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990 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)

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For t	he 2	012 calend	lar year, or tax year	beginning	07-01	, 2012, and er	nding	06-30 ,2013
В	Check	ıf app	olicable	C Name of organization	PANTEGO LIONS FOUNDATION	INC			D Employer identification no
	Addres	ss cha	ange	Doing Business As					75-2361800
	Name	chang	ge	Number and street (or	P O box if mail is not delivered to street address	5)		Room/suite	E Telephone number
	Initial r	retum		3535 MARATI	ION ST				
	Termin	nated		City, town or post offic	e, state, and ZIP code				131,429
	Ameno	ded re	eturn	ARLINGTON,	TX 76013-4630				G Gross receipts \$
	Applica	ation j	pending	F Name and address of	of principal officer CAL KOST				
				SAME AS C A	ABOVE			H(a) Is this a gro affiliates?	oup return for Yes X No
ı	Tax-ex	cempt	status X	501(c)(3) 501(c)	() ◄ (insert no)	r 527		H(b) Are all affili	nates included? Yes No ach a list (see instructions)
J	Websi	ite.		.PANTEGOLIONS	. COM			H(c) Group exer	mption number
ĸ	Form o	of orga	anization X	Corporation Trust	Association Other	L Ye	ear of formation 1	990 M State	of legal domicile TX
P	art I		Summar	у					
	1	l E	Briefly descr	be the organization's	mission or most significant activities	CHARIT	Y AND PUBI	LIC SERVICE	
an an									
Activities & Governance									
rna									
ove.	2	2 (Check this b	ox 🕨 🔲 if the organi	zation discontinued its operations or	disposed of m	ore than 25% o	f its net assets	
ڻ مح	3	3 N	Number of v	oting members of the	governing body (Part VI, line 1a)				3 15
es c	4	1 N	Number of in	ndependent voting me	embers of the governing body (Part VI	, line 1b) .			4 15
3	5	5 T	Total numbe	r of individuals emplo	yed in calendar year 2012 (Part V, lin	e 2a)			5 0
<u> </u>	(3 T	Total numbe	r of volunteers (estim	ate if necessary)				6
	7	7a T	Total unrelat	ed business revenue	from Part VIII, column (C), line 12				7a 0
N		bΛ	Net unrelate	d business taxable in	come from Form 990-T, line 34 .				7b 0
NON								Prior Year	Current Year
Z	8	3 (Contribution:	s and grants (Part VI	I, line 1h)			24	,604 45,827
<u>Ģ</u>	9) F	Program ser	vice revenue (Part V	III, line 2g)			44	,422 49,921
變	10	O li	nvestment ı	ncome (Part VIII, coli	ımn (A), lines 3, 4, and 7d)		[_	<u> </u>	0
CARVETO	11	1 (Other reveni	ue (Part VIII, column	(A), lines 5, 6d, 8c, 9c, 10c, and 11e)			5	,595 35,681
<u> </u>	12	2 T	Total revenu	ie - add lines 8 throug	ih 11 (must equal Part VIII, column (A	.), line 12) .		74	,621 131,429
Ø	13	3 (Grants and s	sımılar amounts paid	(Part IX, column (A), lines 1-3)			42	,039 74,550
	14	4 E	Benefits paid	d to or for members (Part IX, column (A), line 4)				0
ý	15			•	ployee benefits (Part IX, column (A),		_		0
Expenses	16				rt IX, column (A), line 11e)			, , , , , , , , , , , , , , , , , , , ,	0
<u>ē</u>					IX, column (D), line 25) 🕨				
û	17		•	•	(A), lines 11a-11d, 11f-24e)		_		,364 60,314
	18	8 T	Total expens	ses Add lines 13-17	(must equal Part IX, column (A), line	25)			,403 134,864
	19	9 F	Revenue les	s expenses Subtra	ot line 18 from line 12	=n · · / ·		(19	<u>,782</u>) (3,435
ces	<u> </u>				RECEIVE	O	<u> </u>	Beginning of Current	
Fund Blances	Net Assets or			(Part X, line 16) .				280	,460 277,025
pun .	<u>لا</u> 2			es (Part X, line 26)	······\@\ · inv·\ 29.7	013 .			0
					otract line 21 from line 20	المركم البسيسة وسيعسره		280	,460 277,025
	art II			re Block	18 Land	MV	<u> </u>		
Unde true,	er pena correct	ilties o t, and	of pegury, I dec I complete Dec	tare that I have examined t Staration of preparer (other t	nis retum, including accompanying schedules are	nd-statements, an preparer has any l	id to the best of my i knowledge	knowledge and belief,	it is
	-	Π.			1				11/11/12
e:				'IN KOST		Glan	OX)		11111112
Si			-	re of officer	æl.		70-14		Date
He	re			IN KOST, TREA	SURER		55 11		
			,	print name and title					<u> </u>
_	• .•		1	eparer's name	Preparer's signature		ate	Check	If PTIN
Pa				Minatra CPA	Royce Minatra CPA	<u> </u>	-07-2013	self-employ	P00290893
	epar		Firm's name		YCE MINATRA CPA PLLC			Firm's EIN	
US	e Oı	nıy	Firm's addres	•	W Pioneer Pkwy Ste 147			Phone no	48 061 4040
			<u> </u>		ngton TX 76013			8	17-861-1040
				•	arer shown above? (see instructions)	<u> </u>	· · · · · · · ·	• • • • • • •	X Yes No
For	Pape	erwo	ork Reducti	ion Act Notice, see t	he separate instructions.				Form 990 (2012)

	990 (2012) PANTEGO LIONS FOUNDATION INC	75-2361800 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	
	CHARITY AND PUBLIC SERVICE	
		<u></u>
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	L Yes L No
_	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	□ v □ v.
	services?	Tes No
	If "Yes," describe these changes on Schedule O.	and have
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	
	the total expenses, and revenue, if any, for each program service reported	ners,
	the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 134,514 including grants of \$ 74,550) (Revenue	\$
74	SUPPORT FOR LOCAL SCHOOLS AND CHARITIES.	·
	OUT ON TOWN DOUGHD THE CHARTETER	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
		
