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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

2012

A For the 2012 calendar year, or tax year beginning JULY 1 , 2012, and ending JUNE 30 , 20 13

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

C Name of organization
EAST COBB LIONS CLUB FOUNDATION INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 6325

City or town, state or country, and ZIP + 4
MARIETTA, GA 30065

D Employer identification number
58-2649086

E Telephone number
770-425-7881

F Group Exemption Number ▶

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

I Website: ▶

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

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 . . . . . ▶ $

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	20820
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	0
	4	Investment income		4	48
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	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 $ 19245 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 10789		
	c	Less: direct expenses from gaming and fundraising events	6c 10440		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	349
	7a	Gross sales of inventory, less returns and allowances	7a 0		
	b	Less: cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe in Schedule O)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	21217
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	25540
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	0
	13	Professional fees and other payments to independent contractors		13	0
	14	Occupancy, rent, utilities, and maintenance		14	0
	15	Printing, publications, postage, and shipping		15	205
	16	Other expenses (describe in Schedule O)		16	0
	17	**Total expenses.** Add lines 10 through 16 ▶		17	25745
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-4528
	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	30906
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	26378

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17

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	30906	22	26378
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	30906	25	26378
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)	30906	27	26.378

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? **SUPPORT VISION SERVICES YOUTH SERVICES**

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 PROVIDE FINANCIAL SUPPORT TO 10 NON-PROFIT ORGANIZATIONS THAT OFFER SERVICES TO PERSONS WITH IMPAIRED VISION AND/OR HEARING. PROVIDE 12 EYE EXAMINATIONS AND EYEGLASSES TO NEEDY PERSONS. VISION SCREENING AT NO COSTTO APPROXIMATELY 200 INDIVIDUALS.
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **28a** 12640

29 SCHOLARSHIPS TO 8 GRADUATING HIGH SCHOOL SENIORS. SUPPORT LOCAL YOUTH ORGANIZATIONS. DONATED SCHNOOL SUPPLIES TO 4 LOCAL ELEMENTARY SCHOOLS
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **29a** 8400

30 FINANCIAL SUPPORT TO LOCAL AND NATIONAL CHARITABLE AND PHILANTHROPIC ORGANIZATIONS CAUSES.
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **30a** 4500

31 Other program services (describe in Schedule O) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **31a** 0

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ **32** 25540

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 title	(b) 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
CHRIS HOWE PRESIDENT	5 HR	0	0	0
JANNA WALSH VICE PRESIDENT	2 HR	0	0	0
RAY MOORE TREASURER	4 HR	0	0	0
DEBBIE HENNESSEY SECRETARY	4 HR	0	0	0
EVELYN ENDSLEY DIRECTOR	0.5 HR	0	0	0
SUE HERRING DIRECTOR	0.5 HR	0	0	0
ASGAR KACHWALLA DIRECTOR	0.5 HR	0	0	0
SUSAN HAMPTON DIRECTOR	0.5 HR	0	0	0
DICK MORRIS DIRECTOR	0.5 HR	0	0	.0
MARVIN CRUTCHFIELD DIRECTOR	0.5 HR	0	0	0

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 0			
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 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
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 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
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 ▶ GEORGIA			
42a	The organization's books are in care of ▶ RAY MOORE Telephone no. ▶ 770-425-7881			
	Located at ▶ 1237 COMMONWEALTH AVE, MARIETTA, GA ZIP + 4 ▶ 30064-3777			
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			

			Yes	No
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		✓

		Yes	No
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	46	✓

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 . . . . . ☐

		Yes	No
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	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	49b	

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) 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 . . . . ▶ 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."

(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 . . ▶ NONE

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

▶ Signature of officer — TREASURER — FEB 10, 2014 Date

▶ RAY MOORE 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 ▶

Firm's address ▶ | Phone no

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

2012

Name of the organization	Employer identification number
EAST COBB LIONS CLUB FOUNDATION INC	58-2649086

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 33⅓% 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 33⅓% 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–Non-functionally integrated

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?

