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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)
oring organizations of donor advised funds, organizations that operate one or more hospital
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

Open to Public Inspection

7/01 6/30 2012 For the 2011 calendar year, or tax year beginning 2011, and ending Employer identification number Check if applicable Address change LIONS CLUB OF SAN DIEGO 95-0939292 Name change 310 MARKET STREET Telephone number Initial return SAN DIEGO, CA 92101 619-239-7264 Terminated Amended return Group Exemption Number Application pending X Accrual Other (specify) Accounting Method Cash Check ► |X| if the organization is not Website: ► WWW.SANDIEGOLIONS.ORG required to attach Schedule B (Form 990, 990-EZ, or 990-PF) 501(c)(3) X 501(c) ( 4 ) **◄**(insert no.) 4947(a)(1) or Tax-exempt status (ck only one) -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 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 109,821. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) X Check if the organization used Schedule O to respond to any question in this Part I 1 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 109,810. 3 Membership dues and assessments 4 11. Investment income. 5a 5a Gross amount from sale of assets other than inventory 5 b b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum 6ь of such gross income and contributions exceeds \$15,000) 6c c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 60 7 a 7a Gross sales of inventory, b Less cost of goods sold 7b 7 c Gross profit or (loss) from sales of inventory (Subtract) 7b from line 7a) 8 thed[4[€[4])] 5 Other revenue (describe i 109,821 9 Total revenue. Add lines Grants and similar amounts paid ( ) Schedule ( 10 11 11 Benefits paid to or for members-12 69,426. 12 Salaries, other compensation, and employee benefits WAR 13 850. 13 Professional fees and other payments to independent contractors 14 900. Occupancy, rent, utilities, and maintenance 14 347. 15 15 Printing, publications, postage, and shipping 9 SEE SCHEDULE O 16 40,782. Other expenses (describe in Schedule O) ම 113,305. Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -3,484. 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 19 17,047. figure reported on prior year's return) 20 20 Other changes in net assets or fund balances (explain in Schedule O). 21 13,563. Net assets or fund balances at end of year Combine lines 18 through 20 BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2011)

	TONG GIVE OF A					
	1 990-EZ (2011) LIONS CLUB OF S. t.l. Balance Sheets. (see the ins			95	-093	39292 Page :
rai	Check if the organization used Sche		estion in this Part II			X
				A) Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments			20,959		17,522.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			20,959	. 25	17,522.
26	Total liabilities (describe in Schedule O)	SEE SCHEDULI	EΟ	3,912		3,959.
27	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	17,047		13,563.
Par	t III Statement of Program Serv	vice Accomplishments	(see the instrs for Part			Expenses
	Check if the organization used Sc			X		uired for section
What	s the organization's primary exempt purpose? <u>SEI</u> ribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	E SCHEDULE O				c)(3) and 501(c)(4) nizations and section
Desc	ribe the organization's program service a	ccomplishments for each of	its three largest progra	m services, as	4947	(a)(1) trusts, optional
bene	fited, and other relevant information for	each program title	ces provided, the humb	der of persons	for o	thérs)
28	THE SAN DIEGO LIONS CLUB,	THROUGH ITS WELFA	ARE FOUNDATION,	ENDEAVORS		
	TO ASSIST INDIVIDUALS AND			SAN DIEGO	1	
	AREA WHO CANNOT FIND FUND	ING FROM ANY OHTER	SOURCE.			
	(Grants \$ ) If th	is amount includes foreign g	rants, check here		28 a	
29						
				<b></b> -		
			- <b></b>		1	
	(Grants \$ ) If th	is amount includes foreign g	rants, check here		29 a	
30						<u></u>
			<del></del>			
	(Grants \$ ) If th	is amount includes foreign g	rants, check here	<del>-</del> -	30 a	
31	Other program services (describe in Sch	nedule O)				
	(Grants \$ ) If th	is amount includes foreign g	rants, check here	▶ □	31 a	
32	Total program service expenses (add lii				32	
Par		Trustees, and Key Emp	oloyees. List each one ev	en if not compensated	(see th	ne instructions for Part IV )
	Check if the organization used Sc		,			X
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefi contributions to emp benefit plans, ai	olóyee	(e) Estimated amount of other compensation
				deferred compensa		
SEE	SCHEDULE_Q					
			48,200.	13,1	.37.	0.
					-	
	J					
				<u> </u>		

