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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 July 1 , 2012, and ending June 30 , 20 03

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

C Name of organization
MERCED BREAKFAST LIONS FOUNDATION

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
P O Box 1065

City or town, state or country, and ZIP + 4
Merced, CA 95341-1065

D Employer identification number
77-0405394

E Telephone number
209-383-1271

F Group Exemption Number ▶

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

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

I **Website:** ▶ mercedbreakfastlions org

J **Tax-exempt status** (check only one) — ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 81,352

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	4,255
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	13,904
	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	58,850	
	c	Less direct expenses from gaming and fundraising events	6c	38,057	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	20,793
	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	4,343
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	43,295
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	4,250
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	187
	16	Other expenses (describe in Schedule O)		16	30,451
	17	**Total expenses.** Add lines 10 through 16 ▶		17	34,888
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	8,407
	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	923
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	100
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	9,430

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For Paperwork Reduction Act Notice, see the separate instructions Cat No 10642I Form **990-EZ** (2012)

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	923	22	9,430
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	923	25	9,430
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	923	27	9,430

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? Community Service

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

28 Scholarships 10 awarded annually upon proof of registration Names and amounts listed on Schedule O

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 4,250

29 California Lions Camp - Support for the District Camp for hearing impaired youngsters for a summer camp experience Approx 100 campers + 40 councilors benefited

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a 3,218

30 Lions Youth Exchange Program - Provides youth, ages 18 to 21, with approx two week in-home experience in various foreign countries This year one of our High School students were sent to Japan with financial help from our club, plus we arranged homes for two visiting Japanese students who visited here

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a 3,000

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a 7,080

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 17,548

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) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
John Mowrer - President 562 Seminole Dr , Merced, CA 95340	- 5 -	- 0 -	- 0 -	- 0 -
Mark Sievert - Imd Past President 5399 W Winchester, Atwater, CA 95301	- 3 -	- 0 -	- 0 -	- 0 -
Robert Garcia - 1st Vice President 473 Noble Dr , Merced, CA 95340	- 3 -	- 0 -	- 0 -	- 0 -
Tamela Adkins - 2nd Vice President 3882 Bronco Lane, Atwater, CA 95301	- 3 -	- 0 -	- 0 -	- 0 -
Fred Risard - 3rd Vice President 3526 San Fransico, Merced, CA 95340	- 3 -	- 0 -	- 0 -	- 0 -
Chris Medina - Secretary 1201 E 22nd Street, Merced, CA 95340	- 5 -	- 0 -	- 0 -	- 0 -
David Silveira - Treasurer 2631 Sandy Court, Atwater, CA 95301	- 4 -	- 0 -	- 0 -	- 0 -
Ron Basmajian - Director 2086 Robinhood Lane, Merced, CA 95301	- 3 -	- 0 -	- 0 -	- 0 -
Bill Hawkins - Director 2540 Green Street, Merced, CA 95340	- 3 -	- 0 -	- 0 -	- 0 -
Rose Ann Bressler - Director 2592 Lecco Way, Merced, CA 95340	- 3 -	- 0 -	- 0 -	- 0 -
Ed Adkins - Director 3882 Bronco Lane, Atwater, CA 95301	- 3 -	- 0 -	- 0 -	- 0 -
Toby Masterson - Lion Tamer 1535 Victoria Way, Atwater, CA 95301	- 3 -	- 0 -	- 0 -	- 0 -M

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✓
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶ California			
42a	The organization's books are in care of ▶ David E Silveira Telephone no ▶ 209-769-3421			
	Located at ▶ 2631 Sandy Court, Atwater, CA ZIP + 4 ▶ 95301-9676			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and title of each employee paid more than $100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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: 5/15/14

▶ David Silveira, Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545 0047

2012

Open to Public Inspection

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

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 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?		✓
(ii) A family member of a person described in (i) above?		✓
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		✓

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 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 ")	18,429	20,803	17,296	15,655	18,159	90,342
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	58,320	65,382	59,967	60,989	58,850	303,208
3 Gross receipts from activities that are not an unrelated trade or business under section 513					4,343	4,343
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	76,749	86,185	77,263	76,644	81,352	398,193
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						- 0 -
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						- 0 -
8 **Public support** (Subtract line 7c from line 6)						398,193

