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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)

2011

**Open to Public
Inspection**

- 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

A For the 2011 calendar year, or tax year beginning <u>JULY 01</u>		, 2011, and ending <u>JUNE 30</u>, 2012	
B Check if applicable <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		C Name of organization Florence Lions Club Charities, Inc Number & street (or P O box, if mail is not delivered to street addr.) 29 LaCresta Drive, PO Box 522 Room/suite City or town, state or country, and ZIP + 4 Florence KY 41042	
		D Employer identification number 61-1352634	
		E Telephone number (859) 371-9353	
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ► <u>N/A</u>			
J Tax-exempt status (check only one) -- <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check ► <input type="checkbox"/> 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 ► \$ 35,660			
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. <input checked="" type="checkbox"/>			
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	35,623
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	37
	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	6d	
	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		
c Less, direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	35,660	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	8,000
	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	18,451
	14 Occupancy, rent, utilities, and maintenance	14	600
	15 Printing, publications, postage, and shipping	15	266
	16 Other expenses (describe in Schedule O)	16	8,769
	17 Total expenses. Add lines 10 through 16 ►	17	36,086
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-426
	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	17,071
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20 ►	21	16,645

For Paperwork Reduction Act Notice, see the separate Instructions.

Form 990-EZ (2011)

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	16,924	22 16,539
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	147	24 106
25	Total assets	17,071	25 16,645
26	Total liabilities (describe in Schedule O)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	17,071	27 16,645

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? See attachment #1

What is the organization's primary exempt purpose? See attachment #1
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 See attachment #2

(Grants \$) If this amount includes foreign grants, check here 28a 8,000

29

(Grants \$) If this amount includes foreign grants, check here ► **29a** **18,451**

30

(Grants \$) If this amount includes foreign grants, check here ► **30a**

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ▶ **31a**

32 Total program service expenses (add lines 28a through 31a) ► 32 26,451

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

Check if the organization used Schedule Q to respond to any question in this Part IV

(a) Name and address	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099 MISC)	(d) Health benefits, Contributions to employee benefit plans & deferred compensation	(e) Estimated amount of other compensation
See attachment #3				

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b X

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 37b X

b Did the organization file Form 1120-POL for this year? 38a X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b 39a 39b

39 Section 501(c)(7) organizations Enter 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► , section 4955 ► 40b X

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. 40c 40d 40e X

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 40f 40g 40h 40i 40j 40k 40l 40m 40n 40o 40p 40q 40r 40s 40t 40u 40v 40w 40x 40y 40z 40aa 40ab 40ac 40ad 40ae 40af 40ag 40ah 40ai 40aj 40ak 40al 40am 40an 40ao 40ap 40aq 40ar 40as 40at 40au 40av 40aw 40ax 40ay 40az 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 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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

Yes	No
46	X

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 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

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

Yes	No
47	X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	X
----	---

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	X
-----	---

b If "Yes," was the related organization a section 527 organization?

49b	X
-----	---

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) Title and Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ►

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	► <i>Gregory Richardson</i> Signature of officer ► <i>Gregory Richardson</i> Type or print name and title	11-12-12 Date Director/President
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Paid Preparer Use Only	Print/Type preparer's name <i>Sarah Lindley</i>	Preparer's signature <i>Sarah Lindley</i>	Date 10-25-12	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► H&R Block Office 17285			Firm's EIN ►	
	Firm's address ► BUTTERMILK CROSSING SHOPPING CENTE			Phone no	859-344-8882

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.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Florence Lions Club Charities, Inc

Employer Identification number
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 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 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 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—Other
 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?
 (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).

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(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 support
					Yes	No	
Total							

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

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	34,934	34,916	42,263	45,360	35,623	193,096
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	34,934	34,916	42,263	45,360	35,623	193,096
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						193,096

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	34,934	34,916	42,263	45,360	35,623	193,096
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	146	73	27	56	37	339
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						193,435
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	99.82	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15		%
16a 33 1/3 % support test -- 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input checked="" type="checkbox"/>
b 33 1/3 % support test -- 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
17a 10%-facts-and-circumstances test -- 2011. 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 -- 2010. 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"/>

2011 DETAIL STATEMENTS

Florence Lions Club Charities,
61-1352634

Page 1

STATEMENT #1 - Printing, publication, postage (990 EZ PG 1 Line 15)

Postage 07/13/11.....	88
Postage 11/16/11.....	88
Postage 05/16/12.....	90
 TOTAL CARRIED TO 990 EZ PG 1 Line 15.....	266

STATEMENT #2 - Contributions, gifts, grants (EZ1 Line 1)