	the instructions for Part V ) Check if the organization used Schedule O to respond to an		n in this Part V			
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' proviesch activity in Schedule Q			33	Yes	No X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	e amended d	ocuments if they reflect	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year (such as those reported on lines 2, 6a, and 7a, among others)?	ar from bu	usiness activities	35 a		х
	of 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an			35 b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section section from the organization subject to section section, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part I	tion 6033		35 c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition year? If 'Yes,' complete applicable parts of Schedule N	of net as	sets during the	36		х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ► Did the organization file Form 1120-POL for this year?	37 a	0.	37 b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key	employe	e <b>or</b> were	38 a		X
b	any such loans made in a prior year and still outstanding at the end of the tax year covered of If 'Yes,' complete Schedule L, Part II and enter the total	38b	N/A		, 517	
20	amount involved	360	N/E	1	-	
	Section 501(c)(7) organizations Enter	39a	NT / 7			}
	a Initiation fees and capital contributions included on line 9	39 a		<b>-</b> 1:	~**	, 4
	Gross receipts, included on line 9, for public use of club facilities		·	4	<del> </del>	إخسا
40 a	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the section 4911 ► N/A, section 4912 ► N/A, section 495		der N/A	8	44.	
t	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 49 transaction during the year or did it engage in an excess benefit transaction in a prior year to any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	958 exces that has n	s benefit ot been reported	40 b		X
C	s 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.	¹ ►	0 .	ž	200	7 / 50 - 7
C	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	<b>&gt;</b>	0 .			2 .0.5
e	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T	ed tax		40 e		X
41					1	
7'	List the states with which a copy of this return is filed   CA				J.	
42 a	The organization's books are in care of VICTORIA WIERIG  Located at 310 MARKET STREET SAN DIEGO CA  At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other file '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 Final At any time during the calendar year, did the organization maintain an office outside of the life 'Yes,' enter the name of the foreign country:	or other of the financial a	account)?	39-7	264 Yes	No X
42 2 43 44 2 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	a The organization's books are in care of VICTORIA WIERIG Located at 310 MARKET STREET SAN DIEGO CA  b At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other of the types, 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 Final C At any time during the calendar year, did the organization maintain an office outside of the	or other financial according to the control of the	zip + 4 > 92101 authority over a account)?  unts  - 43 completed instead oe completed on explanation in	39-7	Yes	No X X
42 a 43 44 a 45 a 45 a 45 a 45 a 45 a 45 a	a The organization's books are in care of VICTORIA WIERIG Located at 310 MARKET STREET SAN DIEGO CA  b At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other to the life the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Finate At any time during the calendar year, did the organization maintain an office outside of the life the life the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Finate At any time during the calendar year, did the organization maintain an office outside of the life the life the instructions for exceptions and filing requirements for Form 990-EZ in lieu of Form 1041 — Countries the analysis of the life the life the life the instructions for exceptions and filing requirements for independent of the life t	or other financial according to the control of the	authority over a account)?  January over a account)?  January over a account)?  January over a account accoun	42b 42c 44a 44b 44c	Yes	No X X N/A No X

