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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 private foundations)

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2013

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning JULY 01, 2013, and ending JUNE 30, 2013

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- 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.)

Room/
suite

29 LACRESTA DRIVE PO BOX 522

City or town, state or province, country, and ZIP or foreign postal code

FLORENCE KY 41042

G Accounting Method

 Cash Accrual Other (specify) ► _____

D Employer identification number

61-1352634

I Website: ► N/A

E Telephone number

(859) 371-9353

J Tax-exempt status (check only one) --

 501(c)(3) 501(c)(4) (insert no.) 4947(a)(1) or 527
F Group Exemption
Number ►K Form of organization: Corporation Trust Association Other
H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

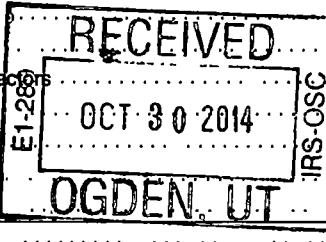
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 32,941

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 32,888
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4 53
	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
EXPENSES	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 32,941
	10 Grants and similar amounts paid (list in Schedule O)	10 8,047
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
ASSETS	13 Professional fees and other payments to independent contractors	13 14,113
	14 Occupancy, rent, utilities, and maintenance	14 1,200
	15 Printing, publications, postage, and shipping	15 582
	16 Other expenses (describe in Schedule O)	16 5,218
	17 Total expenses. Add lines 10 through 16	17 29,160
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 3,781
	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 20,871
	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 24,652

For Paperwork Reduction Act Notice, see the separate instructions.



12

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	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	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	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 ► _____	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		
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. ► _____		
41 List the states with which a copy of this return is filed ► NONE		
42a The organization's books are in care of ► SEE ATTACHMENT #4 Telephone no. ► _____ Located at ► _____		
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)? 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.	42b	X
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	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

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 only**

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

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

	Yes	No
--	-----	----

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

47	X
----	---

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

48	X
----	---

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

49a	X
-----	---

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

49b	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	(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
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 business address of each independent contractor	(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>Doug Braun</i>	<i>10-15-14</i>
	Signature of officer DOUG BRAUN	Date DIRECTOR/PRESIDENT
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name SARAH LINDLEY	Preparer's signature <i>Sarah Lindley</i>	Date <i>10-12-14</i>	Check <input type="checkbox"/> if self-employed	PTIN P00152412
	Firm's name ► HRB TAX GROUP INC			Firm's EIN ► 431871840	
	Firm's address ► 2345 BUTTERMILK CROSSING			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.

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**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-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?

(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?

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

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		
Total							

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

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	42,263	45,360	35,623	39,770	32,888	195,904
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.	42,263	45,360	35,623	39,770	32,888	195,904
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.						195,904

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	42,263	45,360	35,623	39,770	32,888	195,904
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	27	56	37	29	53	202
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						196,106
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 2013 (line 6, column (f) divided by line 11, column (f))	14	99.90 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test -- 2013. 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 -- 2012. 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 -- 2013. 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 -- 2012. 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"/>	

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.
► Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

FLORENCE LIONS CLUB CHARITIES INC

Employer identification number
61-1352634

990-EZ, PART 1, QUESTION 10 - DONATIONS PAID:

\$3400 43-T 03/26/2014

\$500 BAWAC 03/26/2014

\$500 CHILDREN HOME 03/26/2014

\$147 ARNETT VISION 05/06/2014

\$1500 REGION 1 05/21/2014

\$500 KLEF SURGERIES 05/21/2014

\$500 RADIO READING 05/21/2014

\$500 REDWOOD SCHOOL 05/21/2014

\$500 NKU VISION IMPAIRED SCHOOL 06/25/2014

TOTAL OF \$8047

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PART 1, LINE 16 OTHER EXPENSES:

\$48.69 DEPOSIT SLIPS 10/30/2014

\$15.00 CORP TAX FEE 04/23/2014

\$98.00 2 CASES 05/28/2014

\$32.00 MEASLE 04/23/2014

\$5253.84 GOLF EXPENSE

-\$230 EXPENSE

TOTAL \$5218

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PART II, LINE 24: COPY MACHINE (7Y, HY - YEAR 4)

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990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION	For calendar year 2013, or tax period beginning	07-01	, and ending	06-30-2013.
Name of Organization		Employer Identification Number		
FLORENCE LIONS CLUB CHARITIES INC		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 3, PART III

OPEN TO PUBLIC

INSPECTION	For calendar year 2013, or tax period beginning	07-01-2013, and ending	06-30-2013.
Name of Organization		Employer Identification Number	
FLORENCE LIONS CLUB CHARITIES INC		61-1352634	

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	8,047
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Exempt Purpose Achievements

FUNDED OTHER CHARITABLE ORGANIZATIONS THAT SERVE THE NEEDY

990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 2 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC

INSPECTION	For calendar year 2013, or tax period beginning	07-01-2013, and ending	06-30-2013.
Name of Organization		Employer Identification Number	
FLORENCE LIONS CLUB CHARITIES INC		61-1352634	

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	14,113
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Exempt Purpose Achievements

