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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2011

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning JULY 01, 2011, and ending JUNE 30, 2012

B Check if applicable

- ☒ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

TUCSON BREAKFAST LIONS FOUNDATION, INC

Number & street (or P O box, if mail is not delivered to street addr)

PO BOX 12512

City or town, state or country, and ZIP + 4

TUCSON AZ 85732-2512

D Employer identification number

74-2538679

E Telephone number

(520) 296-4612

F Group Exemption
Number ►

G Accounting Method

☒ Cash☐ Accrual

Other (specify) ►

H Check ☒ if the organization is not
required to attach Schedule B

(Form 990, 990-EZ, or 990-PF)

I Website: ► N/A

J Tax-exempt status (check only one) --

☒ 501(c)(3)☐ 501(c)()

(insert no)

☐ 4947(a)(1) or☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L 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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 115,576

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 ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	3,122
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	23
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
EXPENSES	6b	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)	6b	112,431
	6c	Less: direct expenses from gaming and fundraising events	6c	42,168
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	70,263
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	73,408
	ASSETS	10	Grants and similar amounts paid (list in Schedule O)	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	
13		Professional fees and other payments to independent contractors	13	741
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	
16		Other expenses (describe in Schedule O)	16	7,902
17		Total expenses. Add lines 10 through 16	17	50,010
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	23,398
NET ASSETS	19	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)	19	25,598
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	48,996

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011) 23

P 12

SCANNED FEB 04 2013

SCANNED JAN 16 2013

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

		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	25,598	22	48,996
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	Total assets	25,598	25	48,996
26	Total liabilities (describe in Schedule O)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	25,598	27	48,996

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

What is the organization's primary exempt purpose? **SEE ATTACHMENT #1**

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.

28 SEE ATTACHMENT #2

(Grants \$	) If this amount includes foreign grants, check here	28a	49,150
------------	--	-----	--------

29

(Grants \$) If this amount includes foreign grants, check here ▶ 29a

30		
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(Grants \$	) If this amount includes foreign grants, check here	▶	30a
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31 Other program services (describe in Schedule O)		
--	--	--

(Grants \$) If this amount includes foreign grants, check here ☐ 31a

32 Total program service expenses (add lines 28a through 31a)	32	49,150
--	-----------	---------------

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

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

[illegible]

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 Schedule O to respond to any question in this Part V. ☒

	Yes	No
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		X
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)		X
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)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		X
c 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		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) 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		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e 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		X
41 List the states with which a copy of this return is filed ▶ AZ		
42a The organization's books are in care of ▶ SEE ATTACHMENT #4 Telephone no ▶		
Located at ▶ ZIP + 4 ▶		
b 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)?		X
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
c At any time during the calendar year, did the organization maintain an office outside the U S ?		X
If "Yes," enter the name of the foreign country ▶		
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 ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	N/A	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)		X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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 ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
----	--	---

- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
-----	--	---

- b If "Yes," was the related organization a section 527 organization?

49b		X
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- 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 paid more than \$100,000	(b) Title and 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				

- f Total number of other employees paid over \$100,000

- 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"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

- d Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts 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

Sign Here

Reece McNiell
Signature of officer
REECE MCNIEL
Type or print name and title

TREASURER

1/3/2013
Date

Paid Preparer Use Only

Print/Type preparer's name DAVID W GOODMAN	Preparer's signature <i>David W Goodman</i>	Date 1-03-2013	Check ☐ if self-employed	PTIN P01389562
Firm's name DAVID W GOODMAN CPA, PLC	Firm's EIN			
Firm's address 7473 E TANQUE VERDE RD	Phone no 520-886-5631			

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☒ No

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")			3,870	14,184	3,122	21,176
2 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			46,272	41,570	52,336	140,178
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5			50,142	55,754	55,458	161,354
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						161,354

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6			50,142	55,754	55,458	161,354
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			18	16	23	57
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			18	16	23	57
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)			50,160	55,770	55,481	161,411
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

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	99.96 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.04 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests -- 2011. 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 -- 2010. 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 II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF TOURNAM (event type)	TUCSON MEET (event type)	6 (total number)	(add col. (a) through col. (c))
1	Gross receipts	19,098	40,997	52,336	112,431
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2)	19,098	40,997	52,336	112,431
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	12,533	13,138	16,497	42,168
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(42,168)
11	Net income summary. Combine line 3, column (d), and line 10				70,263

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) thru col. (c))
		1	Gross revenue		
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	☒ Yes _____ % ☒ No	☒ Yes _____ % ☒ No	☒ Yes _____ % ☒ No
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☒ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

TUCSON BREAKFAST LIONS FOUNDATION, INC

Employer identification number

74-2538679

FORM 990 EZ PART 1 LINE 10

LIONS CLUB GOLF TOUR \$200
HAITIAN HEALTH FOUNDATION \$565
OTHER CONT \$250
ALERT \$2000
SAAVI \$1000
TUCSON EYE AND SIGHT BRANCH \$493
SUN SOUNDS \$500
UNIV OF AZ SCHOLARSHIP (BROWN) \$1000
C KIRBY SMITH YOUTH CAMP \$800
CAMP ABILITIES \$3500
CAMP TATIYEE \$4000
CHILDREN CHRISTMAS PARTY \$600
LIONS FOUNDATION OF AZ \$1000
LIONS SIGHT & HEARING MD21 \$525
MELVIN JONES FELLOWSHIP \$1000
MELVIN JONES MEM \$500
TUCSON MEET YOURSELF \$23,434

