b>   | <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)  | <b>18</b> | 41,985.  |
|   | <b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | <b>19</b> | 0.       |
|   | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O) <b>SEE SCHEDULE O</b>   | <b>20</b> | 1,350.   |
|   | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 ▶  | <b>21</b> | 43,335.  |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II [X]

Table with 2 columns: (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III [X]

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Table with 2 columns: Description, Expenses. Rows include SEE SCHEDULE O, 28a, 29, 29a, 30, 30a, 31, 31a, 32 Total program service expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation. Rows include TERESA CORWIN and CLAYTON CORWIN.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

|   |                          |                                     |
|---|--------------------------|-------------------------------------|
|   | <b>Yes</b>               | <b>No</b>                           |
| <b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?<br>If "Yes," complete Schedule C, Part I ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|   | <b>46</b>                | <b>X</b>                            |

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

|  |                          |                                     |
|--|--------------------------|-------------------------------------|
|  | <b>Yes</b>               | <b>No</b>                           |
| <b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," was the related organization a section 527 organization? .....  | <input type="checkbox"/> | <input type="checkbox"/>            |
|  | <b>49a</b>               | <b>X</b>                            |
|  | <b>49b</b>               |                                     |

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| NONE                                |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
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|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |

**f** Total number of other employees paid over \$100,000  NONE

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." **NONE**

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
|  |                     |                  |
|  |                     |                  |
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|  |                     |                  |
|  |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000  NONE

**52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

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

|                  |  |      |
|------------------|--|------|
| <b>Sign Here</b> | Signature of officer   | Date |
|                  | <b>CLAYTON CORWIN, TREASURER</b><br>Type or print name and title |      |

|                               |  |                              |      |   |           |
|-------------------------------|--|------------------------------|------|---|-----------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                                     | Preparer's signature         | Date | Check <input type="checkbox"/> if self-employed | PTIN      |
|                               | JODY J. FOUCH  |                              |      |   | P00415731 |
|                               | Firm's name <b>SKINNER FOUCH &amp; OLSON LLP</b>               | Firm's EIN <b>20-1484966</b> |      | Phone no. <b>(949) 260-1430</b>                 |           |
|                               | Firm's address <b>9846 RESEARCH DRIVE<br/>IRVINE, CA 92618</b> |                              |      |   |           |

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2014**

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **LION'S HEART** Employer identification number **26-2781977**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see Instructions) | (vi) Amount of other support (see Instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          | 195,613. | 195,613.  |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          | 195,613. | 195,613.  |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 195,613.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total                           |
|--|----------|----------|----------|----------|----------|-------------------------------------|
| <b>7</b> Amounts from line 4 .....   |          |          |          |          | 195,613. | 195,613.                            |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...  |          |          |          |          |          |                                     |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...  |          |          |          |          |          |                                     |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |          |          |          |          | 1,112.   | 1,112.                              |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          | 196,725.                            |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       |                                     |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input checked="" type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                          |
|---|-----------|--------------------------|
| <b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b> | %                        |
| <b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....  | <b>15</b> | %                        |
| <b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/> |
| <b>b 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/> |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>   |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>   |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>   |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |



**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .                                       |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |

**Section D. Type III Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).  |     |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.   |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |  |  |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  |  |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .   |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.   |  |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1                                      | Net short-term capital gain  | 1              |                             |
| 2                                      | Recoveries of prior-year distributions   | 2              |                             |
| 3                                      | Other gross income (see instructions)  | 3              |                             |
| 4                                      | Add lines 1 through 3  | 4              |                             |
| 5                                      | Depreciation and depletion   | 5              |                             |
| 6                                      | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                                      | Other expenses (see instructions)  | 7              |                             |
| 8                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                       | Subtract line 2 from line 1d  | 3              |                             |
| 4                                       | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | 4              |                             |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                       | Multiply line 5 by .035   | 6              |                             |
| 7                                       | Recoveries of prior-year distributions  | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   | (A) Prior Year | Current Year |
|---|---|----------------|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1              |              |
| 2                                       | Enter 85% of line 1   | 2              |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3              |              |
| 4                                       | Enter greater of line 2 or line 3   | 4              |              |
| 5                                       | Income tax imposed in prior year  | 5              |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | 6              |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). |                |              |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| Section D - Distributions   | Current Year |
|---|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| <b>9</b> Distributable amount for 2014 from Section C, line 6   |              |
| <b>10</b> Line 8 amount divided by Line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2014 | (iii)<br>Distributable<br>Amount for 2014 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2014 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)  |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2014:  |                             |  |   |
| <b>a</b>   |                             |  |   |
| <b>b</b>   |                             |  |   |
| <b>c</b>   |                             |  |   |
| <b>d</b>   |                             |  |   |
| <b>e</b> From 2013   |                             |  |   |
| <b>f Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2014 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2009 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| <b>4</b> Distributions for 2014 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2014 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). |                             |  |   |
| <b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).                        |                             |  |   |
| <b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b>   |                             |  |   |
| <b>b</b>   |                             |  |   |
| <b>c</b>   |                             |  |   |
| <b>d</b> Excess from 2013  |                             |  |   |
| <b>e</b> Excess from 2014  |                             |  |   |