		Yes	No
(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?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 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)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **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

14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15	Public support percentage from 2011 Schedule A, Part II, line 14	15	%

16a **33⅓% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33⅓% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2012.** 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2011.** 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	29245	26858	36134	40565	20820	153622
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	21318	26169	11031	10327	10789	79634
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 **Total.** Add lines 1 through 5	50563	53207	47165	50892	31609	233256
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6.)						233256

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	50563	53027	47165	50892	31609	233256
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	926	36	179	60	48	1249
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	926	36	179	60	48	1249
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	51489	53063	47344	50952	31657	234505

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 2012 (line 8, column (f) divided by line 13, column (f))	15	99.4 %
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	99.1 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	0.5 %
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	0.9 %

19a **33 1/3% support tests—2012.** 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—2011.** 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 ▶ ☐

Supplemental Information. Complete this part to 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).

Form **8868**

(Rev January 2013)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

OMB No. 1545-1709

- 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.	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	EAST COBB LIONS CLUB FOUNDATION INC	58-2649086
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	PO BOX 6325	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	MARIETTA , GA 30065	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	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 ▶ RAY MOORE, 1237 COMMONWEALTH AVE, MARIETTA, GA 30064

Telephone No. ▶ 770.425.7881 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 FEB. 15, 20 14, 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 1, 20 12, and ending JUNE 30, 20 13.

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	$
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	$
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.

22ND ANNUAL CHARITY GOLF TOURNAMENT

April 29, 2013

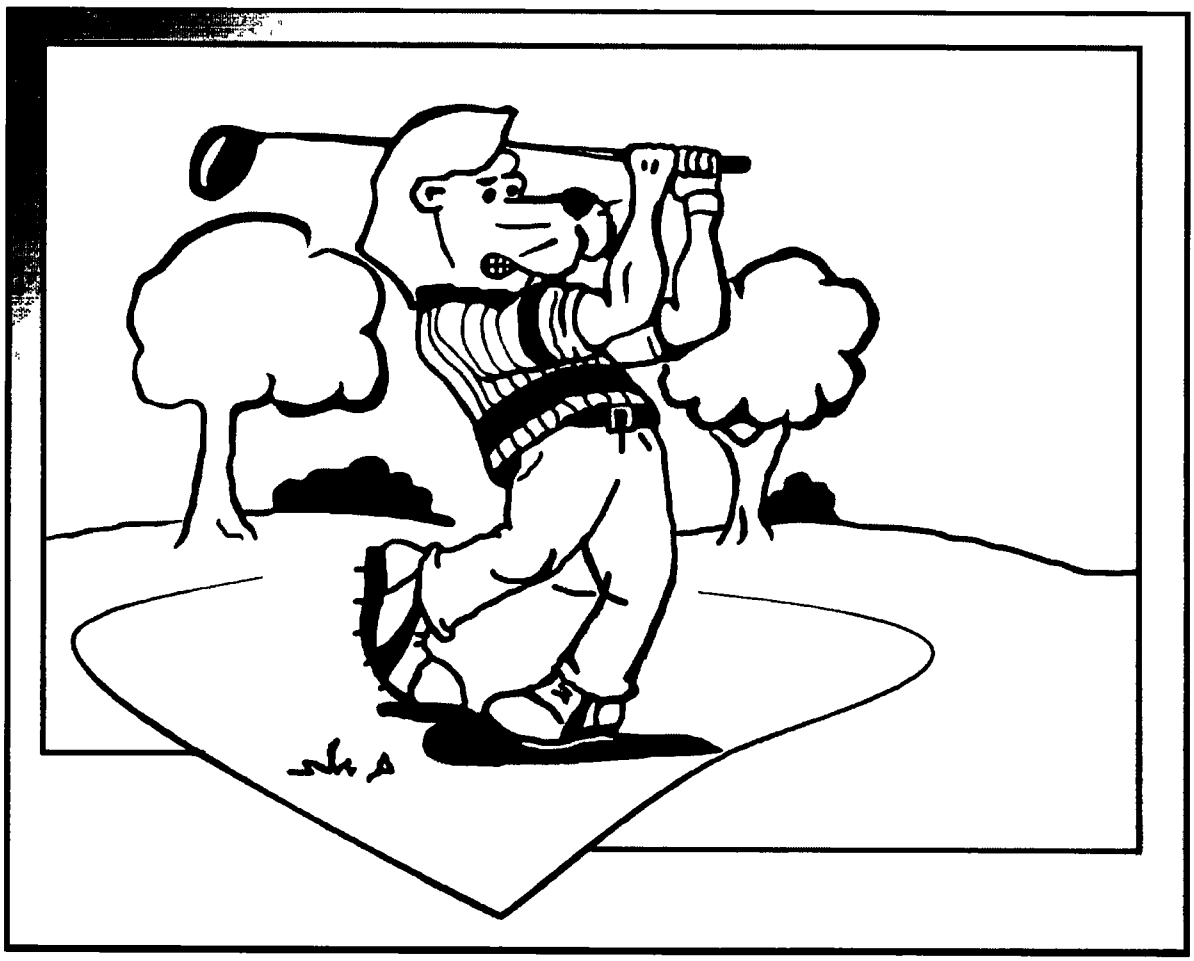
presented by ...