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
	/ (Expenses #	·
4d	Other program services. (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 134,514	

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 2 X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Х Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X Did the organization report an amount in Part X. line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or X debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Х 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Х 11a complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Х 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d X X 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if Х 12b the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 14b X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance X to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X X Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Part IV

Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	l		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	l		
	If "Yes," complete Schedule L, Part I	_25b		_X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or		i	
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).	- 1		3.5
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			37
	Schedule L, Part IV	_28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			3.7
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		х
	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			Х
20	Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		Х
22	complete Schedule N, Part II	32		_^_
33		33		x
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34		34		Х
35a	or IV, and Part V, line 1	35a		$\frac{x}{x}$
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		
U	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
30		36		x
37	related organization? If "Yes," complete Schedule R, Part V, line 2	- 30		
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		-	- <u></u>
55		38	х	
	197 Note. All Form 990 filers are required to complete Schedule O			

PANTEGO LIONS FOUNDATION INC

Par	Statements Regarding Other IRS Filings and Tax Compliance		
	Check if Schedule O contains a response to any question in this Part V		<u> </u>
4-	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	Yes	No
1a L			
b		1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	1
•	inspectation garming (garmaning) to prize without	- ^ -	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		
	Statements, filed for the calendar year ending with or within the year covered by this return	, _X	1
b		' ^	-
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	. 1	х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		
b	The state of the s	' 	
4a	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		х
L	account)?	-	
b	If "Yes," enter the name of the foreign country		
e-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	.	х
5a			X
b	The any analog party nearly are organization and a party to a promote a party to a	-+	
C		•	_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
	organization continuity school and the conti	'	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or cufts were not tax deductible?		
-	gitte word not tax doddood 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	·	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		x
			<u> </u>
b	The first of the digentization flowly the deficit of the desired of the goods of the first property of the desired of the goods of the first property of the desired of the goods of the first property of the desired of the goods of the first property of the desired of the goods	'	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	.	X
4	Todaines to the Fernineses.	-	
d	If "Yes," indicate the number of Forms 8282 filed during the year	.	Х
e •	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	-	X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	_	X
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
ь 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	' 	1
0		1	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		1
9	Sponsoring organizations maintaining donor advised funds.		
	Did the organization make any taxable distributions under section 4966?		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?		\vdash
10	Section 501(c)(7) organizations. Enter	-	<u> </u>
а	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter.	1	
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	
	against amounts due or received from them)		
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	İ	
а	Is the organization licensed to issue qualified health plans in more than one state?	a	1
4	Note. See the instructions for additional information the organization must report on Schedule O		1
b	Enter the amount of reserves the organization is required to maintain by the states in which		
-	the organization is licensed to issue qualified health plans	1	
С	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	a	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		†
	the state of the s		

PANTEGO LIONS FOUNDATION INC

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1b 15 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 Х supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Χ one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, Х Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: Х Х Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Χ 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." Х 12c Х 13 Did the organization have a written whistleblower policy? 13 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a Χ with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply ☐ Upon request ☐ Other (explain in Schedule O) Own website Another's website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the 3535 MARATHON ST ARLINGTON, TX 76013-4630 organization ► CAL KOST (817)274-4109

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Form 990 (201	2) PANTEGO I	LIONS FOUNDA	ATION INC				75-23	61800	Page
Part VII	Compensation of Off	ficers, Directo	rs, Trustees	, Key Eı	mployees,	Highest	Compensated	Employe	es, and
	Independent Contrac	ctors							
•	Check if Schedule O contains	is a response to ar	ny question in this	Part VII					🗌

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- · List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees, and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (E) (F) (C) (D) (A) (B) Name and Title Average Position Reportable Reportable Estimated compensation compensation from amount of hours per (do not check more than one from related other week (list anv box, unless person is both an organizations compensation the hours for (W-2/1099-MISC) from the related organization officer and a director/trustee) (W-2/1099-MISC) organizations organization H c e d and related below dotted nri dur i se vt c 0 organizations line) m p g mp h p l e e o t s e t a e cer de u o l ut i on a. e d (1) AL CLAROS DIRECTOR Х 0 0 0 (2) ARSALAN GITTIBAN X 0 0 0 DIRECTOR (3) BEVERLY STEBBINS 0 DIRECTOR Χ 0 0 (4) BILL BROWN Х 0 0 DIRECTOR (5) BILL FIBSON Х 0 0 DIRECTOR 0 (6) CONSUELLA TOMPSON Χ 0 0 0 DIRECTOR (7) CAL KOST X 0 0 0 15.00 TREASURER (8) DAVID BAILEY Х 0 0 PRESIDENT 0 (9) JOHN HERMENS X 0 0 0 SKY PILOT (10)NANCY TICE X 0 0 0 VICE PRESIDENT (11)PAT RICHARDSON 0 X 0 0 LION TAMER (12)PATTIE HARDIN 0 0 TAIL TWISTER 0 (13)SHIRLEY HART \mathbf{X} 0 0 SECRETARY 0 (14)