Schedule A (Form 990 or 990-EZ) 2014

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2014 AMOUNT: \$ 1,112.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open To Public Inspection**

Name of the organization **LION'S HEART** Employer identification number **26-2781977**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|---|---------------------------------|---|--------------------------------|----------------|----|
|   |                                 |   |                                | Yes            | No |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| CLAYTON CORWIN                | SECRETAR                           | START UP            | X                                     |      | 2,500.                        | 2,500.          |                 | X  | X                                   |    |                        | X  |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| <b>Total</b> .....            |                                    |                     |                                       |      |                               | ▶ \$            | 2,500.          |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |

SEE PART V FOR CONTINUATIONS

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:**

(A) NAME OF PERSON: CLAYTON CORWIN

(B) RELATIONSHIP WITH ORGANIZATION: SECRETARY, TREASURER, &amp; DIRECTOR

(C) PURPOSE OF LOAN: START UP CAPITAL TO FUND INITIAL OPERATIONS.

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,500. (F) BALANCE DUE \$ 2,500.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = NO

| Asset Number                                   | Description of property    |                 |              |          |                     |                 |                                       |                        |
|--|----------------------------|-----------------|--------------|----------|---------------------|-----------------|---------------------------------------|------------------------|
|  | Date placed in service     | Method/IRC sec. | Life or rate | Line No. | Cost or other basis | Basis reduction | Accumulated depreciation/amortization | Current year deduction |
|  | OCCUPANCY, RENT, UTILITIES |                 |              |          |                     |                 |                                       |                        |
|  |                            |                 |              |          |                     |                 |                                       |                        |
| 1  | COMPUTER EQUIPMENT         |                 |              |          |                     |                 |                                       |                        |
|  | 010114                     | 200DB           | 5.00         | 19B      | 2,500.              |                 |                                       | 875.                   |
| 2  | COMPUTER EQUIPMENT         |                 |              |          |                     |                 |                                       |                        |
|  | 112114                     | 200DB           | 5.00         | 19B      | 2,653.              |                 |                                       | 133.                   |
| * 990-EZ PG 1 TOTAL OCCUPANCY, RENT, UTILITIES |                            |                 |              |          | 5,153.              | 0.              | 0.                                    | 1,008.                 |
| * GRAND TOTAL 990-EZ PG 1 DEPR                 |                            |                 |              |          | 5,153.              | 0.              | 0.                                    | 1,008.                 |
|  |                            |                 |              |          |                     |                 |                                       |                        |
|  |                            |                 |              |          |                     |                 |                                       |                        |
|  |                            |                 |              |          |                     |                 |                                       |                        |
|  |                            |                 |              |          |                     |                 |                                       |                        |
|  |                            |                 |              |          |                     |                 |                                       |                        |
|  |                            |                 |              |          |                     |                 |                                       |                        |
|  |                            |                 |              |          |                     |                 |                                       |                        |
|  |                            |                 |              |          |                     |                 |                                       |                        |
|  |                            |                 |              |          |                     |                 |                                       |                        |
|  |                            |                 |              |          |                     |                 |                                       |                        |
|  |                            |                 |              |          |                     |                 |                                       |                        |
|  |                            |                 |              |          |                     |                 |                                       |                        |
|  |                            |                 |              |          |                     |                 |                                       |                        |
|  |                            |                 |              |          |                     |                 |                                       |                        |
|  |                            |                 |              |          |                     |                 |                                       |                        |
|  |                            |                 |              |          |                     |                 |                                       |                        |
|  |                            |                 |              |          |                     |                 |                                       |                        |
|  |                            |                 |              |          |                     |                 |                                       |                        |
|  |                            |                 |              |          |                     |                 |                                       |                        |
|  |                            |                 |              |          |                     |                 |                                       |                        |
|  |                            |                 |              |          |                     |                 |                                       |                        |
|  |                            |                 |              |          |                     |                 |                                       |                        |
|  |                            |                 |              |          |                     |                 |                                       |                        |