EAST COBB LIONS CLUB

East Cobb Lions Club Foundation, Inc.

Proceeds Benefit Local Communities:

✓ Georgia Lions Camp for the Blind ✓ Georgia Lighthouse for the Blind ✓ Vision Screenings
✓ Leader Dogs ✓ Hearing Aid Bank ✓ Eye Exams, Glasses, and Surgeries ✓ Diabetes Awareness
✓ East Cobb Elementary Schools ✓ East Marietta Little League ✓ East Cobb Park Sponsor
✓ East Cobb High School Scholarships



Indian Hills Country Club

4001 Clubland Drive
Marietta, Georgia 30068

GOLF AWARDS AND DOOR PRIZES

www.eclions.org

22ND ANNUAL CHARITY GOLF TOURNAMENT

April 29, 2013

EAST COBB LIONS CLUB

East Cobb Lions Club Foundation, Inc.

Hole Sponsorships

- ☐ **Green Jacket Sponsorship ($2,000):** This premier sponsorship dedicates one hole and includes: Four (4) tournament players, two (2) dedicated signs placed at the tee and at the green (one each), and a FULL-PAGE AD in the tournament program.
- ☐ **Wanamaker Sponsorship ($1,000):** This sponsorship level provides one hole co-sponsorship with two (2) sponsors and includes: Four (4) tournament players, one (1) sign placed at the tee, and a half-page ad in the tournament program.
- ☐ **Claret Jug Sponsorship ($500):** This sponsorship level provides one hole co-sponsorship with four (4) sponsors and includes: Two (2) tournament players, one (1) sign placed at the tee, and a quarter-page ad in the tournament program.

Tournament Program Advertisements

Full Page Ads

Full Color – outside back cover*	$650
Full Color – inside front cover*	$500
Full Color – inside back cover*	$500
Non-color – inside pages	$150

*** - Only one available – these go fast!!!**

Partial Page Ads

Half Page	8.5" x 5.5"	$100
Quarter Page	4.25" x 5.5"	$75
Business Card	4.25" x 2.75"	$50

Sponsor Sign Layout Copy

Name

Address (optional)

Phone Number (optional)

Write below what you want on your sign.

Tape Business Card Here

Please tape clean business card – No staples. Please do not write on the card. This card will be used to produce your ad, so please provide a clean, legible card.

www.eclions.org

22ND ANNUAL CHARITY GOLF TOURNAMENT

April 29, 2013

EAST COBB LIONS CLUB

East Cobb Lions Club Foundation, Inc.