Form <b>990-E</b>	Z (2011) LIO	NS CLUB OF SAN I	DIEGO				95-093	9292	P	age 4
									Yes	No
46 Did th	e organization	engage, directly or indire c office? If 'Yes,' complete	ctly, in political campai	gn activities	on behalf o	of or in o	pposition to	46		X
Part VI		1(c)(3) organizations							tion	<u> </u>
<u>, ait 11 </u>	501(c)(3) o	rganizations and sec	tion 4947(a)(1) noi	nexempt o	haritable	trusts	must answei	question	S	
	47-49b and	52, and complete the	ne tables for lines 5	50 and 51.						
	Check if the o	organization used Schedu	le O to respond to any	question in t	his Part VI				_	$\Box$
			_						Yes	No
47 Did th	le organization lete Schedule (	engage in lobbying activi	ties or have a section 5	601(h) election	on in effect	during th	ne tax year? If '	Yes,' 47		
		school as described in s	ection 170(b)(1)(A)(ii)?	If 'Yes.' com	nolete Sche	dule E		48		
	•	make any transfers to an						49a		
<b>b</b> If 'Yes	s,' was the rela	ited organization a section	n 527 organization?					49b		
<b>50</b> Comp	lete this table t	for the organization's five	highest compensated e	employees (d	other than o	officers, o	directors, truste	es and key		
emplo	yees) who eac	th received more than \$10	T	1			· · · · · · · · · · · · · · · · · · ·	-		
(	a) Name and addres paid more th	ss of each employee an \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable (Forms W-2/	compensation 1099-MISC)	contribut bene	ealth benefits, tions to employee fit plans, and d compensation	(e) Estimated other com		
							·			
			<u> </u>							
			<u> </u>							
			+							
			†							
e Total	number of othe	er employees paid over \$	100,000	<u></u>		L	· ·			
<b>51</b> Comp	lete this table	for the organization's five	highest compensated i	ndependent	contractors	who ea	ch received mo	re than \$10	000,0	of
		the organization If there feach independent contractor paid	<del></del>		<b>(b)</b> Type	of conuco		(c) Comp	oncation	
(a) N	ame and address of	react independent compactor paid			(в) туре	or service		(c) Comp	erisatioi	
	- <b></b>									
<del>-</del> -	- <b></b>									
	- <b></b>									
	<del>-</del>									
e Total	number of other	er independent contractor	s each receiving over \$	100,000			▶.			
_charit	able trusts mus	complete Schedule A? <b>N</b> st attach a completed Sch	nedule A					► Yes		No
Under penalties true, correct, ai	s of perjury, I declar nd complete Declar	e that I have examined this return ation of preparer (other than office	, including accompanying sched er) is based on all information of	tules and statem of which preparer	ents, and to the has any knowl	e best of my ledge	y knowledge and bel	ef, it is		
·		R	~ ` `			1/	2-5-13	3		
Sign	Signature of o	<del>ficer</del>				Date	•			
Here	<b>  D</b>	E SILVERIA				CURRE	NT PRESID	ENT		
	Type or print r		Propagar's supratura	40	Date	ī		TIN		
	Print/Type prepare		Preparer's signature			ا	Crieck A		4	
Paid Preparer	STEVEN W.			HCOTE	1/28/1	. 5	self-employed P	0008555	4	
Preparer Use Only	Firm's name ► Firm's address ►			ITE 200			Firm's EIN ►	95-2076	568	
· · · · · · · · · ·	i iiii s auuress		2108-3820	- 1 1 C G W				.294.72		

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

► X Yes No
Form 990-EZ (2011)

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

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

Open to Public

Employer identification number Name of the organization 95-0939292 LIONS CLUB OF SAN DIEGO FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE PROVIDES THE MANAGEMENT SERVICES FOR LION'S CLUB AND LION'S WELFARE FOUNDATION.

