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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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07/01/12 , and ending 06/30/13

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 and street (or P O box, if mail is not delivered to street address) | Room/suite
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
520-749-5160

F Group Exemption Number ◆

G Accounting Method [X] Cash [ ] Accrual Other (specify) ◆

H Check ◆ [X] 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) [X] 501(c)(7) ◆ (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 ◆ $ 116,618

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 [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	3,573
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	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	113,045	
	c	Less direct expenses from gaming and fundraising events	6c	77,325	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	35,720
	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	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	39,293
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	40,519
	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	0
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	117
	17	**Total expenses.** Add lines 10 through 16	▶	17	40,636
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-1,343
	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	48,996
	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	47,653

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	48,996	22	47,653
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 **Total assets**	48,996	25	47,653
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)	48,996	27	47,653

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 ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

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 SCH 1 Att

(Grants $) If this amount includes foreign grants, check here ◆ ☐ 28a

29

(Grants $) If this amount includes foreign grants, check here ◆ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ◆ ☐ 30a

31 Other program services (describe in Schedule O)
(Grants $ 40,519) If this amount includes foreign grants, check here ◆ ☐ 31a 40,519

32 **Total program service expenses** (add lines 28a through 31a) ◆ 32 40,519

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Heath benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
GLENNA OVERSTREET PRESIDENT	0.00	0	0	0
TIM BATHEN VICE PRESIDENT	0.00	0	0	0
JOSEPH HUNTSMAN SECRETARY	0.00	0	0	0
LION JULES D FRIEDMAN TREASURY	0.00	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		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)	34		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)?	35a		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	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		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	36		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?	37b		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?	38a		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	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		X
41	List the states with which a copy of this return is filed ◆ AZ AZ			
42a	The organization's books are in care of ◆ LION JULES D FRIEDMAN Telephone no ◆ 520-749-5160			
	PO BOX 12512			
	Located at ◆ TUCSON AZ ZIP + 4 ◆ 85732			
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		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 ?	42c		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	44a		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	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		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	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		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)	45b		X

		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		X

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

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

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

		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		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		

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

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

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	Signature of officer	Date 11/22/2014
	LION JULES D FRIEDMAN Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name: DAVID W GOODMAN JD CPA PLC	Preparer's signature	Date: 12/31/13	Check ☐ if self-employed	PTIN: P01389562
	Firm's name: GOODMAN & GOODMAN PLC			Firm's EIN:	46-1674101
	Firm's address: 7473 E TANQUE VERDE RD TUCSON, AZ 85715			Phone no	520-886-5631

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

Open to Public Inspection

Name of the organization | **Employer identification number**

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 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 **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **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 . . . . . ▶ ☐

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) 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")		3870	14184	3122	3573	24749
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		46272	71570	52336	51377	191555
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		50142	55754	55458	54910	246465
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.)						246465

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		50142	22754	55458	54910	246465
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						
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.)		50160	55770	55481	54910	246465

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	100.00 %
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	99.96 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	.00 %
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	.04 %

19a **33⅓% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33⅓% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **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).

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization

Employer identification number

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	. . . . . ►						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.

		(a) Event #1 GOLF TOURNAMEN (event type)	(b) Event #2 TUCSON MEET (event type)	(c) Other events 9 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	21096	39731	52218	113045
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	13567	14623	49135	77325
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(77325)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				39293

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	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: _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (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

2012

Open to Public Inspection

Name of the organization: TUCSON BREAKFAST LIONS FOUNDATION, INC

Employer identification number: 74-2538679

FORM 990-EZ, PART I, LINE 10 - GRANTS/SIMILAR AMTS PAID TO ORGANIZATIONS

NAME AND ADDRESS	CLASS OF ACTIVITY DESC. OF PROPERTY CASH CONTRIB. BOOK VALUE	DATE OF GIFT NONCASH CONTRIB. BV EXPL.	 FMV EXPL.
SEE SCHEDULE NUMBER ONE	$ 40,519	$	0
	$ 0		

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

DESCRIPTION	AMOUNT
EXPENSES	
OFFICE	$ 117
TOTAL	$ 117

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Tucson Breakfast Lions Foundation, Inc.
Profit & Loss Detail CHARITIES
July 2012 through June 2013