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

LION'S HEART

Employer identification number

26-2781977

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

| DESCRIPTION OF OTHER REVENUE: | AMOUNT: |
|-------------------------------|---------|
| MISCELLANEOUS INCOME          | 1,112.  |

FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:

| DESCRIPTION OF EXPENSES:             | AMOUNT:       |
|--------------------------------------|---------------|
| DEPRECIATION                         | 1,008.        |
| OTHER EXPENSES                       | 1,230.        |
| <b>TOTAL TO FORM 990-EZ, LINE 14</b> | <b>2,238.</b> |

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

| DESCRIPTION OF OTHER EXPENSES: | AMOUNT:        |
|--------------------------------|----------------|
| AWARDS                         | 3,782.         |
| BACKGROUND CHECKS              | 744.           |
| CREDIT CARD FEES               | 7,538.         |
| DUES & SUBS                    | 125.           |
| EVENT                          | 6,103.         |
| GIFTS                          | 2,172.         |
| INSURANCE                      | 7,250.         |
| MARKETING                      | 7,487.         |
| MEALS & ENTERTAINMENT          | 353.           |
| MERCHANDISE                    | 10,137.        |
| MEETINGS                       | 1,493.         |
| MILEAGE                        | 1,857.         |
| MISCELLANEOUS                  | 1,602.         |
| <b>OFFICE SUITE EXPENSE</b>    | <b>12,058.</b> |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

432211  
08-27-14



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization **LION'S HEART** Employer identification number **26-2781977**

|                               |          |
|-------------------------------|----------|
| OFFICE SUPPLIES               | 7,349.   |
| SALES TAX                     | 154.     |
| SERVICE FEE                   | 101.     |
| STATE TAX                     | 800.     |
| TRAINING                      | 1,200.   |
| WEBSITE                       | 40,795.  |
| TOTAL TO FORM 990-EZ, LINE 16 | 113,100. |

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

| CHANGES IN NET ASSETS OR FUND BALANCES: | AMOUNT: |
|---|---------|
| CASH CONTRIBUTIONS                      | 1,350.  |

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

| DESCRIPTION              | BEG. OF YEAR | END OF YEAR |
|--------------------------|--------------|-------------|
| OTHER DEPRECIABLE ASSETS | 0.           | 4,145.      |

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|-------------|--------------|-------------|
| LOAN        | 0.           | 2,500.      |

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROMOTING TEEN VOLUNTARY CHARITABLE SERVICE BY ORGANIZING, FACILITATING, ADMINISTRATING AND COORDINATING COMMUNITY SERVICE OPPORTUNITIES FOR YOUNG ADULTS, PRIMARILY IN GRADES SIX THROUGH TWELVE.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

432211  
08-27-14

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

LION'S HEART

Employer identification number

26-2781977

COORDINATE COMMUNITY SERVICE OPPORTUNITIES BETWEEN

POTENTIAL VOLUNTEERS AND THOSE IN NEED OF SERVICES.

EXAMPLES OF COMMUNITY SERVICE PROVIDED BY LION'S HEART

VOLUNTEERS INCLUDE SERVING MEALS AND PERFORMING AT SENIOR CITIZENS'

HOMES, HELPING AT CHARITY EVENTS (DINNER DANCES, AUCTIONS, RUNNING

EVENTS), BEACH AND TRAIL CLEAN UPS, COACHING AND REFFING FOR SPORTS,

WORKING AT FOOD BANKS, VOLUNTEERING AT HOMELESS AND YOUTH SHELTERS,

CLOTHING, SHOE, FOOD, BOOK AND HYGIENE PRODUCT DRIVES, AND MUCH MORE.

VOLUNTEERS ALSO HELP THE DISABLED AT SPORTS AND RECREATION CAMPS.