jii schiedule o	- Supplemental	INFORMAT	TON	PAGE
IEVT 00-201	LIONS GLUB OF SAN DIEC	<u> </u>		95-09892
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES				
CREDIT CARD FEES DUES INSURANCE OTHER PROGRAMS SUPPLIES			\$	1,748. 9,573. 2,061. 2,528. 829. 965.
TELEPHONE TUESDAY MEETINGS			TOTAL \$	905. 22,173. 40,782.
FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES				
ACCOUNTS PAYABLE AND ACCRUED EX	·Pavana	<u>BE</u> (	GINNING	ENDING 0
UNEARNED REVENUE  FORM 990-EZ, PART IV	· · · · · · · · · · · · · · · · · · ·	TOTAL \$	3,201. 3,912. \$	3,959
UNEARNED REVENUE  FORM 990-EZ, PART IV	STEES, AND KEY EMPLOYE  TITLE AND  AVERAGE HOURS	TOTAL \$		3,959 3,959 EXPENSE ACCOUNT & OTHER
UNEARNED REVENUE  FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUS	STEES, AND KEY EMPLOYE  TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL \$	HEALTH BENEFITS & CONTRIB-	3,959  EXPENSE ACCOUNT &
UNEARNED REVENUE  FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUS  NAME AND ADDRESS  BOB GOFF 310 MARKET STREET	STEES, AND KEY EMPLOYE  TITLE AND  AVERAGE HOURS	TOTAL \$  COMPENSATION	HEALTH BENEFITS & CONTRIB- BUTION TO	3,959  EXPENSE ACCOUNT & OTHER ALLOWANCES
UNEARNED REVENUE  FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUS  NAME AND ADDRESS  BOB GOFF 310 MARKET STREET SAN DIEGO, CA 92101  STEVE LUPTON 310 MARKET STREET	STEES, AND KEY EMPLOYE  TITLE AND AVERAGE HOURS PER WEEK DEVOTED  2ND VICE PRES	TOTAL \$  COMPENSATION	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
UNEARNED REVENUE  FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUS  NAME AND ADDRESS  BOB GOFF 310 MARKET STREET	TITLE AND AVERAGE HOURS PER WEEK DEVOTED  2ND VICE PRES 0.5 \$	TOTAL \$  COMPENSATION  0.	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC  \$ 0.	EXPENSE ACCOUNT & OTHER ALLOWANCES
UNEARNED REVENUE  FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUS  NAME AND ADDRESS  BOB GOFF 310 MARKET STREET SAN DIEGO, CA 92101  STEVE LUPTON 310 MARKET STREET SAN DIEGO, CA 92101  JON MOSIER 310 MARKET STREET	TITLE AND AVERAGE HOURS PER WEEK DEVOTED  2ND VICE PRES 0.5 \$  TREASURER 0.5	TOTAL \$ COMPENSATION 0.	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC  \$ 0.	3,959  EXPENSE ACCOUNT & OTHER ALLOWANCES
UNEARNED REVENUE  FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUS  NAME AND ADDRESS  BOB GOFF 310 MARKET STREET SAN DIEGO, CA 92101  STEVE LUPTON 310 MARKET STREET SAN DIEGO, CA 92101  JON MOSIER 310 MARKET STREET SAN DIEGO, CA 92101  ALEX C. MCDONALD 310 MARKET STREET	TITLE AND AVERAGE HOURS PER WEEK DEVOTED  2ND VICE PRES 0.5 \$  TREASURER 0.5  SECRETARY 0.5	TOTAL \$ SES  COMPENSATION  0.	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES

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2011

# SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGES

CLIENT 00-201

# LIONS CLUB OF SAN DIECO

95-0939292

### FORM 990-EZ, PART IV (CONTINUED) LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
CHARLIE SILVERIA 310 MARKET STREET SAN DIEGO, CA 92101	1ST VICE PRES 0.5	\$ 0.	\$ 0.	\$ 0.
ED FLETCHER 310 MARKET STREET SAN DIEGO, CA 92101	LIONTAMER 0.5	0.	0.	0.
PHYLLIS BARBER 310 MARKET STREET SAN DIEGO, CA 92101	3RD VICE PRES 0.5	0.	0.	0.
CLARENCE STEADMAN 310 MARKET STREET SAN DIEGO, CA 92101	PRESIDENT 0.5	0.	0.	0.
RICHARD RENKIN 310 MARKET STREET SAN DIEGO, CA 92101	PAST PRESIDENT 0.5	0.	0.	0.
DORIS ALVAREZ 310 MARKET STREET SAN DIEGO, CA 92101	DIRECTOR 0.5	0.	0.	0.
VICTORIA WIERIG 310 MARKET STREET SAN DIEGO, CA 92101	EXECUTIVE DIREC 40	48,200.	13,137.	0.
PAT STALNAKER 310 MARKET STREET SAN DIEGO, CA 92101	DIRECTOR 0.2	0.	0.	0.
KATHLEEN BALDWIN 310 MARKET STREET SAN DIEGO, CA 92101	DIRECTOR 0.2	0.	0.	0.
	TOTAL	\$ 48,200.	\$ 13,137.	\$ 0.