FORM 990 EZ PART 1 LINE 16

BANK CHARGES \$119
CHRISTMAS SENIO BASKETS \$637
LOCAL SIGHT AND HEARING OPER. \$6826
OTHER SERVICE ACTIVITIES \$320

FORM 990 EZ PART V LINE 35 B

THE ORGAINIZATION HAD NO UNRELATED
BUSINESS INCOME AND WAS NOT REQUIRED
TO FILE FORM 990-T.

990 PRIMARY EXEMPT PURPOSE**ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III****OPEN TO PUBLIC****INSPECTION**

For calendar year 2011 or tax period beginning

07-01

, and ending

06-30-2012.

Name of Organization

TUCSON BREAKFAST LIONS FOUNDATION, INC

Employer Identification Number

74-2538679

Primary Purpose

TBLF FOUNDATION IS THE BENEVOLENT ACCOUNT OF TUCSON BREAKFAST LIONS CLUB OF TUCSON, AZ. BENEVOLENT REVENUE IS RECEIVED FROM THE PUBLIC. CLUB MEMBERS RAISE FUNDS WITH DONATED LABOR AT PUBLIC EVENTS WITH THE SALE OF FOOD AND BEVERAGES. THE FUNDS ARE DISBURSED TO LIONS CHARITIES AND OTHERS WITH FOCUS ON BLIND AND SIGHT IMPAIRED CAUSES. DISADVANTAGED AND ELDERLY IN THE TUCSON COMMUNITY AND ELSEWHERE ARE ALSO ASSISTED. NON-LION DISADVANTAGED INDIVIDUALS ARE PROVIDED EYE EXAMS AND EYEGLASSES. ELDERLY SHUT-INS ARE PROVIDED HOLIDAY FOOD BASKETS. USED EYEGLASSES ARE COLLECTED FOR DISTRIBUTION TO THE POOR AND NEEDY IN OTHER COUNTRIES.

990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2011 or tax period beginning

07-01-2011, and ending

06-30-2012

Name of Organization

TUCSON BREAKFAST LIONS FOUNDATION, INC

Employer Identification Number

74-2538679

Part III - Statement of Program Service Accomplishments

Grants and allocations

Amount includes foreign grants

Program service expenses

49,150

Exempt Purpose Achievements

ASSIST LIONS CHARITIES WORLDWIDE AND PROVIDE EYE SERVICES AND EDUCATIONAL SCHOLARSHIPS TO NEEDY TUCSONANS.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION	For calendar year 2011 or tax period beginning	07-01-2011, and ending	06-30-2012
Name of Organization TUCSON BREAKFAST LIONS FOUNDATION, INC			Employer Identification Number 74-2538679

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont to employee ben plans & def comp	(E) Expense account & other compensation
GLENN OVERSTREET PO BOX 12512 TUCSON, AZ 85732-2512	PRESIDENT 0.00		0	0
TIM BATHEN PO BOX 12512 TUCSON, AZ 85732-2512	VICE PRESIDENT 0.00		0	0
JOSEPH HUNTSMAN PO BOX 12512 TUCSON, AZ 85732-2512	SECRETARY 0.00		0	0
REECE MCNIEL PO BOX 12512 TUCSON, AZ 85732-2512	TREASURER 0.00		0	0

990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC
INSPECTION

For calendar year 2011 or tax period beginning 07-01, and ending 06-30-2012.

Name of Organization

TUCSON BREAKFAST LIONS FOUNDATION, INC

Employer Identification Number

74-2538679

Part V - Line 42a

Individual Name

REECE MCNIEL

or

Business Name:

Street Address

PO BOX 12512

U S Address

Zip code 85732-2512

City TUCSON

State AZ

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

(520) 296-4612

Fax Number

990 BOOKS ARE IN CARE OF

ATTACHMENT 1 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC
INSPECTION

For calendar year 2011 or tax period beginning 07-01, and ending 06-30-2012

Name of Organization

TUCSON BREAKFAST LIONS FOUNDATION, INC

Employer Identification Number

74-2538679

Part V - Line 42a

Individual Name

REECE MCNIEL

or

Business Name

Street Address

PO BOX 12512

U S. Address:

Zip code

85732-2512

City

TUCSON

State

AZ

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

(520) 296-4612

Fax Number

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. TUCSON BREAKFAST LIONS FOUNDATION, INC	Employer identification number (EIN) or ☒ 74-2538679
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 12512	Social security number (SSN) ☐
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TUCSON AZ 85732-2512	

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

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **SEE ATTACHMENT #1**

Telephone No. ► _____ FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 20 13**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20 ____ or
- ☒ tax year beginning **JULY 01**, 20 **11**, and ending **JUNE 30**, 20 **12**

2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev 1-2012)

11/13/12
Ann, J.P.C.