SPONSORS - Please complete

Contact Person: _____ **Phone:** (____) _____

Company Name: _____ **Fax:** (____) _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail Address: _____

PRIMARY GOLFER – Contact for Foursome

Name _____

Address _____

_____

E-Mail _____

Phone (___) _____ **Handicap** ___

Maximum Handicap – 30

OTHER MEMBERS OF FOURSOME

Name _____ **Hcp** ___

E-Mail _____

Name _____ **Hcp** ___

E-Mail _____

Name _____ **Hcp** ___

E-Mail _____

CONTRIBUTION SUMMARY

Sponsorship Package ($2,000, $1,000, $500 or Ad amount)		=	_____
Golfers (not including Sponsorship Package)	____ x $125	=	_____ ($135/golfer after Mar. 31)
Mulligans/Putting Contest Package	____ x $20	=	_____ (limit 1 per golfer)
Donation (optional)			_____
	Total Amount Due	=	_____

Return Form (with payment): East Cobb Lions Club Foundation., PO Box 6325, Marietta, GA 30065
To use credit card (PayPal available): Go to www.eclions.org/golftournament/payment

Make Checks Payable To: **East Cobb Lions Club Foundation, Inc.** A Non-Profit 501(c)(3) Corporation.
Contributions may be tax deductible under Section 501(c)(3) of the Internal Revenue Code.
The Tax ID # will be provided in our Thank You letter to you.

www.eclions.org

22ND ANNUAL CHARITY GOLF TOURNAMENT

April 29, 2013

EAST COBB LIONS CLUB

East Cobb Lions Club Foundation, Inc.

Who: Golfers of all skill levels – Divot Makers to PGA Pros (limited to first 180 entrants)

What: A four-person team, Ft. Lauderdale format Golf Tournament. (Handicaps Applied)

When: **Monday April 29, 2013** **8:00 AM**: Registration, Breakfast and Range Practice. **9:00 AM**: Shotgun Start. Lunch and awards following the tournament.

Where: Indian Hills Golf Club: 4001 Clubland Dr, Marietta, GA 30068
(770) 971-2605 - http://www.indianhillscc.com/

How: Complete this entry form and mail it **with payment** ...
Check: East Cobb Lions Club Foundation, Inc.
Credit card: www.eclions.org/golftournament (PayPal is available).
Mail this form to: East Cobb Lions Club, Attn: Don Garrow
PO Box 6325
Marietta, GA 30065-5506

Why: Because our golf tournament is the awesome-est. Period.

Entry Fee: $125.00 per person (if postmarked by March 31). $135 after March 31.
Optional: Mulligans / Putting Contest Package. $20.00 (limit of 1 per golfer). The package includes 4 mulligans plus 1 putting contest entry.

Prizes: Trophies and prizes will be awarded for Low Gross (1st) and Low Net (1st, 2nd & 3rd) teams. Prizes will be awarded for the Longest Drive (Men & Women) and Closest to the Pin on designated holes. A Putting Contest will be held on the practice green. There will be Door Prizes, Raffle Prizes and a Silent Auction at the awards luncheon. (last year the total value of prizes was worth over $10,000)

Fine Print: Mulligans cannot be used to win any prize shots Golf Professionals are not eligible for Hole-In-One In case of a rainout, the event will be rescheduled and announced as soon as possible

Contact: Don Garrow (770)955-6914 or dgarrow@bellsouth.net For more information.

2012 Sponsors – THANK YOU!!!

Green Jacket Level Sponsor:

FIDELITY BANK

Wanamaker Level Sponsors:

Cobb EMC
Cycle Works Sanitation
Dupree Plumbing
East Cobb Veterinary Clinic
H.M. Patterson and Son – Canton Hill

Wanamaker Level Sponsors (cont.)

Publix Super Markets Charities
Sunrise Senior Living–East Cobb & Huntcliff Summit

Claret Jug Level Sponsorship:

Byrne for Chairman
Cliff Tyler – Merrell Lynch Wealth Management
Craig Crump State Farm Insurance
East Cobb Civitans
Eastside Baptist Church
Georgia Primary Bank
LGE Community Credit Union
Wellstar Health System

13