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Short Form
Return of Organization Exempt From Income TaxUnder 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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning		July 1	, 2009, and ending	June 30	, 2010
B Check if applicable.		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Florence Lions Club Charities Inc Number and street (or P.O. box, if mail is not delivered to street address) 29 LaCresta Dr., P.O. Box 522		61-1352634 E Telephone number 859-525-2263	
		City or town, state or country, and ZIP + 4 Florence, KY 41042		F Group Exemption Number ►	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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: ► florenceclubs.com

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

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	Revenue	Expenses	Net Assets		
1	Contributions, gifts, grants, and similar amounts received			1	35,731
2	Program service revenue including government fees and contracts			2	6,532
3	Membership dues and assessments			3	
4	Investment income			4	27
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	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>			6	
a	Gross revenue (not including \$ _____ of contributions reported on line 1)			6a	
b	Less: direct expenses other than fundraising expenses			6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	
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 ►)			8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			9	42,290
10	Grants and similar amounts paid (attach schedule)			10	4,675
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	8,342
14	Occupancy, rent, utilities, and maintenance			14	1,200
15	Printing, publications, postage, and shipping			15	708
16	Other expenses (describe ► <i>Payment to doctors for eye exam and glasses for less fortunate</i>)			16	17,904
17	Total expenses. Add lines 10 through 16			17	23,480
18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	9,461
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	
20	Other changes in net assets or fund balances (attach explanation)			20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20			21	

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Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	3,646	22 13,107
23	Land and buildings		23
24	Other assets (describe ► <i>Copy Machine</i>)	242	24 206
25	Total assets	3,888	25 13,313
26	Total liabilities (describe ►)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	3,888	27 13,313

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? To provide eye care to indigent people

Describe what was achieved in carrying out the organization's exempt purposes. 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	Provided needy families with professional eye care, glasses and visual aids		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	17,904
29	Funded other charitable organizations that serve the needy such as Leader Dogs for the Blind		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	2,925
30	Funded charitable organizations that help the special need people such as BAWAC and Stieford Foundation		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	1,750
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32	22,579

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Robert Hahnel	President (15)	0	0	0
421 Forest Ave., Erlanger, KY 41018				
Kewmars Taybi	Director (5)	0	0	0
8217 N. Dilcrest, Florence, KY 41042				
Nicholas Payne	Director (5)	0	0	0
15 Dilcrest Circle, Florence, KY 41042				
Trey Winterman	Director (5)	0	0	0
19 Creekside Dr, Florence, KY 41042				
Ferd Metzger	Director (5)	0	0	0
40 Kathryn Ave., Florence, KY 41042				
Scott Schaffer	Director (5)	0	0	0
8412 Kroth Lane, Union, KY 41091				
Craig Winterman	Director (5)	0	0	0
23 McAlpin Dr., Erlanger, KY 41018				
Kim Iseral	Treasurer (15)	0	0	0
9381 Largo Mar Court, Florence, KY 41042				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	✓
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 period 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:	39a	
a Initiation fees and capital contributions included on line 9	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 is it 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? 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. ► _____		
42a The organization's books are in care of ► _____ Telephone no. ► _____ Located at ► _____ ZIP + 4 ► _____		
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 of the U.S.?	42c	✓
If "Yes," enter the name of the foreign country: ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

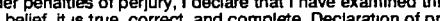
- | | | | |
|-----|---|-----|----|
| 46 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | Yes | No |
| 47 | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 46 | ✓ |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 47 | ✓ |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 48 | ✓ |
| b | If "Yes," was the related organization a section 527 organization? | 49a | ✓ |
| 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." | 49b | ✓ |

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 . . ►

Sign Here	<p>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.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="flex: 1;">  <p>Signature of officer</p> <p>Robert Hahnel (2010 President)</p> <p>Type or print name and title</p> </div> <div style="flex: 1; text-align: right;"> <p>9/30/10</p> <p>Date</p> </div> </div>
-----------	--

Paid Preparer's Use Only	Preparer's signature 	Date	Check if self- employed  <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 			EIN 
				Phone no 

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

► Attach to Form 886 or Form 886 EE. ► See Separation Agreement.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Employer identification number

Florence Lions Club Charities, Inc.