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	76,749	86,185	77,263	76,644	81,352	398,193
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)	76,749	86,185	77,263	76,644	81,352	398,193

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 %
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	100 %

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

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

MERCED BREAKFAST LIONS FOUNDATION

Employer identification number

77-0405394

Part 1, Line 8 Fundraising events

Description	Line 6b Gross income	Line 6c direct expenses	Line 6d Net income
All Star Football	$ 801	$ 600	$ 201
Catering	4,899	3,525	1,374
Charter Night	1,225	1,109	116
Cioppino Dinner	21,075	12,471	8,604
Fireworks	20,979	14,866	6,113
Lions Mints	358	-0-	358
Meeting Raffles	1,168	559	609
Night Meeting	3,753	1,545	2,208
Placemat Ads	850	378	472
Rigatoni Take-out	3,742	3,004	738
TOTALS	$58,850 to line 6b	$37,907 to line 6c	$20,793 to line 6d

Part 1, Line 20 Other CHANGES An old outstanding, prior period $100 check (#1583) was not cashed all year and was writen off the books

Part 1, Line 8 Other Revenue

Description	Amount
Interclub Activity	$ 218
Leo Clubs	1,340
Mog Jog	300
Returns & Misc	297
SaveMart Cards	301
Christmas Parade Prize	500
Yard Sale	1,069
Banners & Pins	68
C Garcia	250
TOTAL	$ 4,343 to line 8

Name of the organization: MERCED BREAKFAST LIONS FOUNDATION

Employer identification number: 77-0405394

Part 1, Line 10 Grants paid

Classification	Recipient's Name	Amount
Scholarship	Anthony Ayala	$ 500
Scholarship	Taylor Brass	500
Scholarship	Scott Butler	500
Scholarship	Jennifer Chang	500
Scholarship	Linda Chang	500
Scholarship	Hanna Ewing	250
Scholarship	Chessie Garcia	500
Scholarship	Natalie Maddox	250
Scholarship	Yingxin Lin	250
Scholarship	Choua Vang	250
Scholarship	Mai Xiong	250
	TOTAL	$4,250 to Line 10

Part 1, Line 16 Other expenses

Administration Expenses	Detail	Amount
	Bank Charges	$ 205
	Club Supplies, etc	1,416
	Social Evenings	479
	Convention	119
	Installation	687
	Insurance	72
	Intrn'l & MD-4 Dues	3,100
	Leadership Forums	1,784
	Leo Clubs	1,429
	Meals	7,637
	Miscellaneous	225
	SubTOTAL	$17,153 to page 3 of Schedule O

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

Part 1, Line 16 (continued) subTOTAL	Amount
page 2, schedule O	$17,153
Charity Donations - Detail	
City of Hope	110
Ear of the Lion	379
Hinds Hospice	500
Homeless Meals	1,036
Merced High Pre-game Meal	377
Merced College AG	100
Merced Christmas Parade	310
Merced Co 4-H	100
Merced Co Arts Council	50
Merced Library	200
Merced Symphony	150
Merced Theater Foundation	100
Merced School Programs	662
Mog Jog	300
Parker's Prom	100
Relay for Life	100
Ronald McDonald House	291
Salvation Army	300
Speech Contest	275
Youth Exchange	3,000
Achademic Decathalon	100
California Lions Camp	3,218
Titans Baseball Team	200
Eye Care	1,340
TOTAL	$30,451 to Line 16

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ ☑

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions MERCED BREAKFAST LIONS FOUNDATION	Enter filer's identifying number, see instructions Employer identification number (EIN) or 77-0405394
	Number, street, and room or suite no If a P.O box, see instructions. P O Box 1065	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions. Merced, CA 95341-1065655	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ Lion David Silveira, 2631 Sandy Court, Atwater, CA 95301-9676
Telephone No ▶ 209-769-3421 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

4 I request an additional 3-month extension of time until May 15, 20 14

5 For calendar year ____, or other tax year beginning July 1, 20 12, and ending June 30, 20 13

6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period

7 State in detail why you need the extension A checking account has yet to be reconciled, and an expense needs to be verified to assure an accurate return is completed There will be no tax due This request is to keep the filing date current

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$
b	If this application is for Forms 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 and any amount paid previously with Form 8868	8b	$
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$ none

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ [signature] Title ▶ Treasurer Date ▶ 2/13/14

M 2/13/14 R