EXAMPLES OF EDUCATIONAL HOURS INCLUDE HELPING TEACHERS PREPARE THEIR

CLASSROOMS FOR THE SCHOOL YEAR, SHELVING LIBRARY BOOKS, CAMPUS

BEAUTIFICATION PROJECTS, BUILDING SCHOOL PLAY SETS, CAMPUS GARDENS AND

OTHER PROJECTS DURING NON-CLASSROOM TIME. VOLUNTEERS ALSO TUTOR OTHER

STUDENTS AT NO CHARGE. AS A RESULT, THROUGH APRIL 2015, LION'S HEART

VOLUNTEERS HAVE LOGGED APPROXIMATELY 362,000 HOURS OF VOLUNTEER SERVICE

IN THEIR LOCAL COMMUNITIES.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Attachment  
Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

LION'S HEART

FORM 990-EZ PAGE 1

26-2781977

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   | 1                            | 500,000.         |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation   | 3                            | 2,000,000.       |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2013 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5   | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11   | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12   | 13                           |                  |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

|    |  |    |  |
|----|--|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 |  |
| 15 | Property subject to section 168(f)(1) election   | 15 |  |
| 16 | Other depreciation (including ACRS)  | 16 |  |

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

|    |   |    |                          |
|----|---|----|--------------------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2014  | 17 |                          |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    | <input type="checkbox"/> |

**Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      | 5,153.   | 5 YRS.              | MQ             | 200DB      | 1,008.                     |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  | /                                    |  | 27.5 yrs.           | MM             | S/L        |                            |
|                                | /                                    |  | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property | /                                    |  | 39 yrs.             | MM             | S/L        |                            |
|                                | /                                    |  |                     | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System**

|     |            |   |         |    |     |  |
|-----|------------|---|---------|----|-----|--|
| 20a | Class life |   |         |    | S/L |  |
| b   | 12-year    |   | 12 yrs. |    | S/L |  |
| c   | 40-year    | / | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |  |    |        |
|----|--|----|--------|
| 21 | Listed property. Enter amount from line 28   | 21 |        |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 1,008. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |        |

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

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

Table for Section B with 6 main rows (30-36) and 12 columns for vehicle usage metrics.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with 5 rows (37-41) and 2 columns (Yes/No).

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2014 tax year: Table with 6 columns.

43 Amortization of costs that began before your 2014 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

California Exempt Organization  
Annual Information Return

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)

|  |                                |   |
|--|--------------------------------|---|
| Corporation/Organization Name<br><b>LION'S HEART</b><br><small>Additional Information. See instructions.</small> |                                | California corporation number<br><b>3102299</b> |
| Street address (suite or room)<br><b>23052 ALICIA PARKWAY, NO. H300</b>  |                                | PMB no.   |
| City<br><b>MISSION VIEJO</b>   | State<br><b>CA</b>             | ZIP code<br><b>92692</b>                        |
| Foreign country name   | Foreign province/state/country | Foreign postal code                             |

|   |   |
|---|---|
| <p><b>A</b> First Return <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final Information Return?<br/> <input type="checkbox"/> Dissolved    <input type="checkbox"/> Surrendered (Withdrawn)<br/> <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy)</p> <p><b>E</b> Check accounting method:<br/>         (1) <input checked="" type="checkbox"/> Cash    (2) <input type="checkbox"/> Accrual    (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed?<br/>         (1) <input type="checkbox"/> 990T    (2) <input type="checkbox"/> 990-PF    (3) <input type="checkbox"/> Sch H (990)</p> <p><b>G</b> Is this a group filing? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>         If "Yes," what is the parent's name?</p> <p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>         If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> If organization is exempt under R&amp;TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input type="checkbox"/></p> <p><b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>P</b> Is an IRS Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>         Date filed with IRS _____</p> |
|---|---|

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

|                              |    |  |    |            |
|------------------------------|----|--|----|------------|
| <b>Receipts and Revenues</b> | 1  | Gross sales or receipts from other sources. From Side 2, Part II, line 8   | 1  | 1,112.00   |
|                              | 2  | Gross dues and assessments from members and affiliates   | 2  | 00         |
|                              | 3  | Gross contributions, gifts, grants, and similar amounts received   | 3  | 195,613.00 |
|                              | 4  | Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B | 4  | 196,725.00 |
|                              | 5  | Cost of goods sold   | 5  | 00         |
|                              | 6  | Cost or other basis, and sales expenses of assets sold   | 6  | 00         |
|                              | 7  | Total costs. Add line 5 and line 6   | 7  | 00         |
|                              | 8  | Total gross income. Subtract line 7 from line 4  | 8  | 196,725.00 |
| <b>Expenses</b>              | 9  | Total expenses and disbursements. From Side 2, Part II, line 18  | 9  | 154,820.00 |
|                              | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8  | 10 | 41,905.00  |
| <b>Filing Fee</b>            | 11 | Filing fee \$10 or \$25. See General Instruction F   | 11 | 10.00      |
|                              | 12 | Total payments   | 12 | 00         |
|                              | 13 | Penalties and Interest. See General Instruction J  | 13 | 00         |
|                              | 14 | Use tax. See General Instruction K   | 14 | 00         |
|                              | 15 | <b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result   | 15 | 10.00      |