Part	VII Section A. Officers, Directors, Trustees,	Key Emplo	yees, a	and	High	nest	Comp	oens	ated Employees	continued)				
	(A)	(B)			(6	C)			(D)	(E)		(F)	i	
	Name and title	Average	.			ition			Reportable	Reportable	İ	Estima		
		hours per	1 .				han one s both an		compensation	compensation from related		amoun othe		
	•	week (list any hours for	1				ustee)		from the	organizations	,	compens		
		related	I t d	l t	0	к	Нсе	F	organization	(W-2/1099-MISC)		from t		
		organizations	nri	n r	l f	e	l o m		(W-2/1099-MISC)		1	organiza		
		below dotted line)	ı s e	t s		y e	g m p	m				and rela organiza		
		l lile)	v t c	it e	l e	m	e e o s n y	e r	ļ			Jigotii-Le		
			d e o	u e	r	P	t s e							
		1	a o	ı		У	l t							
				n		e	ď							
		J		ĭ		_	ļ							
(15)														
(16)														
•														
(17)		-		<u>├</u>	† 									
(,				l			1							
(18)			 	 	 	1					+			
(10)														
(40)		 	-	-		╁				_				—
(19)														
				-	├	-	1		<u> </u>					
(20)														
				ļ	_		ļ	<u> </u>		ļ				-
(21)							1							
							<u> </u>	<u> </u>						
(22)														
		1			-									
(23)					Π									
` '														
(24)	*			1	╁	\vdash					\top			
(=-/														
(25)		·	1	+	+	╁┈╴		\vdash			+			
(23)														
41	0.4.4-4-1			Ь.	1			<u> </u>						
1b	Sub-total					٠.								
С	Total from continuation sheets to Part VII, Secti	on A .		• •	• •	• •		•			+			_
d	Total (add lines 1b and 1c)								<u> </u>)[)			0
2	Total number of individuals (including but not limited	d to those list	ted abo	ove)	who	rec	eived i	more	e than \$100,000 of					
	reportable compensation from the organization						_)			
											_	Ye	s l	Ņо
3	Did the organization list any former officer, director	r, or trustee,	key em	ploy	yee,	or h	ighest	com	pensated					
	employee on line 1a? If "Yes," complete Schedule	J for such ind	dividua	I							3			Х
4	For any individual listed on line 1a, is the sum of re	portable com	pensa	tion	and	othe	er com	pens	sation from the					
	organization and related organizations greater than													
	ındıvıdual										4	, 1	Ì	Х
5	Did any person listed on line 1a receive or accrue					elate	ed orga	nıza	tion or individual				_	
J	for services rendered to the organization? If "Yes,"	-		-							5	.	Ì	Х
Saati	on B. Independent Contractors	Complete Sc	ricadic	, 0 10	JI 30	-	0013011		· · · · · · · · · · · · · · · · · · ·	 				
					_4				the \$400.00	10 -6			—	—
1	Complete this table for your five highest compensa													
	compensation from the organization Report compe	ensation for t	he cale	enda	r ye	ar e	nding v	vith (or within the organi	zation's tax				
	year.													
	(A)								(B)	1		(C)		
	Name and business address	<u> </u>							Description of	services	С	ompens	ation	
			_							-				
***		-									-			
			<u> </u>				_							
2	Total number of independent contractors (including	but not limit	ad to th	1000	liete	ad of	hove).	who						
-	received more than \$100,000 of compensation from					Ju a	Jove, \							
	TELEGREU HOLE MAIL A HOLOOD OF COMBEHSAUON ROL		.auUII	_						t t				

Form 99	90 (20	12) PANTEGO I	LIONS FO	NUNDA	TION INC			75-23618	00 Page 9
Part \	VIII	Statement of Revenu	е		_				
		Check if Schedule O contain	s a respons	e to an	y question in this F	Part VIII	<u> </u>		
•	·	,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र र	1a	Federated campaigns		1a	38,660				
an Can	ь	Membership dues		1b					
Θğ	С	Fundraising events		1c	7,167		1		
ifts ar /	d	Related organizations		1d			1		
ij.	е	Government grants (contribution	ns)	1e					
ion S	f	All other contributions, gifts, gra	ants,						
Contributions, Gifts, Grants and Other Similar Amounts	1	and similar amounts not include	ed above	1f					ı
a de la composition della comp	g	Noncash contributions included]		
<u>8 ₽</u>	h	Total. Add lines 1a-1f			<u> ▶</u> _	45,827			
•					Business Code				
Program Service Revenue	I .	COMMUNITY CENTER			531120	49,921	49,921		
Ş	b								
Z Z	C .								
ı Ser	d			!				***	
gran	e	All the second s							
9	1	All other program service revenue				49,921			
		Total. Add lines 2a-2f				43,321			
	3	Investment income (including dir and other similar amounts)							
	4	Income from investment of tax-							
	5	Royalties							
	•		(ı) Real		(ii) Personal		7		, , ,
	6a	Gross rents	(7)		(.,,	1	-		
	1	Less rental expenses	-						
	1	Rental income or (loss)					1		
	1	Net rental income or (loss)]			
	7a	Gross amount from sales of	(ı) Secunti	es	(II) Other				
	'-	assets other than inventory					1		
	Ь	Less cost or other basis							
		and sales expenses							
		Gain or (loss)							
41		Net gain or (loss)			<u> ▶</u>			······	
J.	8a	Gross income from fundraising							
Š		events (not including \$	7,10	<u> 57</u>			1		
Other Revenue	İ	of contributions reported on line	=						
the state	١.	See Part IV, line 18				-	1		
0	1	Less direct expenses				-	-		
	1	Net income or (loss) from fundra		s.	· · · · · · · • •				
	9a	Gross income from garning actives See Part IV, line 19		•	35,681		ļ		
	h	Less direct expenses			33,001	1			
	1	Net income or (loss) from gamir			•	35,681	35,681		
	i	, ,	ig douvidoo	• •		33,032			
	iva	Gross sales of inventory, less returns and allowances		. а]	-		
	Ь	Less: cost of goods sold				1			
	1	Net income or (loss) from sales				1			
		Miscellaneous Revenue			Business Code				
	11a								
	b								
	С								
	1	All other revenue							ļ
	1	Total. Add lines 11a-11d							
	12	Total revenue. See instructions	3			131,429	85,602	0	, C