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

OMB No 1545 1709

Department of the Internal Revenue	e Treasury Service	► File a so	eparate appl	ication for each return.				
If you are	filing for an a	Automatic 3-Month Extension, co	mplete only	Part I and check this box			► X	
• If you are	filing for an	Additional (Not Automatic) 3-Mor	nth Extensio	n, complete only Part II (on page 2 of thi	s forn	n)		
Do not comp	olete Part II un	<i>less</i> you have already been grant	ted an auton	natic 3-month extension on a previously f	iled F	orm 8868		
corporation r request an e. Associated V	equired to file xtension of tin Vith Certain Pe	Form 990-T), or an additional (no ne to file any of the forms listed in	ot automatic n Part I or P nust be sent	ed a 3-month automatic extension of time ) 3-month extension of time. You can ele art II with the exception of Form 8870, In to the IRS in paper format (see instruction of the IRS with the IRS in paper format (see instruction) are charities.	ctroni forma	cally file For ition Return	rm 8868 to for Transfers	
Part I A	utomatic 3-	Month Extension of Time.	Only subm	nit original (no copies needed).				
A corporation	required to f	ile Form 990-T and requesting an	automatic 6	5-month extension - check this box and c	ompl	ete Part I or	nly 🕨 🗍	
All other corp income tax r		uding 1120-C filers), partnerships	, REMICS, a	and trusts must use Form 7004 to request				
	Name of exempt	organization or other filer, see instructions		Enter filer's identif	<u> </u>	<del> </del>	number (EIN) or	
Type or	TValle of exempt	organization of other mer, see instructions			Linplo	imployer identification flumber (Eff		
print		UB OF SAN DIEGO				95-0939292		
File by the due date for filing your		and room or suite number. If a P O box, see	instructions		Social security number		umber (SSN)	
return See instructions		ET STREET t office, state, and ZIP code. For a foreign ac	idrace caa instri	vetions	Ш			
iii3ti dettori3			iuless, see ilisut	uctions				
	SAN DIEG	O, CA 92101					<del></del>	
Enter the Re	turn code for	the return that this application is	for (file a se	parate application for each return)			01	
Application Is For	-		Return Code	Application Is For			Return Code	
Form 990			とう	990-T (corporation)			07	
Form 990-BL		$\sim$ (		Form 1041-A			08	
Form 990-EZ				Form 4720			09	
Form 990-PF			04	Form 5227			10	
	`	) or 408(a) trust)	05	Form 6069			11	
Form 990-T (	(trust other tha	an above)	06	Form 8870			12	
Telephone If the org If this is check thithe external	e No 619· anization doe for a Group Re s box	If it is for part of the group,	ir digit Group check this b	e United States, check this box  b Exemption Number (GEN) If  box ▶ ☐ and attach a list with the nar		s for the who	3 ,,	
until _ The ex  X  If the ta	2/15tension is for calendar yea tax year begins year entere	, 20 $\underline{13}$ , to file the exempt of the organization's return for $\frac{7}{100}$ or $\frac{7}{100}$ , 20 $\underline{11}$ d in line 1 is for less than 12 more	rganization r		al retu	urn		
3a If this a		or Form 990-BL, 990-PF, 990-T, 4	4720, or 606	9, enter the tentative tax, less any				
<b>b</b> If this a	application is f			any refundable credits and estimated tax	3a		0.	
c Balanc	e due. Subtra	ude any prior year overpayment a ct line 3b from line 3a Include yo ederal Tax Payment System) See	ur payment	with this form, if required, by using	3b 3c		0.	
	ou are going t			s Form 8868, see Form 8453-EO and For			<del></del>	