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.

|                                 |   |                                    |   |                                    |
|---------------------------------|---|------------------------------------|---|------------------------------------|
| <b>Sign Here</b>                | Signature of officer  | Title<br><b>TREASURER</b>          | Date  | Telephone<br><b>(949) 768-8122</b> |
|                                 | Preparer's signature  | Date                               | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P00415731</b>           |
| <b>Paid Preparer's Use Only</b> | Firm's name (or yours, if self-employed) and address<br><b>SKINNER FOUCH &amp; OLSON LLP<br/>9846 RESEARCH DRIVE<br/>IRVINE, CA 92618</b>           | Telephone<br><b>(949) 260-1430</b> |   |                                    |
|                                 | May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                    |   |                                    |

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.**

428951 11-26-14

|                                    |                                   |  |   |    |          |            |
|------------------------------------|-----------------------------------|--|---|----|----------|------------|
| <b>Receipts from Other Sources</b> | 1                                 | Gross sales or receipts from all business activities. See instructions   | •   | 1  | 00       |            |
|                                    | 2                                 | Interest   | •   | 2  | 00       |            |
|                                    | 3                                 | Dividends  | •   | 3  | 00       |            |
|                                    | 4                                 | Gross rents  | •   | 4  | 00       |            |
|                                    | 5                                 | Gross royalties  | •   | 5  | 00       |            |
|                                    | 6                                 | Gross amount received from sale of assets (See Instructions)   | •   | 6  | 00       |            |
|                                    | 7                                 | Other income   | •   | 7  | 1,112.00 |            |
|                                    | 8                                 | <b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | •   | 8  | 1,112.00 |            |
|                                    | 9                                 | Contributions, gifts, grants, and similar amounts paid   | •   | 9  | 00       |            |
|                                    | 10                                | Disbursements to or for members  | •   | 10 | 00       |            |
|                                    | 11                                | Compensation of officers, directors, and trustees  | •   | 11 | 0.00     |            |
|                                    | 12                                | Other salaries and wages   | •   | 12 | 00       |            |
|                                    | <b>Expenses and Disbursements</b> | 13   | Interest  | •  | 13       | 00         |
|                                    |                                   | 14   | Taxes   | •  | 14       | 00         |
|                                    |                                   | 15   | Rents   | •  | 15       | 1,230.00   |
|                                    |                                   | 16   | Depreciation and depletion (See instructions)   | •  | 16       | 1,088.00   |
|                                    |                                   | 17   | Other Expenses and Disbursements  | •  | 17       | 152,502.00 |
|                                    |                                   | 18   | <b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | •  | 18       | 154,820.00 |

| <b>Schedule L Balance Sheets</b> |   | Beginning of taxable year |     | End of taxable year |           |
|----------------------------------|---|---------------------------|-----|---------------------|-----------|
|                                  |   | (a)                       | (b) | (c)                 | (d)       |
| <b>Assets</b>                    |   |                           |     |                     |           |
| 1                                | Cash  |                           |     |                     | • 41,690. |
| 2                                | Net accounts receivable                           |                           |     |                     | •         |
| 3                                | Net notes receivable                              |                           |     |                     | •         |
| 4                                | Inventories                                       |                           |     |                     | •         |
| 5                                | Federal and state government obligations          |                           |     |                     | •         |
| 6                                | Investments in other bonds                        |                           |     |                     | •         |
| 7                                | Investments in stock                              |                           |     |                     | •         |
| 8                                | Mortgage loans                                    |                           |     |                     | •         |
| 9                                | Other investments                                 |                           |     |                     | •         |
| 10                               | a Depreciable assets <b>STMT 5</b>                |                           |     | 5,153.              |           |
|                                  | b Less accumulated depreciation                   | ( )                       |     | ( 1,088. )          | 4,065.    |
| 11                               | Land  |                           |     |                     | •         |
| 12                               | Other assets                                      |                           |     |                     | •         |
| 13                               | <b>Total assets</b>                               |                           | 0.  |                     | 45,755.   |
| <b>Liabilities and net worth</b> |   |                           |     |                     |           |
| 14                               | Accounts payable                                  |                           |     |                     | •         |
| 15                               | Contributions, gifts, or grants payable           |                           |     |                     | •         |
| 16                               | Bonds and notes payable                           |                           |     |                     | •         |
| 17                               | Mortgages payable                                 |                           |     |                     | •         |
| 18                               | Other liabilities <b>STMT 4</b>                   |                           |     |                     | 2,500.    |
| 19                               | Capital stock or principal fund                   |                           |     |                     | • 1,350.  |
| 20                               | Paid-in or capital surplus. Attach reconciliation |                           |     |                     | •         |
| 21                               | Retained earnings or income fund                  |                           |     |                     | • 41,905. |
| 22                               | <b>Total liabilities and net worth</b>            |                           | 0.  |                     | 45,755.   |

