



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

- 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

A For the 2011 calendar year, or tax year beginning July 1, 2011, and ending June 30, 20 12

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
MERCED BREAKFAST LIONS FOUNDATION
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
P.O. Box 1065
 City or town, state or country, and ZIP + 4
Merced, CA 95341-1065

D Employer identification number
77-0405394

E Telephone number
209-723-5846

F Group Exemption Number ►

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

I Website: ► **merced.lions4-a1.org**

J Tax-exempt status (check only one) – ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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. **\$ 79,827**

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 ☒

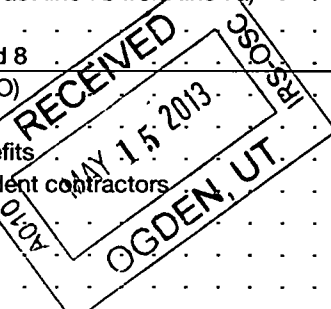
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	3,307
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	12,655
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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)	6b	60,989	
c	Less: direct expenses from gaming and fundraising events	6c	40,833	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	20,156	
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	2,876
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	38,994
	10	Grants and similar amounts paid (list in Schedule O)	10	4,250
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
Net Assets	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	302
	16	Other expenses (describe in Schedule O)	16	35,585
	17	Total expenses. Add lines 10 through 16	17	40,137
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(1,143)	
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	2,851	
20	Other changes in net assets or fund balances (explain in Schedule O)	20	(785)	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	923	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2011)

SCANNED JUN 04 2013



A handwritten mark, possibly a signature or initials, located in the bottom right corner of the page.

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	2,851	22 923
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	2,851	25 923
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	2,851	27 923

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? **Community Service**

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 and section 4947(a)(1) trusts, optional for others)

28 Scholarships - 9 awarded annually upon proof of registration. Names and amounts listed on Schedule O		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	4,250
29 California Lions Camp - Support for the District Camp for hearing impaired youngsters for a summer camp experience. Approx. 100 campers + 40 councilors benefited.		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	4,097
30 Lion's Youth Exchange Program - Provides youth, ages 18 to 21, with approx. two week in-home experience in various foreign countries. This year two of our High School students were sent to Japan with financial help from our club, plus we arranged homes for two visiting Japanese students who visited Merced.		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	3,400
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	11,961
32 Total program service expenses (add lines 28a through 31a)	32	23,708

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 ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Toby Masterson 1535 Victoria Way, Atwater, CA 95301	President (5)	- 0 -	- 0 -	- 0 -
Barry Peiffer 2917 Santa Cruz Ave., Merced, CA 95340	Past President (3)	- 0 -	- 0 -	- 0 -
Mark Sievert 5399 W. Winchester, Atwater, CA 95301	1st Vice Pres., (3)	- 0 -	- 0 -	- 0 -
John Mowrer 562 Seminole Dr., Merced, CA 95340	2nd Vice Pres., (3)	- 0 -	- 0 -	- 0 -
Robert Garcia 473 Noble Dr., Merced, CA 95340	3rd Vice Pres., (3)	- 0 -	- 0 -	- 0 -
Kent Christensen 2164 Leeds Road, Merced, CA 95340	Secretary (5)	- 0 -	- 0 -	- 0 -
David Silveira 2631 Sandy Court, Atwater, CA 95301	Treasurer (4)	- 0 -	- 0 -	- 0 -
Bill Hawkins 2540 Green St., Merced, CA 95340	Director (3)	- 0 -	- 0 -	- 0 -
Fred Risard 3526 San Francisco, Merced, CA 95340	Director (3)	- 0 -	- 0 -	- 0 -
Lou Mondo 655 Santa Barbara, Merced, CA 95340	Director (3)	- 0 -	- 0 -	- 0 -
Steve Teranishi 1947 Sage Court, Merced, CA 95340	Director (3)	- 0 -	- 0 -	- 0 -
Marco Rudolf 1323 Pasco Redondo, Atwater, CA 95301	Lion Tamer (3)	- 0 -	- 0 -	- 0 -

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	33	✓
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)	34	✓
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)?	35a	✓
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	35b	✓
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	35c	✓
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	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a none		
b Did the organization file Form 1120-POL for this year?	37b	✓
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?	38a	✓
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	40b	✓
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.	40e	✓
41 List the states with which a copy of this return is filed. ▶ California		
42a The organization's books are in care of ▶ David E. Siveira Telephone no. ▶ 209-769-3421 Located at ▶ 2631 Sandy Court, Atwater, CA ZIP + 4 ▶ 95301-9676		
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)?	42b	✓
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.?	42c	✓
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	44a	✓
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	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
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)	45b	✓

- 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		☒

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
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 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."