	990 (2012) PANTEGO LIONS FOUNDATI	ON INC		75-23618	300 Page 10
	rt IX Statement of Functional Expenses				
Sect	on 501(c)(3) and 501(c)(4) organizations must complete all col		ations must complete of	column (A)	
	Check if Schedule O contains a response to any questi				<u> </u>
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21 .	74,550	74,550		
2	Grants and other assistance to individuals in		-		
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the		;		
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal			250	
C	Accounting	350		350	
d	Lobbying		0.000		
е	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	42 440	42 440		
16	Occupancy	43,448	43,448		
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	9,210	9,210		
22	Depreciation, depletion, and amortization	9,210	9,210		
23	Insurance			-	······································
24	· · · · · · · · · · · · · · · · · · ·		:		
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O)	E 430	E 420		
a	LOCAL PROJECTS	5,438	5,438 335		
b	AWARDS	610	610		
c	CONTEST EXPENSES	923	923	<u> </u>	
a	LIONS ASSESSMENTS	343	743	· I	

134,514

134,864

0

350

е

25 26

d LIONS ASSESSMENTS

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the

organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

All other expenses

Part 2	<u> </u>	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X		- 	
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		* 	29,013
	2	Savings and temporary cash investments			34,010
	3	Pledges and grants receivable, net	-	3	
	4	Accounts receivable, net		. 4	
	5	Loans and other receivables from current and former officers, directors			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4985(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L		6	
, l	7	Notes and loans receivable, net		7	
Assels	8	Inventories for sale or use		8	
2	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
- 1		other basis. Complete Part VI of Schedule D 10a 359,	187		
	b	Less accumulated depreciation 10b 165,	395 203,00	2 10c	193,79
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	22,22	9 12	20,21
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		0 16	277,02
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
,	22	Loans and other payables to current and former officers, directors,		1	
<u> </u>	~~	trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L		22	
ڏ	22			23	
	23 24			24	
		Unsecured notes and loans payable to unrelated third parties	• • • • • • • • • • • • • • • • • • • •		
	25	parties, and other liabilities not included on lines 17-24) Complete Part X			
				25	
		of Schedule D		0 26	
-	26	Total liabilities. Add lines 17 through 25	• • •	0 20	
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🖾 and			
စ္ညိ		complete lines 27 through 29, and lines 33 and 34.	200 44	0 27	277,02
	27	Unrestricted net assets		28	277,02
n n	28	Temporarily restricted net assets		29	
	29	Permanently restricted net assets		29	
Net Assets of Fund balances		Organizations that do not follow SFAS 117 (ASC 958), check here	and		
SO		complete lines 30 through 34.			
es	30	Capital stock or trust principal, or current funds		30	
ž	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ē	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	-		277,02
	34	Total liabilities and net assets/fund balances	280,40	50 34	277,02

orm	990 (2012) PANTEGO LIONS FOUNDATION INC79	5-236	1800	1	Pa	ge 12
Par	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	<u></u>			<u>. 🗆 </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	31,4	129
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	34,8	364
3	Revenue less expenses. Subtract line 2 from line 1	3			(3,4	135)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	80,4	160
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		2	77,0	25
Par	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					. 🗆 _
					Yes	No
1	Accounting method used to prepare the Form 990 🛛 Cash 🔲 Accrual 🔲 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_		1		
	Schedule O			1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[2a		X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			1		,
	reviewed on separate basis, consolidated basis, or both.			1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		٠ . [2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		[2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			Ī		
	Schedule O			1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		[3a		