Type	Date	Num	Name	Name Address	Memo	Amount
Ordinary Income/Expense						
Expense						
2000 · EXPENSE TBLC FUND						
2020 · CONTRIBUTION CHARITABLE						
2021 · CONTRIBUTION OTHER						
Check	08/15/2012	1002	LOINA GRANT		DVDS RESIDENT EDUCATION	14 00
Check	09/19/2012	2299	LISA ADELI		DAN D'ANTIMO U OF A HS STUD ..	500 00
Check	09/19/2012	2300	TUCSON CLEAN & BEAUTIFUL	P.O BOX 27210 TUCSON, AZ 85726-7210	TREE PLANTING / DAN D'ANTIMO	225.00
Check	09/19/2012	2301	IN THE ARMS OF ANGELS	1902 N ABREGO DR GREEN VALLEY, AZ 85614	PETS RESCURE ORG	100.00
Check	01/16/2013	2352	THE LEO REGULUS CLUB OF TUCSON	7962 E 2ND ST TUCSON, AZ 85710	HELP THE PARK PAINTING	100.00
Check	02/20/2013	2357	UNITED STATES BLIND GOLF ASSOCIAT	932 W BOSCH DR GREEN VALLEY, AZ 85614	TEE BOX FOR GOLD TOUR	100.00
Check	02/20/2013	2359	AZ BLIND & DEAF CHILDREN'S FOUNDA.	3957 E SPEEDWAY BLVD TUCSON, AZ 85712	TUSD LOW VISION FAIR 2013	630.00
Check	04/24/2013	2379	TUCSON CLEAN & BEAUTIFUL	P.O. BOX 27210 TUCSON, AZ 85726-7210	TREE PLANTING / C ANDRESS	225.00
Check	05/24/2013	2392	TUCSON CLEAN & BEAUTIFUL	P.O BOX 27210 TUCSON, AZ 85726-7210	CHILDREN GARDEN AVIELLE RI ..	60.00
Check	06/12/2013	2407	RAYMOND CUEVAS		PVA MEMBER	100 00
Total 2021 · CONTRIBUTION OTHER						2,054.00
2022 · LIONS CLUB GOLF TOUR						
Check	05/24/2013	2391	SOUTH TUCSON LIONS CHARITIES, INC	ACTIVITY FUND P O. BOX 27735 TUCSON, AZ 85726	STLC GOLF TOUR TEE-BOX AD	100.00
Total 2022 · LIONS CLUB GOLF TOUR						100 00
2220 · ALERT						
Check	04/15/2013	2369	A L.E.R T, INC.	8070 E CALLE De CAMACHO TUCSON, AZ 85715	BUDGET CONTRIB 12-13	2,000 00
Check	06/11/2013	2404	A.L.E.R.T, INC	8070 E CALLE De CAMACHO TUCSON, AZ 85715	CHUCK ANDRESS BRICK	100.00
Total 2220 · ALERT						2,100.00
2221 · SAAVI						
Check	04/15/2013	2370	SAAVI	3767 EAST GRANT ROAD TUCSON, AZ 85716	BUDGET CONTRIB 12-13	1,000.00
Total 2221 SAAVI						1,000.00
2222 · TUCSON EYE AND SIGHT BRANCH						
Check	09/19/2012	1004	LION PAT BROYLES	2765B W ANKLAM RD TUCSON, AZ 85745	REIMB EXP	590 31
Check	01/29/2013	1007	LION PAT BROYLES	2765B W ANKLAM RD TUCSON, AZ 85745	REIMB EXP	197.55
Total 2222 · TUCSON EYE AND SIGHT BRANCH						787.86
2224 · SUN SOUNDS						
Check	04/15/2013	2371	SUN SOUNDS	7290 E BROADWAY STE. #166 TUCSON, AZ 85710	BUDGET CONTRIB 12-13	500.00
Total 2224 · SUN SOUNDS						500.00
2230 · U OF A SCHOLARSHIP (L. BROWN)						
Check	06/11/2013	2403	THE UNIVERSITY OF ARIZONA	UAF/ICA CAPITAL CAMPAIGN PO BOX 210096 TUC	LARRY BROWN SCOLARSHIP	1,000.00
Total 2230 · U OF A SCHOLARSHIP (L BROWN)						1,000.00
2231 · C KIRBY SMITH YOUTH CAMP						
Check	04/15/2013	2368	C KIRBY SMITHE YOUTH CAMP	9515 N TWINKLING SHADOWS WAY TUCSON, AZ ..	BUDGET CONTRIB 12-13	1,000 00
Check	06/11/2013	2405	C. KIRBY SMITHE YOUTH CAMP	9515 N TWINKLING SHADOWS WAY TUCSON, AZ	BUDGET CONTRIB 12-13	500 00
Total 2231 · C KIRBY SMITH YOUTH CAMP						1,500 00
2232 · CAMP ABILITIES						