Golf Outing.....	14,066
Memorials	
White Can Drive.....	814
Senior Eyesight.....	8,169
Yard Sale.....	2,817
Spaghetti Dinner.....	4,121
Misc Donations.....	1,321
Misc Income.....	200
Super Sunday.....	115
 TOTAL CARRIED TO EZ1 Line 1.....	4,000

STATEMENT #3 - Professional Fees (990-EZ PG 1 Line 13)

Dr. Julie Metzger.....	7,777
Dr. Tim Hamilton.....	6,984
Dr. David Tabling.....	1,126
LensCrafters.....	1,000
Family Eye Health.....	308
Cincinnati Eye Institute.....	256
Low Vision Center.....	1,000
 TOTAL CARRIED TO 990-EZ PG 1 Line 13.....	18,451

STATEMENT #4 - Other assets end yr (EOEZ PG 2 Line 24)

Copy machine.....	106
 TOTAL CARRIED TO EOEZ PG 2 Line 24.....	106

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

2011

**Open to Public
Inspection**

Name of the organization

Florence Lions Club Charities, Inc

Employer identification number
61-1352634

Part 1, line 10 Grants paid:

\$100 KLEF V Vickers 07-27-12
\$500 NKU TIP off scho 10/19/11
\$500 Steford Found 10/19/11
\$150 FPD Child Safe 01/18/12
\$500 BAWAC 02/15/12
\$500 KLEF marked for surgery 03/21/12
\$500 Blind Youth 04/11/12
\$500 Kids Sight 04/11/12
\$100 Camp Cresando 04/11/12
\$150 KLEF Candy Day 04/11/12
\$500 LCIF Disaster 04/11/12
\$500 Leader Dog 04/11/12
\$500 KELF Patron 04/11/12
\$1000 Region 1 Eyesight 04/11/12
\$500 Spec Olympics 06/27/12
\$500 Redwood 06/27/12
\$500 Children Home 06/27/12
\$500 Radio Reading 06/27/12

Total of \$8000

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Part 1, line 16 other expenses:

\$65 Spag tickets 09/14/11
\$1000 Kidsight Camera 10/19/11
\$346 Spag rent/drinks 11/09/11
\$250 Tax Prep 11/16/11
\$15 Corp filing fee 05/16/12
\$7093 Golf Exp
Total \$8769

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Part II, Line 24: Copy machine (7Y, HY - year 3)

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2011 or tax period beginning	07-01	, and ending	06-30-2012
Name of Organization	Florence Lions Club Charities, Inc			Employer Identification Number 61-1352634
Primary Purpose				
The mission of FLCC is to provide eye examinations; glasses and visual aids to needy families and to fund other charitable organizations that serve special need individuals.				

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2011 or tax period beginning	07-01-2011, and ending	06-30-2012
Name of Organization Florence Lions Club Charities, Inc		Employer Identification Number 61-1352634	
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	8,000
Exempt Purpose Achievements			
Funded other charitable organizations that serve the needy			

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 2 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2011 or tax period beginning	07-01-2011, and ending	06-30-2012.
Name of Organization Florence Lions Club Charities, Inc			Employer Identification Number 61-1352634
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	18,451
Exempt Purpose Achievements			
Provided needy families with professional eye care, glasses and visual aid 3400 students in schools were provided with vision screening. Eye examination and glasses were provided to 216 individuals.			

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2011 or tax period beginning	07-01-2011, and ending	06-30-2012	
Name of Organization	Employer Identification Number			
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben plans & def comp	(E) Expense account & other compensation
Mark Hollowell 31 Lake Drive Florence, KY 41042	Director/Pres 10.00	0	0	0
Nick Payne 15 Dilcrest Circle Florence, KY 41042	Director 5.00	0	0	0
Bonnie Hollowell 31 Lake Drive Florence, KY 41042	Director 5.00	0	0	0
Kew Taybi 8217 North Dilcrest Florence, KY 41042	Director 5.00	0	0	0
Scott Schaffer 8412 Kroth Lane Union, KY 41091	Director 5.00	0	0	0
Phyllis Carlson 1 Patricia Drive Florence, KY 41042	Director 5.00	0	0	0
Kim Iseral 9381 Largo Mar Court Florence, KY 41042	FLCC Treasurer 10.00	0	0	0

990 BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2011 or tax period beginning	07-01	, and ending	06-30-2012
Name of Organization	Florence Lions Club Charities, Inc			Employer Identification Number 61-1352634
Part V - Line 42a				

Individual Name Kim Iseral

or

Business Name

Street Address 9381 Lago Mar Court

U S Address

Zip code 41042 City Florence State KY
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (859) 525-6460

Fax Number