3b

Form **990** (2012)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

EEA

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

2040

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

PAN	TEG	O LIONS FOUND!	ATION INC						75-2	361800			
Pa	rt I	Reason for P	ublic Charity	Status (All organiz	ations m	ust com	plete this	part.) S	See instr	uctions.			
The	orgar			se it is: (For lines 1 thro									
1		A church, convention	n of churches, or as	sociation of churches d	escribed in	section 17	70(b)(1)(A)	(i).					
2	П)(A)(ii). (Attach Schedul									
3	$\bar{\sqcap}$			vice organization describ		on 170(b)(1)(A)(iii).						
4	ī	•	,	ed in conjunction with a				0(b)(1)(A)	(iii). Enter t	he			
	_	hospital's name, city	-	,					•				
5	П	•		of a college or universit	v owned or	operated t	ov a govern	mental ur	ıt describe	d ın			_
•		section 170(b)(1)(A		=	.,	Op 0.0.0	-, - 3						
6	П			governmental unit desci	ribed in sec	tion 170(b)(1)(A)(v).						
7	H		•	a substantial part of its s		-		or from the	e general p	ublic			
•	لبيا	described in section	-		арроп поп	a goro	mornor or me	o	9 9 0 1 0 1 a 1 p				
8	\Box			170(b)(1)(A)(vi). (Com	nlete Part II)							
9	X	•		(1) more than 33 1/3% of			tributions i	memhersh	ın fees an	d aross			
9	ΔŊ			mpt functions - subject									
				and unrelated business									
				30, 1975 See section				tax) IIOIII	Dusii iesse.	,			
10				d exclusively to test for p				(A)					
10	님			d exclusively to test for the ben					ny out the				
11	Ш	•	•	rted organizations desc	•					ction			
				the type of supporting						CHOII			
		a Type I	b Type		_				Type III-	Non-frintio	nally inte	orated	
_	П			rganization is not contro		-					riany irro	gratea	
8				ner than one or more pu									
			i managers and ou	ier than one or more pu	Direity Suppo	rted Organ	izauoris de	SCIDEG III	3000011 00	υ(α)(1)			
		or section 509(a)(2)	sowed a westen do	termination from the IDS	S that it is a	Type I Ty	ne II. or Tv	ne III sunr	orting				
f		-		termination from the IRS			pe II, OI Ty	he iii saht	orang				П
_		organization, check		oten assented any self-									ш
g			ob, has the organiz	ation accepted any gift	or contribut	on nom an							
		following persons?					ly of the						
			d		- 4			lia (u) and			Г	Voc. N	_
				controls, either alone or		ith persons	s described				447(1)	Yes N	lo_
		(III) below, the g	governing body of th	ne supported organization	on? .	th persons	s described				11g(i)	Yes N	10
		(iii) below, the g	governing body of the er of a person desc	ne supported organization ribed in (i) above?	on? .	ith persons	s described				11g(iı)	Yes N	lo —
		(iii) below, the g (iii) A family memb (iii) A 35% controlled	governing body of the er of a person desc ed entity of a person	ne supported organization ribed in (i) above? n described in (i) or (ii) a	on? . above? .	ith persons	s described					Yes N	lo
h		(iii) below, the (iii) A family memb (iii) A 35% controlle Provide the following	governing body of the er of a person desceed entity of a person about	ne supported organization in the supported in (i) above?	on? . above? . tion(s)	ith persons	s described				11g(ii) 11g(iii)		
<u>h</u>		(iii) below, the g (iii) A family memb (iii) A 35% controlled	governing body of the er of a person desc ed entity of a person	ne supported organization in (i) above?	above? . tion(s)	ith persons	s described	u notify			11g(ii) 11g(iii) (vii) Amou	Yes N	
h		(iii) below, the g (iii) A family memb (iii) A 35% controlled Provide the following ame of supported	governing body of the er of a person desceed entity of a person about	ne supported organization in described in (i) above?	on? . above? . tion(s)	ith persons	(v) Did yo the organic col (i) c	u notify zation in	(vi) is organizati	on in col ed in the	11g(ii) 11g(iii) (vii) Amou	nt of moneta	
<u>h</u>		(iii) below, the g (iii) A family memb (iii) A 35% controlled Provide the following ame of supported	governing body of the er of a person desceed entity of a person about	ne supported organization in the supported in (i) above?	above? tion(s) (iv) is the or in col (i) lis governing of	rganization ted in your locument?	(v) Did yo the organical (i) c sup	u notify zation in of your	(vi) is organizati (i) organiz	on in col ed in the S ?	11g(ii) 11g(iii) (vii) Amou	nt of moneta	
		(iii) below, the g (iii) A family memb (iii) A 35% controlled Provide the following ame of supported	governing body of the er of a person desceed entity of a person about	ne supported organization in described in (i) above?	above? . (Iv) Is the or	ith persons	(v) Did yo the organic col (i) c	u notify zation in	(vi) is organizati	on in col ed in the	11g(ii) 11g(iii) (vii) Amou	nt of moneta	
<u>h</u>		(iii) below, the g (iii) A family memb (iii) A 35% controlled Provide the following ame of supported	governing body of the er of a person desceed entity of a person about	ne supported organization in described in (i) above?	above? tion(s) (iv) is the or in col (i) lis governing of	rganization ted in your locument?	(v) Did yo the organical (i) c sup	u notify zation in of your	(vi) is organizati (i) organiz	on in col ed in the S ?	11g(ii) 11g(iii) (vii) Amou	nt of moneta	
(A)		(iii) below, the g (iii) A family memb (iii) A 35% controlled Provide the following ame of supported	governing body of the er of a person desceed entity of a person about	ne supported organization in described in (i) above?	above? tion(s) (iv) is the or in col (i) lis governing of	rganization ted in your locument?	(v) Did yo the organical (i) c sup	u notify zation in of your	(vi) is organizati (i) organiz	on in col ed in the S ?	11g(ii) 11g(iii) (vii) Amou	nt of moneta	
		(iii) below, the g (iii) A family memb (iii) A 35% controlled Provide the following ame of supported	governing body of the er of a person desceed entity of a person about	ne supported organization in described in (i) above?	above? tion(s) (iv) is the or in col (i) lis governing of	rganization ted in your locument?	(v) Did yo the organical (i) c sup	u notify zation in of your	(vi) is organizati (i) organiz	on in col ed in the S ?	11g(ii) 11g(iii) (vii) Amou	nt of moneta	
(A) (B)		(iii) below, the g (iii) A family memb (iii) A 35% controlled Provide the following ame of supported	governing body of the er of a person desceed entity of a person about	ne supported organization in described in (i) above?	above? tion(s) (iv) is the or in col (i) lis governing of	rganization ted in your locument?	(v) Did yo the organical (i) c sup	u notify zation in of your	(vi) is organizati (i) organiz	on in col ed in the S ?	11g(ii) 11g(iii) (vii) Amou	nt of moneta	
(A)		(iii) below, the g (iii) A family memb (iii) A 35% controlled Provide the following ame of supported	governing body of the er of a person desceed entity of a person about	ne supported organization in described in (i) above?	above? tion(s) (iv) is the or in col (i) lis governing of	rganization ted in your locument?	(v) Did yo the organical (i) c sup	u notify zation in of your	(vi) is organizati (i) organiz	on in col ed in the S ?	11g(ii) 11g(iii) (vii) Amou	nt of moneta	
(A) (B)		(iii) below, the g (iii) A family memb (iii) A 35% controlled Provide the following ame of supported	governing body of the er of a person desceed entity of a person about	ne supported organization in described in (i) above?	above? tion(s) (iv) is the or in col (i) lis governing of	rganization ted in your locument?	(v) Did yo the organical (i) c sup	u notify zation in of your	(vi) is organizati (i) organiz	on in col ed in the S ?	11g(ii) 11g(iii) (vii) Amou	nt of moneta	
(A) (B) (C)		(iii) below, the g (iii) A family memb (iii) A 35% controlled Provide the following ame of supported	governing body of the er of a person desceed entity of a person about	ne supported organization in described in (i) above?	above? tion(s) (iv) is the or in col (i) lis governing of	rganization ted in your locument?	(v) Did yo the organical (i) c sup	u notify zation in of your	(vi) is organizati (i) organiz	on in col ed in the S ?	11g(ii) 11g(iii) (vii) Amou	nt of moneta	
(A) (B)		(iii) below, the g (iii) A family memb (iii) A 35% controlled Provide the following ame of supported	governing body of the er of a person desceed entity of a person about	ne supported organization in described in (i) above?	above? tion(s) (iv) is the or in col (i) lis governing of	rganization ted in your locument?	(v) Did yo the organical (i) c sup	u notify zation in of your	(vi) is organizati (i) organiz	on in col ed in the S ?	11g(ii) 11g(iii) (vii) Amou	nt of moneta	

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.)