Tucson Breakfast Lions Foundation, Inc.
Profit & Loss Detail CHARITIES
July 2012 through June 2013

Type	Date	Num	Name	Name Address	Memo	Amount
Check	04/15/2013	2373	CAMP ABILITIES TUCSON	1661 N SWAN ROAD SUITE 200-1 TUCSON, AZ 857.	CONTRIB 12-13 DFS	3,500 00
Total 2232 CAMP ABILITIES						3,500 00
2234 · CAMP TATIYEE						
Check	02/20/2013	2358	LIONS CAMP TATIYEE	P O BOX 6910 MESA, AZ 85216	BD APPROVED 2/12/2013 SUPP. .	500.00
Check	04/11/2013	1008	LIONS CAMP TATIYEE	P O BOX 6910 MESA, AZ 85216	EOS DONATION	500.00
Check	04/15/2013	2374	LIONS CAMP TATIYEE	P.O BOX 6910 MESA, AZ 85216	CONTRIB 12-13 DFS	3,000 00
Total 2234 CAMP TATIYEE						4,000.00
2235 · CHILDREN XMAS PARTY						
Check	11/14/2012	2336	SOUTH TUCSON LIONS CHARITIES, INC	ACTIVITY FUND P.O. BOX 27735 TUCSON, AZ 85726	STLC CHILDREN PARTY	500 00
Check	12/13/2012	2344	SOUTH TUCSON LIONS CHARITIES, INC	ACTIVITY FUND P O. BOX 27735 TUCSON, AZ 85726	STLC CHILDREN PARTY/ KORIN. .	200.00
Total 2235 · CHILDREN XMAS PARTY						700 00
2240 · LIONS FOUNDATION OF ARIZONA						
Check	12/13/2012	2342	LIONS FOUNDATION OF ARIZONA	3124 E ROOSEVELT ST SUITE #3 PHOENIX, AZ 85.	BD APPROVED 12/11	1,000.00
Check	12/27/2012	2345	LION SANDY SHIFF	5450 E 8TH ST TUCSON, AZ 85711	MOVE WALKER FOR CASA / LFA	80 00
Total 2240 · LIONS FOUNDATION OF ARIZONA						1,080.00
2242 · MELVIN JONES FELLOWSHIP LCIF						
Check	05/24/2013	2396	LIONS CLUBS INTERNATIONAL FOUNDA.		MJF CLUB AWARD FOR MOORE .	1,000 00
Check	06/12/2013	2408	MD21-B LIONS		MJF FOR KAREN SELL	100.00
Check	06/21/2013	1009	MD21-B LIONS		MJF FOR KAREN SELL	10.00
Check	06/28/2013	2410	LIONS CLUBS INTERNATIONAL FOUNDA. .		MJF FOR ROBERT KORING	1,000 00
Total 2242 · MELVIN JONES FELLOWSHIP LCIF						2,110 00
2243 · MELVIN JONES MEM						
Check	04/15/2013	2372	MELVIN JONES LIONS INTERNATIONAL . .	P O. BOX 163 FORT THOMAS, AZ 85536	BUDGET CONTRIB 12-13	500 00
Total 2243 · MELVIN JONES MEM						500 00
Total 2020 · CONTRIBUTION CHARITABLE						20,931.86
2400 · SERVICE ACTIVITES						
2430 · LIONS SIGHT AND HEARING						
2431 · LOCAL SIGHT & HEARING OPER						
Check	07/09/2012	2291	ARIZONA LIONS VISION CENTER	3124 E ROOSEVELT ST BLDG D SUITE #1 PHOEN...	EXAM / GLASSES INV 6188 TITO ...	65.00
Check	07/25/2012	2293	LCIF LIONS AHAP	300 W 22ND STREET OAK BROOK, ILLINOIS 60523 .	CARLTON COLBURN AIDS	420.00
Check	07/25/2012	2294	LIFESTYLE HEARING SOLUTIONS	RON MIDDLETON 6476 E 22ND STREET TUCSON, . .	CARLTON COLBURN EARMOLD...	175.00
Check	09/03/2012	2296	AZ LIONS VISION CENTER	3003 S COUNTRY CLUB RD # 217 TUCSON, AZ 857. .	MARY RACHWITZ EXAM / GLAS .	65 00
Check	09/03/2012	2296	AZ LIONS VISION CENTER	3003 S COUNTRY CLUB RD # 217 TUCSON, AZ 857. .	TRACY RACHWITZ EXAM / GLAS .	65 00
Check	10/17/2012	2311	ARIZONA LIONS VISION CENTER	3124 E ROOSEVELT ST BLDG D SUITE #1 PHOEN ..	EXAM / GLASSES INV 6188 TITO ...	55 00
Check	12/13/2012	2343	PERSONALEYES PROSTHETICS	2122 N CRAYCROTH RD TUCSON, AZ 85712	EYE REPLACMENT / WILMOT LI...	500 00
Check	01/07/2013	2348	AZ LIONS VISION CENTER	3003 S COUNTRY CLUB RD # 217 TUCSON, AZ 857 .	AMANDA GRAY EXAM / GLASSE...	55 00
Check	01/07/2013	2348	AZ LIONS VISION CENTER	3003 S COUNTRY CLUB RD # 217 TUCSON, AZ 857...	JOSEPHINE DARTHARD EXAM / ..	55.00
Check	01/09/2013	1005	ARIZONA LIONS VISION CENTER	3124 E ROOSEVELT ST BLDG D SUITE #1 PHOEN. .	EXAM ?	55 00
Check	01/09/2013	1006	ARIZONA LIONS VISION CENTER	3124 E ROOSEVELT ST BLDG D SUITE #1 PHOEN...	EXAM ?	60 00
Check	02/27/2013	2361	ARIZONA LIONS VISION CENTER	3124 E ROOSEVELT ST BLDG D SUITE #1 PHOEN ..	EXAM / GLASSES INV 6188 TITO .	55 00
Check	04/24/2013	2378	LION GLENDON OVERSTREET		HEARING AID FOR G OVERSTR...	680 00
Check	05/22/2013	2395	REGULIS LEO CLUB		LEO CLUB TRAVEL EXP	300 00