| <b>Schedule M-1 Reconciliation of income per books with income per return</b>                          |  |   |    |   |   |
|--|--|---|----|---|---|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. |  |   |    |   |   |
| 1  | Net income per books   | • | 7  | Income recorded on books this year not included in this return.     | • |
| 2  | Federal income tax   | • | 8  | Deductions in this return not charged against book income this year | • |
| 3  | Excess of capital losses over capital gains                      | • | 9  | Total. Add line 7 and line 8  |   |
| 4  | Income not recorded on books this year                           | • | 10 | Net income per return.  |   |
| 5  | Expenses recorded on books this year not deducted in this return | • |    | Subtract line 9 from line 6   |   |
| 6  | Total. Add line 1 through line 5                                 |   |    |   |   |

| FORM 199                           | OTHER INCOME | STATEMENT | 1 |
|------------------------------------|--------------|-----------|---|
| DESCRIPTION                        |              | AMOUNT    |   |
| MISCELLANEOUS INCOME               |              | 1,112.    |   |
| TOTAL TO FORM 199, PART II, LINE 7 |              | 1,112.    |   |

| FORM 199   | COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES | STATEMENT    | 2 |
|--|--|--------------|---|
| NAME AND ADDRESS   | TITLE AND<br>AVERAGE HRS WORKED/WK               | COMPENSATION |   |
| TERESA CORWIN<br>23052 ALICIA PARKWAY, SUITE H300<br>MISSION VIEJO, CA 92692 | PRESIDENT & DIRECTOR<br>29.00                    | 0.           |   |
| CLAYTON CORWIN<br>23052 ALICIA PARKWAY, SUITE H300<br>MISSION VIEJO          | SECRETARY, TREASURER & DIR<br>2.00               | 0.           |   |
| TOTAL TO FORM 199, PART II, LINE 11  |  | 0.           |   |

| FORM 199              | OTHER EXPENSES | STATEMENT | 3 |
|-----------------------|----------------|-----------|---|
| DESCRIPTION           |                | AMOUNT    |   |
| AWARDS                |                | 3,782.    |   |
| BACKGROUND CHECKS     |                | 744.      |   |
| CREDIT CARD FEES      |                | 7,538.    |   |
| DUES & SUBS           |                | 125.      |   |
| EVENT                 |                | 6,103.    |   |
| GIFTS                 |                | 2,172.    |   |
| INSURANCE             |                | 7,250.    |   |
| MARKETING             |                | 7,487.    |   |
| MEALS & ENTERTAINMENT |                | 353.      |   |
| MERCHANDISE           |                | 10,137.   |   |
| MEETINGS              |                | 1,493.    |   |
| MILEAGE               |                | 1,857.    |   |
| MISCELLANEOUS         |                | 1,602.    |   |
| OFFICE SUITE EXPENSE  |                | 12,058.   |   |
| OFFICE SUPPLIES       |                | 7,349.    |   |
| SALES TAX             |                | 154.      |   |
| SERVICE FEE           |                | 101.      |   |
| STATE TAX             |                | 800.      |   |

LION'S HEART

26-2781977

|   |          |
|---|----------|
| TRAINING  | 1,200.   |
| WEBSITE   | 40,795.  |
| PROFESSIONAL FEES AND OTHER PAYMENTS TO INDEPENDENT CONTRACTORS | 33,665.  |
| PRINTING, PUBLICATIONS, POSTAGE AND SHIPPING                    | 5,737.   |
| TOTAL TO FORM 199, PART II, LINE 17                             | 152,502. |

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|          |                   |           |   |
|----------|-------------------|-----------|---|
| FORM 199 | OTHER LIABILITIES | STATEMENT | 4 |
|----------|-------------------|-----------|---|