	Yes	No
47		☒
48		☒
49a		☒
49b		☒

(a) Name and address 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 **- 0 -**

- 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 **- 0 -**

- 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  **5/9/13**
 Signature of officer Date
David E. Silveira, Treasurer
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name	Firm's EIN		Phone no	
Firm's address				

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. ▶ See separate instructions.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

MERCED BREAKFAST LIONS FOUNDATION

Employer identification number

77-0405394

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		✓
11g(ii)		✓
11g(iii)		✓

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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.")	18,961	18,429	20,803	17,296	15,655	91,144
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	52,486	58,320	65,382	59,967	60,989	297,144
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	71,447	77,749	86,185	77,263	76,951	388,288
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						- 0 -
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						388,288

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	71,447	77,749	86,185	77,263	76,951	388,288
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	71,447	77,749	86,185	77,263	76,951	388,288
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	100 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	100 %

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 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0 %

- 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 ☐

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

MERCED BREAKFAST LIONS FOUNDATION

Employer identification number

77-0405394**Part 1, Line 6 Fundraising events:**

Description	Line 6b Gross income	Line 6c direct expenses	Line 6d Net income
All Star Football	\$ 750	\$ 700	\$ 50
Catering	5,091	3,417	1,674
Charter Night	1,620	1,664	(44)
Cioppino Dinner	20,968	12,413	8,555
Fireworks	20,876	16,416	4,460
Installation	1,190	634	556
Lions Mints	421	444	(23)
Meeting Raffles	1,087	612	475
Night Meeting	4,299	1,879	2,420
Placemat Ads	950	323	627
Rigatoni Take-out	3,737	2,331	1,406
TOTALS	\$ 60,989 to Line 6b	\$ 40,833 to Line 6c	\$ 20,156 to Line 6d

Part 1, Line 8:

Description	Amount
Hospice Gala	\$ 699
Interclub activity	216
Mog Jog	300
Rental deposit return	100
SaveMart Cards	493
Yard Sale	1,068
TOTAL	\$ 2,876 to Line 8

Part 1, Line 20 Other changes to net assets: Write off \$ 785 of prior period Accounts Receivable to Retain Earnings - bookkeeping error!

Name of the organization MERCED BREAKFAST LIONS FOUNDATION	Employer identification number 77-0405394
--	---

Part 1, Line 10 Grants paid

Classification	Recipient's Name	Amount
Scholarship	Scott Butler	\$ 500
Scholarship	Thien Cao-Hugnh	500
Scholarship	Amy Chang	500
Scholarship	Mainag Her	500
Scholarship	Cari Miller	250
Scholarship	Sunni Nelson	500
Scholarship	Erika Rodriquez	250
Scholarship	Gabriel Rudich	250
Scholarship	Nikiesha Thomas	500
Scholarship	Ger Vang	500
TOTAL		\$ 4,250 to Line 10

Part 1, Line 16 Other Expenses;

Administration Expenses;	Detail	Amount
	Bank Charges	\$ 110
	Club Supplies, etc.	2,253
	Social Evening	264
	Convention	1,998
	Insurance	71
	Internat'l & MD-4 Dues	2,045
	Leadership Forums	1,366
	Meals	7,420
	New Club Charter Gifts	600
Charity Donations	California Lions Camp	\$ 4,097
	Eye Care, etc	593
	Achademic Decathalon	200
SubTOTAL		\$ 21,0177 to page 3 of Schedule O

Name of the organization

Employer identification number

MERCED BREAKFAST LIONS FOUNDATION

77-0405394

Part 1, Line 10 Grants paid

Classification	Recipient's Name	Amount
Scholarship	Scott Butler	\$ 500
Scholarship	Thien Cao-Hugnh	500
Scholarship	Amy Chang	500
Scholarship	Mainag Her	500
Scholarship	Cari Miller	250
Scholarship	Sunni Nelson	500
Scholarship	Erika Rodriquez	250
Scholarship	Gabriel Rudich	250
Scholarship	Nikiesha Thomas	500
Scholarship	Ger Vang	500
TOTAL		\$ 4,250 to Line 10

Part 1, Line 16 Other Expenses:

Administration Expenses;	Detail	Amount
	Bank Charges	\$ 110
	Club Supplies, etc.	2,253
	Social Evening	264
	Convention	1,998
	Insurance	71
	Internat'l & MD-4 Dues	2,045
	Leadership Forums	1,366
	Meals	7,420
	New Club Charter Gifts	600
Charity Donations	California Lions Camp	\$ 4,097
	Eye Care, etc	593
	Achademic Decathalon	200
SubTOTAL		\$ 21,0177 to page 3 of Schedule O

Name of the organization

Employer identification number

MERCED BEAKFAST LIONS FOUNDATION

77-0405394

Part 1, Line 16 (continued)

Charity Donations (cont);	Detail	Amount
	SubTOTAL from Page 2	\$ 21,017
	Canine Companions	400
	City of Hope	129
	Ear of the Lion	559
	Hinds Hospice	1,000
	Leukemia/Lymph.	500
	Homeless Meals	1,138
	Merced High Pre-game Meal	499
	LCIF	2,000
	Medic Alert	1,000
	Merced College	100
	Merced Christmas Parade	198
	Merced Co. Rescue Mission	100
	Merced Historical Soc.	100
	Merced Co. Arts Council	100
	Merced Symphony	300
	Merced Theater Foundation	100
	Merced School Programs	382
	Mog Jog	300
	Ronald McDonald House	371
	Salvation Army	200
	Speech Contest	322
	St. Francis Respite	500
	U.C. Merced	870
	Youth Exchange	3,400
	TOTAL	\$ 35,585 to Line 16