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5:04 PM
08/13/13
Accrual Basis

Tucson Breakfast Lions Foundation, Inc.
Profit & Loss Detail CHARITIES
July 2012 through June 2013

Type	Date	Num	Name	Name Address	Memo	Amount
Check	05/24/2013	2394	ASSOCIATESD RETINA CONSULTANTS	WILLIAM J FISHKIND, M.D. 4753 EAST CAMP LOW	CHEN ZHIWEI	325.00
Check	06/06/2013	2398	SOUTHERN ARIZONA ANESTHESIA SER .	3390 S CAMPBELL AVE SUITE 110 TUCSON, AZ 85	CHEN ZHIWEI	250.00
Check	06/07/2013	2402	ASSOCIATESD RETINA CONSULTANTS	WILLIAM J FISHKIND, M D 4753 EAST CAMP LOW..	CHEN ZHIWEI	338 03
Check	06/07/2013	2401	ASSOCIATESD RETINA CONSULTANTS	WILLIAM J FISHKIND, M.D. 4753 EAST CAMP LOW	CHEN ZHIWEI	167 71
Check	06/07/2013	2399	ASSOCIATESD RETINA CONSULTANTS	WILLIAM J FISHKIND, M D 4753 EAST CAMP LOW	CHEN ZHIWEI ID # 6482 SER 3/2...	362 58
Check	06/11/2013	2406	AZ LIONS VISION CENTER	3003 S COUNTRY CLUB RD # 217 TUCSON, AZ 857 ..	DONATION LOCAL	2,000.00
Check	06/28/2013	2411	NORTHWEST EYE SPECIALISTS PLLC	DBA FISHKIND, BAKEWELL, MALTZMAN 5599 N O.	CHEN ZHIWEI	3,469 00
Total 2431 LOCAL SIGHT & HEARING OPER						9,517 32
Total 2430 · LIONS SIGHT AND HEARING						9,517.32
Total 2400 · SERVICE ACTIVITES						9,517 32
Total 2000 · EXPENSE TBLC FUND						30,449.18
Total Expense						30,449 18
Net Ordinary Income						-30,449 18
Net Income						**-30,449.18**

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 06-30-2013

Name of Organization	Employer Identification Number
TUCSON BREAKFAST LIONS FOUNDATION, INC	74-2538679

Primary Purpose

TBLC 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.

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 ► [X]
- 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 extention 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

File by the due date for filing your return See instructions

Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
TUCSON BREAKFAST LIONS FOUNDATION, INC	74-2538679
Number, street, and room or suite number If a P O box, see instructions	Social security number (SSN)
PO BOX 12512	
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 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 (section 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 ► REECE MCNIEL

  Telephone No ► 520-296-4612 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 2/15, 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
► [X] tax year beginning 7/01, 20 12, and ending 6/30, 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**	$ 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