Sec	tion A. Public Support						
Caler	idar 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		1				1
	each person (other than a						
	governmental unit or publicly				1		
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)					<u> </u>	
6	Public support. Subtract line 5 from line 4	<u> </u>	<u> </u>	1			L
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	(a) 2000	(5) 2000	(6) 2010	(4) 23 11	(0, 20.0	(1)
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, check this box and stop here	organization's first	, second, third, fou	rth, or fifth tax year	as a section 501(c	·)(3)	▶□
Sec	tion C. Computation of Public S	upport Perce	ntage				
14	Public support percentage for 2012 (line 6,						%
15	Public support percentage from 2011 Sche						%
16a	33 1/3% support test - 2012. If the organiz						
	box and stop here. The organization qualif						▶ ⊔
b	33 1/3% support test - 2011. If the organiz						
	check this box and stop here. The organiz						▶ ⊔
17a	10%-facts-and-circumstances test - 2012						
	10% or more, and if the organization meets						
	Part IV how the organization meets the "fac						, n
	organization						· · · · · ·
b	10%-facts-and-circumstances test - 201					ine	
	15 is 10% or more, and if the organization is					holy	
	Explain in Part IV how the organization me						⊾ □
40	supported organization						🗀
18							▶ □
	ınstructions	: : · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · ·		· · · · · · · · · · · ·		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

oupport concadic for organizations besonbed in occition coo(a)(=)	
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part	t II.
If the organization fails to qualify under the tests listed below, please complete Part II.)	

	ction A. Public Support						
Cale	endar 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")	17,891	13,151	10,152	16,198	24,604	81,996
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	17,031	13,131	10,132	20/230		
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513	817,117	767,978	760,386	58,422	44,422	2,448,325
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	835,008	781,129	770,538	74,620	69,026	2,530,321
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						
С	Add lines 7a and 7b	11, , , ,			., ., ., ., ., .,		
8	Public support (Subtract line 7c from line 6)						2,530,321
	ction B. Total Support	() 2222	<u> </u>	() 0040	(-1) 0044	(*) 2012	(f) Total
Cale 9	endar year (or fiscal year beginning in) Amounts from line 6	(a) 2008 835,008	(b) 2009 781,129	(c) 2010 770, 538	(d) 2011 74,620	(e) 2012 69,026	2,530,321
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	033,000	,01,123		7.2,020		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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)	835,008	781,129	770,538	74,620	69,026	2,530,321
14	First five years. If the Form 990 is for the organization, check this box and stop here	<u> </u>	. <u> </u>		a section 501(c)(3		▶ □
	ction C. Computation of Public Su					45	100 00 00
15	Public support percentage for 2012 (line 8, co	• •				15	100.00 %
16 Sa	Public support percentage from 2011 Scheduction D. Computation of Investme			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · ·	10	100.00 %
17	Investment income percentage for 2012 (line			umn (fl)		17	0.00 %
18	Investment income percentage from 2011 Sc	chedule A, Part III, li	ine 17			18	9/
19a	33 1/3% support tests - 2012. If the organiz 17 is not more than 33 1/3%, check this box	ation did not check and stop here . The	the box on line 14, c organization qual	and line 15 is mor fies as a publicly s	e than 33 1/3%, an supported organizat	d line ion	▶ 🏻
	33 1/3% support tests - 2011. If the organiz	box and stop here .	The organization	qualifies as a publi	cly supported orgar	nization	
20	Private foundation. If the organization did n	ot check a box on li	ine 14, 19a, or 19b	, check this box ar	a see instructions	· · · · · · ·	<u> ▶ ∐</u>

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number Name of the organization 75-2361800 PANTEGO LIONS FOUNDATION INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 2 Aggregate contributions to (during year) Aggregate grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1