PROVIDED NEEDY FAMILIES WITH PROFESSIONAL EYE CARE GLASSES AND VISUAL AID. 3270 STUDENTS IN SCHOOL WERE PROVIDED WITH VISION SCREENING WITH 475 FAILING THE TEST. EYE EXAMINATION AND GLASSES WERE PROVIDED TO 181 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 2013, or tax period beginning	07-01-2013, and ending	06-30-2013.	
Name of Organization		Employer Identification Number		
FLORENCE LIONS CLUB CHARITIES INC		61-1352634		
(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
GREG RICHARDSON DIRECTOR	5.00	0	0	0
NICK PAYNE DIRECTOR	5.00	0	0	0
KEW TAYBI DIRECTOR	5.00	0	0	0
SCOTT SCHAFFER DIRECTOR	5.00	0	0	0
KIM ISERAL TREASURER/DIRECTOR	15.00	0	0	0
CRAIG WINTERMAN PRESIDENT/DIRECTOR	15.00	0	0	0
MARK HOLLOWELL DIRECTOR	5.00	0	0	0
DAVID MCCLURE DIRECTOR	5.00	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 2013, or tax period beginning

07-01

, and ending

06-30-2013.

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

Depreciation and Amortization
(Including Information on Listed Property)

Name(s) shown on return

FLORENCE LIONS CLUB CHARITIES

Business or activity to which this form relates

Identifying number

61-1352634

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500000

(a) Description of property	(b) Cost (busn. use only)	(c) Elected cost	
7 Listed property. Enter the amount from line 29...	7		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction. Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562.	10		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	500000	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 ► 13			

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2013	17	15
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	►	<input type="checkbox"/>

Section B -- Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C -- Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs.		S/L
c 40-year			40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions	22	15
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

2013 DETAIL STATEMENTS

FLORENCE LIONS CLUB CHARITIES
61-1352634

PAGE 1

STATEMENT #1 - CONTRIBUTIONS, GIFTS, GRANTS (EZ1 LINE 1)

GOLF OUTING.....	13,451
MEMORIALS	
KROGER CARDS.....	407
WHITE CANE DRIVE.....	9,017
SENIOR EYESIGHT.....	3,458
YARD SALE	
SPAGHETTI DINNER.....	797
MISC DONATIONS.....	460
MISC INCOME.....	5,299
SUPER SUNDAY	
 TOTAL CARRIED TO EZ1 LINE 1.....	32,888

STATEMENT #2 - PROFESSIONAL FEES (990-EZ PG 1 LINE 13)

DR. JULIE METZGER.....	7,352
DR. TIM HAMILTON.....	5,201
DR. DAVID TABLING.....	322
EYEMART EXPRESS.....	917
TAX PREP.....	250
CINCINNATI EYE INSTITUTE.....	72
 TOTAL CARRIED TO 990-EZ PG 1 LINE 13.....	14,113

STATEMENT #3 - OCCUPANCY, RENT, UTILITIES (990-EZ PG 1 LINE 14)

BUILDING RENT.....	1,200
 TOTAL CARRIED TO 990-EZ PG 1 LINE 14.....	1,200

STATEMENT #4 - PRINTING, PUBLICATION, POSTAGE (990 EZ PG 1 LINE 15)

POSTAGE 11/13/2013.....	92
POSTAGE 02/26/2014.....	98
POSTAGE 03/26/2014.....	49
FLYER WHITE CANE.....	343
 TOTAL CARRIED TO 990 EZ PG 1 LINE 15.....	582

STATEMENT #5 - OTHER ASSETS BEG YR (EOEZ PG 2 LINE 24A)

	BEGINNING	ENDING
COPY MACHINE.....	54	39
 TOTAL CARRIED TO EOEZ PG 2 LINE 24A.....	54	39

2013 FEDERAL DEPRECIATION SCHEDULE

FLORENCE LIONS CLUB CHARITIES INC
61-1352634

DESCRIPTION	DATE	METHOD	COST	PRIOR	CURRENT	PR SPEC	CURR SPEC	BASIS	PRIOR	CURRENT	ACCUM	ADJ
				179	179	ALLOW	ALLOW		DEPR	DEPR	DEPR	BASIS
DO NOT CARRY												
COPY MACHINE	06-30-09	200DBHY-7	242	0	0	0	0	0	242	188	15	203
1 ASSETS	TOTALS:		242	0	0	0	0	0	242	188	15	203
1 ASSETS	GRAND TOTALS:		242	0	0	0	0	0	242	188	15	203
												39

2013 FEDERAL AMT DEPRECIATION SCHEDULE

FLORENCE LIONS CLUB CHARITIES INC
61-1352634

DESCRIPTION	DATE	METHOD	COST	PRIOR	CURRENT	PR SPEC	CURR SPEC	BASIS	PRIOR	CURRENT	ACCUM	ADJ
				179	179	ALLOW	ALLOW		DEPR	DEPR	DEPR	BASIS
DO NOT CARRY												
COPY MACHINE	06-30-09	200DBHY-7	242	0	0	0	0	242	164	20	184	58
1 ASSETS	TOTALS:		242	0	0	0	0	242	164	20	184	58
1 ASSETS	GRAND TOTALS:		242	0	0	0	0	242	164	20	184	58