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| DESCRIPTION                            | BEG. OF YEAR | END OF YEAR |
|--|--------------|-------------|
| LOAN                                   | 0.           | 2,500.      |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | 0.           | 2,500.      |

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|          |                    |           |   |
|----------|--------------------|-----------|---|
| FORM 199 | DEPRECIABLE ASSETS | STATEMENT | 5 |
|----------|--------------------|-----------|---|

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| DESCRIPTION                       | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | END OF YEAR BOOK VALUE |
|-----------------------------------|---------------------|--------------------------|------------------------|
| COMPUTER EQUIPMENT                | 2,500.              | 1,000.                   | 1,500.                 |
| COMPUTER EQUIPMENT                | 2,653.              | 88.                      | 2,565.                 |
| TOTAL TO FORM 199, SCH L, LINE 10 | 5,153.              | 1,088.                   | 4,065.                 |



Attach to Form 100 or Form 100W.

**FORM 199**

**FEIN 26-2781977**

Corporation name

California corporation number

**LION'S HEART**

**3102299**

**Part I Election To Expense Certain Property Under IRC Section 179**

|  |                                     |                         |
|--|-------------------------------------|-------------------------|
| 1 Maximum deduction under IRC Section 179 for California .....   | 1                                   | \$25,000                |
| 2 Total cost of IRC Section 179 property placed in service .....   | 2                                   |                         |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation .....                        | 3                                   | \$200,000               |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....                 | 4                                   |                         |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- .....      | 5                                   |                         |
| <b>(a) Description of property</b>   | <b>(b) Cost (business use only)</b> | <b>(c) Elected cost</b> |
| 6  |                                     |                         |
| 7 Listed property (elected IRC Section 179 cost) .....   | 7                                   |                         |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 .....     | 8                                   |                         |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....                                | 9                                   |                         |
| 10 Carryover of disallowed deduction from prior taxable years .....                                      | 10                                  |                         |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 ..... | 11                                  |                         |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 .....   | 12                                  |                         |
| 13 Carryover of disallowed deduction to 2015. Add line 9 and line 10, less line 12 .....                 | 13                                  |                         |

**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

| (a) Description property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation Method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| 14 1 COMPUTER EQUIPMENT  | 01/01/14                       | 2,500.                  |  | 200DB                   | 5.00             | 1,000.                         |  |
| 2 COMPUTER EQUIPMENT   | 11/21/14                       | 2,653.                  |  | 200DB                   | 5.00             | 88.                            |  |
| <b>TOTALS</b>  |                                | <b>5,153.</b>           |  |                         |                  |                                |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000.<br>See instructions for line 14, column (h) ..... | 15                             |                         |  |                         |                  | <b>1,088.</b>                  |  |

**Part III Summary**

|   |    |               |
|---|----|---------------|
| 16 Total: If the corporation is electing:<br>IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or<br>Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or<br>Depreciation (if no election is made), enter the amount from line 15, column (g) .....   | 16 | <b>1,088.</b> |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....  | 17 | <b>1,008.</b> |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6.<br>If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) ..... | 18 | <b>80.</b>    |

**Part IV Amortization**

| (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC section (see instructions) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------|-------------------------|--|-------------------------------------|--------------------------|--------------------------------|
| 19  |                                |                         |  |                                     |                          |                                |
| 20 Total. Add the amounts in column (g) .....   | 20                             |                         |  |                                     |                          |                                |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 .....  | 21                             |                         |  |                                     |                          |                                |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W,<br>Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12 ..... | 22                             |                         |  |                                     |                          |                                |

**Voucher at bottom of page.**

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.**  
If the amount of payment is zero, do not mail this voucher.

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2014 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:** **Fiscal Year - See instructions.**  
**Calendar Year - File and Pay by March 16, 2015.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:** Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov](http://ftb.ca.gov) for more information.

439035  
12-04-14

--- DETACH HERE --- IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR **2014** **Payment Voucher for Corps and Exempt Orgs e-filed Returns**

CALIFORNIA FORM  
**3586 (e-file)**

3102299 LION 26-2781977 000000000000 14 FORM 3  
TYB 01-01-2014 TYE 12-31-2014  
LIONS HEART

23052 ALICIA PARKWAY NO H300  
MISSION VIEJO CA 92692

(949) 768-8122

Total Payment Amt 10.