Sched	ule D (Form 990) 2012 PANTEGO LIONS F						75-236			Page 2
Pai	t III Organizations Maintaining C	ollections of	of Art, Histo	orical Tr	easures, o	r Othe	er Similar A	ssets	(contir	nued)
3	Using the organization's acquisition, accession,									
	collection items (check all that apply):									
а	Public exhibition	d 🗌	Loan or exchai	nge progra	ms					
b	Scholarly research	е 🗌	Other							
¢	Preservation for future generations									
4	Provide a description of the organization's collect	tions and explai	n how they furt	ner the org	anızatıon's ex	empt pu	rpose in Part			
	XIII									
5	During the year, did the organization solicit or red	ceive donations	of art, historica	l treasures	, or other sımıl	ar				F
	assets to be sold to raise funds rather than to be	maintained as p	part of the orga	nization's c	ollection?	<u> </u>			∐ Yes	No
Pa	t IV Escrow and Custodial Arran	gements. C	complete if t	he orgar	nization ans	wered	"Yes" to Fo	rm 99	0, Part	IV,
	line 9, or reported an amount of									
1a	Is the organization an agent, trustee, custodian of							1	-	п.,
									∐ Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII and	complete the fo	ollowing table							
							Α.	mount		
C	Beginning balance								·	_
d	Additions during the year									
e	Distributions during the year								_	
f	Ending balance						<u> </u>		Yes	□ No
	Did the organization include an amount on Form								_	=
	if "Yes," explain the arrangement in Part XIII Chert V Endowment Funds. Complete	if the organ	explanation has	ered "V	e" to Form	990	Part IV line		· · · ·	<u>· Ц</u>
ra	Endowment Funds. Complete	(a) Current year			(c) Two years t		(d) Three years bac		Four year	s hack
1a	Beginning of year balance	(a) Current year	(6) File	Ji yeai	(c) Two years t	Jack	(d) Three years bac	. (6)	1 Our year	3 Odek
	Contributions					-		_	 	
ь	Net investment earnings, gains, and									
٠	losses									
d	Grants or scholarships				- 1					
e							·		-	
•	programs									
f	Administrative expenses					T.				
g	End of year balance					-				
2	Provide the estimated percentage of the current	year end baland	ce (line 1g, colu	mn (a)) he	ld as.					
а	Board designated or quasi-endowment	%	, -							
b	Permanent endowment ► %									
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should e	equal 100%								
3a	Are there endowment funds not in the possession	n of the organiz	ation that are h	eld and ad	mınistered for	the				
	organization by							_	Ye	s No
	(i) unrelated organizations							· · <u>:</u>	3a(i)	
	(ii) related organizations							3	Ba(ii)	
b	If "Yes" to 3a(II), are the related organizations lis	ted as required	on Schedule R	?					3b	
4	Describe in Part XIII the intended uses of the organization									
Pa	rt VI Land, Buildings, and Equip	ment. See F	orm 990, Pa	art X, line	<u>= 10.</u>		 _			
	Description of property	1 ' '	or other basis		r other basis		ccumulated	(d	l) Book val	ue
		(inv	/estment)	(0	other)	de	preciation			
1a	Land									
b	Buildings	· · ·					165,395		(10	55,395
С	Leasehold improvements			1						_

359,187

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

359,187

193,792

Part VII	Investments - Other Securities.	See Form 990, Part X, line 12.	·	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market va	ilue
(1) Financial				
	eld equity interests			
(3) Other				
(A) 303	UNIT TRUST	20,210	COST	
(B)				
(C)				
(D)				
(E)		_		=
(F) (G)		_		
(H)				
(1)				<u> </u>
	b) must equal Form 990, Part X, col (B) line 12)	▶ 20,210		
Part VIII	Investments - Program Related	. See Form 990, Part X, line 13	3.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market va	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
	b) must equal Form 990, Part X, col (B) line 13)	>		
Part IX	Other Assets. See Form 990, Pai			
<u> </u>		(a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, F			
1.	(a) Description of liability	(b) Book value		
	I income taxes	(5)		
(2)				
(3)				
(4)				
(5)				
(6)				
_ (7)				
_(8)				
(9)				
(10)				
(11)	W	>		
	(b) must equal Form 990, Part X, col. (B) line 25) (SC 740) Footnote. In Part XIII, provide the text.		ancial statements that reports the or	nanization's
•	ncertain tax positions under FIN 48 (ASC 740)(

Sched	ule D (Form 990) 2012 PANTEGO LIONS FOUNDATION INC		75-2361800	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue p	er Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	7]	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	· · · · · · · · · · · · · · · · · · ·
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	- [
c	Add lines 4a and 4b		- 4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
	t XII Reconciliation of Expenses per Audited Financial Statem			
1	Total expenses and losses per audited financial statements		7	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
a b	Prior year adjustments	2b	-	
	Other losses	2c 2c	-	
C	Other (Describe in Part XIII)	2d	-	
d	· · · · · · · · · · · · · · · · · · ·		- ₃	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	┥	
b	Other (Describe in Part XIII)	4b	- _	
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
	t XIII Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1			
	V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete	this part to provide any add	ditional	
ınforı	nation			
		<u> </u>		

EEA

Schedule D (Form 990) 2012

SCHEDULE G (Form 990 or 990-EZ

Department of the Treasury

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

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

PANTEGO LIONS FOUNDATION INC	2					75-236	51800
Part I Fundraising Activities	. Complete if			swered "Yes" to f	Form 990,	Part IV,	line 17.
Form 990-EZ lilers are no							
1 Indicate whether the organization rais	ed funds through	-	_				
a Mail solicitations				of non-government gra	ants		
b Internet and email solicitations				of government grants			
c Phone solicitations		g ∐	Special fund	raising events			
d In-person solicitations							
2a Did the organization have a written or							
or key employees listed in Form 990,						Y€	_
b If "Yes," list the ten highest paid indivi		(fundraisers)	pursuant to a	agreements under whi	ich the tunar	aiser is to b	е
compensated at least \$5,000 by the o	rganization						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(IV) Gross receipts from activity	(v) Amour (or retain fundraiser col	ned by) listed in	(vi) Amount paid to (or retained by) organization
		Yes	No			·,,	
1							
2					·		
3	-						
4	· · · · · · · · · · · · · · · · · · ·	1					
5	 						<u> </u>
6			-				
7					·		
					<u>.</u>		
8							
9							
10							
Total							
3 List all states in which the organization registration or licensing.	is registered or	licensed to so	olicit contribu	tions or has been noti	fied it is exei	npt from	
				·			
							