61 : 1352634

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 | <input type="checkbox"/> A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) . | | | | | | | | | |
| 2 | <input type="checkbox"/> A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E.) | | | | | | | | | |
| 3 | <input type="checkbox"/> A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) . | | | | | | | | | |
| 4 | <input type="checkbox"/> 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 | <input type="checkbox"/> 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 | <input type="checkbox"/> A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) . | | | | | | | | | |
| 7 | <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II.) | | | | | | | | | |
| 9 | <input type="checkbox"/> An organization that normally receives: (1) more than 33 1/3 % 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 33 1/3 % 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 | <input type="checkbox"/> An organization organized and operated exclusively to test for public safety. See section 509(a)(4) . | | | | | | | | | |
| 11 | <input type="checkbox"/> 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. <table border="0" style="margin-left: 20px;"> <tr> <td>a <input type="checkbox"/> Type I</td> <td>b <input type="checkbox"/> Type II</td> <td>c <input type="checkbox"/> Type III—Functionally integrated</td> <td>d <input type="checkbox"/> Type III—Other</td> </tr> </table> | a <input type="checkbox"/> Type I | b <input type="checkbox"/> Type II | c <input type="checkbox"/> Type III—Functionally integrated | d <input type="checkbox"/> Type III—Other | | | | | |
| a <input type="checkbox"/> Type I | b <input type="checkbox"/> Type II | c <input type="checkbox"/> Type III—Functionally integrated | d <input type="checkbox"/> Type III—Other | | | | | | | |
| e | <input type="checkbox"/> 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 _____ <input type="checkbox"/> | | | | | | | | | |
| g | Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <table border="0" style="margin-left: 20px;"> <tr> <td>(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?</td> <td>..... <input type="checkbox"/></td> </tr> <tr> <td>(ii) A family member of a person described in (i) above?</td> <td>..... <input type="checkbox"/></td> </tr> <tr> <td>(iii) A 35% controlled entity of a person described in (i) or (ii) above?</td> <td>..... <input type="checkbox"/></td> </tr> </table> | (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? | <input type="checkbox"/> | (ii) A family member of a person described in (i) above? | <input type="checkbox"/> | (iii) A 35% controlled entity of a person described in (i) or (ii) above? | <input type="checkbox"/> | | | |
| (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? | <input type="checkbox"/> | | | | | | | | | |
| (ii) A family member of a person described in (i) above? | <input type="checkbox"/> | | | | | | | | | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | <input type="checkbox"/> | | | | | | | | | |
| h | Provide the following information about the supported organization(s). <table border="0" style="margin-left: 20px;"> <tr> <td>11g(i)</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>11g(ii)</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>11g(iii)</td> <td>.....</td> <td>.....</td> </tr> </table> | 11g(i) | Yes | No | 11g(ii) | | | 11g(iii) | | |
| 11g(i) | Yes | No | | | | | | | | |
| 11g(ii) | | | | | | | | | | |
| 11g(iii) | | | | | | | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	37,872	38,692	34,934	34,916	42,263	188,677
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	37,872	38,692	34,934	34,916	42,263	188,677
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						188,677

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	37,872	38,692	34,934	34,916	42,263	188,477
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	55	115	146	73	27	416
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.)	37,927	38,807	35,080	34,989	42,290	189,093
11 Total support. Add lines 7 through 10						12
12 Gross receipts from related activities, etc (see instructions)						
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.7 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.7 %
16a 33½ % support test—2009. If the organization did not check the box on line 13, and line 14 is 33½ % or more, check this box and stop here . The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33½ % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33½ % or more, check this box and stop here . The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
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)						
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3 % support tests—2009. 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 ► <input type="checkbox"/>		
b 33 1/3 % support tests—2008. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II - Line 10 - This amount includes re-imbursements from County Government for the Senior Eyesight cases handled by Florence Lions Club Charities.

FEDERAL STATEMENTS

Florence Lions Club Charities, Inc.

61-1352634

For Form 990 EZ – July 1, 2009 – June 30, 2010

Statement 1 – Form 990 EZ, Part I, Revenues

Line 1 - Revenues reported here are from the Annual Christmas Holiday Collections at local stores, donations from businesses & individuals, and Hole Sponsorship at the Annual Charity Golf Outing.

Line 2 – Revenues reported here are from miscellaneous fund raising project and donations.

Statement 2 – Form 990 EZ, Part I, Expenses

<u>Description</u>	<u>Total Expense</u>	<u>Program Service</u>	<u>Mgt & General</u>
	\$	\$	\$
Administrative expenses & Corp filing	708		708
Rental --- FLC for meetings & events	1,200		1,200
Eyesight & Hearing Program	17,904	17,904	
Donations --- Eyesight related charities	2,925	2,925	
Donations --- Other Charitable Organizations	1,750	1,750	
Golf Tournament	8,342		8,342
Total	\$32,829	\$22,579	\$10,250

Statement 3 – Form 990 EZ, Part III, Organization's Primary Exempt Purpose

The mission of FLCC is to provide eye examinations; glasses and visual aids to the needy families and to fund other charitable organization that serves special need individuals.

Statement 4 – Form 990 EZ, Part III, Statement of Program Service Accomplishments

- Provided 208 needy individual with eye care.
- Provided scholarship to one blind student.
- Donated to the KY Lions Eye Foundation for eye research at the University of Louisville.
- Donated to other 501 C 3 institutions dealing with blind, physically or mentally handicapped.