TAXABLE YEAR  
**2014**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

|                          |                    |
|--------------------------|--------------------|
| Exempt Organization name | Identifying number |
| <b>LION'S HEART</b>      | <b>26-2781977</b>  |

**Part I Electronic Return Information** (whole dollars only)

|   |   |            |
|---|---|------------|
| 1 Total gross receipts (Form 199, line 4)             | 1 | 196,725.00 |
| 2 Total gross income (Form 199, line 8)               | 2 | 196,725.00 |
| 3 Total expenses and disbursements (Form 199, line 9) | 3 | 154,820.00 |

**Part II Settle Your Account Electronically for Taxable Year 2014**

|  |           |                                 |
|--|-----------|---------------------------------|
| 4 <input type="checkbox"/> Electronic funds withdrawal | 4a Amount | 4b Withdrawal date (mm/dd/yyyy) |
|--|-----------|---------------------------------|

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

|                        |   |
|------------------------|---|
| 5 Routing number _____ | 7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| 6 Account number _____ |   |

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2014 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay.**

|                  |                      |      |                  |
|------------------|----------------------|------|------------------|
| <b>Sign Here</b> |                      |      | <b>TREASURER</b> |
|                  | Signature of Officer | Date |                  |

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2014 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

|                      |   |                                      |  |   |                             |
|----------------------|---|--------------------------------------|--|---|-----------------------------|
| <b>ERO Must Sign</b> | ERO's signature                                     | Date _____                           | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN <b>P00285605</b> |
|                      | Firm's name (or yours if self-employed) and address | <b>SKINNER FOUCH &amp; OLSON LLP</b> |  |   | FEIN <b>20-1484966</b>      |
|                      |   | <b>9846 RESEARCH DRIVE</b>           |  |   | ZIP Code <b>92618</b>       |
|                      |   | <b>IRVINE, CA</b>                    |  |   |                             |

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

|                                |   |                                      |   |                                       |
|--------------------------------|---|--------------------------------------|---|---------------------------------------|
| <b>Paid Preparer Must Sign</b> | Paid preparer's signature                           | Date _____                           | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN <b>P00415731</b> |
|                                | Firm's name (or yours if self-employed) and address | <b>SKINNER FOUCH &amp; OLSON LLP</b> |   |                                       |
|                                |   | <b>9846 RESEARCH DRIVE</b>           |   |                                       |
|                                |   | <b>IRVINE, CA</b>                    |   |                                       |
|                                |   | FEIN <b>20-1484966</b>               |   |                                       |
|                                |   | ZIP Code <b>92618</b>                |   |                                       |

MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

**ANNUAL  
 REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

|  |  |
|--|--|
| State Charity Registration Number: <b>CT 0194300</b><br><br><b>LION'S HEART</b><br><small>Name of Organization</small><br><br><b>23052 ALICIA PARKWAY, NO. H300</b><br><small>Address (Number and Street)</small><br><br><b>MISSION VIEJO, CA 92692</b><br><small>City or Town, State and ZIP Code</small> | <b>Check if:</b><br><input type="checkbox"/> Change of address<br><br><input type="checkbox"/> Amended report<br><br>Corporate or Organization No. <u>3102299</u><br><br>Federal Employer I.D. No. <u>26-2781977</u> |
|--|--|

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

| Gross Annual Revenue           | Fee  | Gross Annual Revenue              | Fee  | Gross Annual Revenue                  | Fee   |
|--------------------------------|------|-----------------------------------|------|---------------------------------------|-------|
| Less than \$25,000             | 0    | Between \$100,001 and \$250,000   | \$50 | Between \$1,000,001 and \$10 million  | \$150 |
| Between \$25,000 and \$100,000 | \$25 | Between \$250,001 and \$1 million | \$75 | Between \$10,000,001 and \$50 million | \$225 |
|                                |      |                                   |      | Greater than \$50 million             | \$300 |

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2014 ending 12/31/2014) list:  
 Gross annual revenue \$ 196,725. Total assets \$ 45,835.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

|   | Yes | No |
|---|-----|----|
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? |     | X  |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?   |     | X  |
| 3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?   |     | X  |
| 4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.  |     | X  |
| 5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.   |     | X  |
| 6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.   |     | X  |
| 7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.  |     | X  |
| 8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.  |     | X  |
| 9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?  |     | X  |

Organization's area code and telephone number (949) 768-8122

Organization's e-mail address TERRY.CORWIN@LIONSHEARTSERVICE.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

**CLAYTON CORWIN**
**TREASURER**  
Signature of authorized officer
Printed Name
Title
Date