							
			·				
	 						· · · · · · · · · · · · · · · · · · ·
					_		
							
			<u></u>				· · · · · · · · · · · · · · · · · · ·
			<u></u>				

_			TEGO LIONS FOUNDA			2361800 Page 2
Pa	rt I					
		than \$15,000 of fundraising		id gross income on Forr	n 990-E∠, lines 1 and t	ob. List events with
_		gross receipts greater than		(1) 5 - 4 #0	(c) Other events	
	•		(a) Event #1	(a) Event #1 (b) Event #2		(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
ē		ľ	(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
Rev	ľ	Greece recorpies and a record				
	2	Less [.] Contributions				
	3	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
s		5 46 4				
nse	6	Rent/facility costs				
xpe	7	Food and beverages				
ct E	'	1 ood and beverages				
Direct Expenses	8	Entertainment				
_						
	9	Other direct expenses				
	10	Direct expense summary Add lines				()
	11	Net income summary Combine line				
Pa	ırt I	· · ·	-	"Yes" to Form 990, Pan	t IV, line 19, or reported	i more
		than \$15,000 on Form 990	J-EZ, line da.	(I.) D. II. () () () ()		(4) T-4-1 / - dd
nue :			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				····		
œ	1	Gross revenue	762,751			762,751
S	2	Cash prizes	551,574			551,574
enses						
ž	3	Noncash prizes	40,770			40,770
Direct Exp						
Die	4	Rent/facility costs	62,400			62,400
-	_	Other direct expenses	70 206			72,326
	5	Other direct expenses	72,326 Yes %	☐ Yes %	☐ Yes %	12,320
	6	Volunteer labor	∑ No	No No	☐ No	
			<u> </u>	<u> </u>		
	7	Direct expense summary Add lines	2 through 5 in column (d)			(727,070)
	8	Net gaming income summary. Com	bine line 1, column d, and l	ine 7	<u> ▶</u>	35,681
9		nter the state(s) in which the organizat				
a		the organization licensed to operate g	jaming activities in each of	these states?		Yes 🗌 No
k) If'	"No," explain:	<u>*</u>			
	_					
102	w	ere any of the organization's gaming l	icenses revoked suspend	ed or terminated during the	tax vear?	Yes No
		"Voe " ovnlain	•	_	-	
_						
	_					

Sched	lule G (Form 990 or 990-EZ) 2012 PANTEGO LIONS FOUNDATION INC		2361				age 3
11	Does the organization operate gaming activities with nonmembers?			X	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 chantable gaming?			. X	Yes		No
13	Indicate the percentage of gaming activity operated in:						
а	The organization's facility						%
b	An outside facility	[13b	1(00.00	0	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and						
	records						
	Name ► DEBORAH PECK			_			
	Address ▶ PO BOX 101629 FORT WORTH, TX 76185						
15a	Does the organization have a contract with a third party from whom the organization receives gaming			F27	v		
	revenue?			· [A]	Yes	Ш	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 \$						
С	If "Yes," enter name and address of the third party						
	Name ▶						
	Address ▶						
16	Gaming manager information						
	Name▶ 303 UNIT TRUST						
	Gaming manager compensation ▶ \$						
	Description of services provided CHARITABLE BINGO						
	☐ Director/officer ☐ Employee						
4-	No. adabas, distributions						
17 a	Mandatory distributions 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						
Pa	st IV Supplemental Information. Complete this part to provide the explanations require					Ο,	
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. A	so co	mplet	e thi	S		
	part to provide any additional information (see instructions).						
		-					
_							
EEA		Schedul	e G (Fo	rm 990	or 990-	EZ) 2	:012

EEA

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

2012

Open to Public Inspection ▶ Attach to Form 990.

Schedule I (Form 990) (2012) **≗** □ Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990. (h) Purpose of grant or assistance ⊠ Yes Employer identification number 75-2361800 (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section f applicable General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? 75-1668095 (p) EIN PANTEGO LIONS FOUNDATION INC (a) Name and address of organization 811 SECRETARY DR 76015 (1) ARLINGTON CHARITIES or government Name of the organization Parti Part II $\widehat{\Xi}$ (12) (10) 6 3 ල ₹ 3 9 8 8

Schedule I (Form 990) (2012) Page 2 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional 75-2361800 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant line 2) Part III can be duplicated if additional space is needed. (b) Number of recipients PANTEGO LIONS FOUNDATION INC 1. Monitoring procedures (Part I, (a) Type of grant or assistance INTERNATIONAL LIONS information. Schedule I (Form 990) (2012) Part IV Part III Æ

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Employer Identification number

PANTEGU LIONS FOUNDATION INC
01. Form 990 governing body review (Part VI, line 11)
INTERNATIONAL LIONS
02. Conflict of interest policy compliance (Part VI, line 12c)
INTERNATIONAL LIONS
03. Form 990 availability to public (Part VI, line 18)
AVAILABLE TO PUBLIC
04. Governing documents, etc, available to public (Part VI, line 19)
AVAILABLE TO PUBLIC

Federal Supporting Statements	2012 PG01
Name(s) as shown on return	FEIN
PANTEGO LIONS FOUNDATION INC	75-2361800

FORM 990, SCHEDULE D, PART VI, LINE 1E STATEMENT #D1E INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT COMMUNITY CENTER LAND BUILDING	COST/BASIS (INVESTMENT) 359,187	COST/BASIS (OTHER) 0	<u>DEPR</u> 146,975	BOOK <u>VALUE</u> 212,212
TOTAL	359,187	0	146,975	212,212

990	Overflow Statement	2012 Page 1
Name(s) as shown on return		FEIN
PANTEGO LIONS F	OUNDATION INC	75-2361800

DONATIONS

Description	,	Amount	
PANTEGO LIONS	\$	37,500	
REWARD CARD		333	
MISC DONATIONS		827	
Total:	\$	38,660	

2012	PAGE 1		AMT	9,210	9,210
20	PA	Social security number/EIN 75-2361800	Bonus		ST ADJ:
_		Social se	Pnor		
	:	 	Accumulated Depreciation	165,395	165,395
Depreciation Detail Listing	İ		Current	1.0	9,210
			Rate	2.564	
	vices Is only	<u> </u>	Method	NE TS	
	Program Services For your records only		Life	33	
preciati	Progr		Depreciation Basis	359, 187	359,187
De			Section 179		
			Business	The same of the sa	
			Salvage		
			Cost	359, 187	359, 187
* Item was disposed of during current year		NC INC	Date	19950701	
	of during current year	Name(s) as shown on return PANTEGO LIONS FOUNDATION INC	Description	COMMUNITY CENTER	Totals Land Amount Net Depreciable Cost
• Item	of duri	Name(s)	2	-	NE T