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Return of Organization Exempt From Income Tax

2013

Department of the Treasury
Internal Revenue Service

Under 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 and its instructions is at www.irs.gov/form990.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.		C Name of organization LIONS INTERNATIONAL FLORENCE KY		D Employer identification number 61-6033879	
<input type="checkbox"/> Address change	Doing Business As		Room/suite		E Telephone number (859) 371-9353
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address)				
<input type="checkbox"/> Initial return	P.O. BOX 522				
<input type="checkbox"/> Terminated	City or town, state or province, country, and ZIP or foreign postal code				G Gross receipts \$ 66,285
<input type="checkbox"/> Amended return	FLORENCE KY 41022				
<input type="checkbox"/> Application pending	F Name and address of principal officer:				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) <input type="checkbox"/> (insert no.)		4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "No," attach a list. (see instructions)					
J Website: ► N/A					
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 1952		M State of legal domicile: KY	

Part I Summary

1 Briefly describe the organization's mission or most significant activities:

ORGANIZATION RAISES MONEY THROUGH SPECIAL EVENTS TO INCREASE AWARENESS OF AND PROMOTE EYECARE AND VISION IMPROVEMENT.

A C T I V I T I E S & G O V E R N A N C E R E V E N U E S E X P E N S E S S E N D S B A L A N C E F U N D S E S S D S	1	ORGANIZATION RAISES MONEY THROUGH SPECIAL EVENTS TO INCREASE AWARENESS OF AND PROMOTE EYECARE AND VISION IMPROVEMENT.			
	2	Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3	Number of voting members of the governing body (Part VI, line 1a)			3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)			4	
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)			5	
6	Total number of volunteers (estimate if necessary)			6	52
7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	
b	Net unrelated business taxable income from Form 990-T, line 34			7b	0
8	Contributions and grants (Part VIII, line 1h)			Prior Year	
9	Program service revenue (Part VIII, line 2g) RECEIVED			Current Year	
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			16,795	7,045
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c)			27	26
12	Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)			22,764	24,447
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			39,586	42,652
14	Benefits paid to or for members (Part IX, column (A), line 4)			9,359	16,772
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				
16a	Professional fundraising fees (Part IX, column (A), line 11e)				
b	Total fundraising expenses (Part IX, column (D), line 25) ►				
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			35,815	36,144
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			45,174	52,916
19	Revenue less expenses. Subtract line 18 from line 12			-5,588	-10,264
20	Total assets (Part X, line 16)			Beginning of Current Year	
21	Total liabilities (Part X, line 26)			368,472	337,924
22	Net assets or fund balances. Subtract line 21 from line 20			368,472	337,924

Part II Signature Block

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 <i>Doug Braun</i>		Date 10-15-14
	DOUG BRAUN		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 10-12-14	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 CRESCENT SPRINGS KY 41017		Phone no. 8593448882			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

ORGANIZATION RAISES MONEY THROUGH SPECIAL EVENTS TO INCREASE AWARENESS OF AND PROMOTE EYECARE AND VISION IMPROVEMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

2-261

4a (Code) (Expenses \$ 9,261 including grants of \$) (Revenue \$)
See Item 1A, Statement of Revenues and Expenses

SEE ATTACHMENT #1

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)

) (Revenue \$

4e Total program service expenses ► 9,261

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X
3 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	3	X
4 Section 501(c)(3) organizations. 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	4	N/A
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X
b Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
c Did the organization report an amount for investments -- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	N/A

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	N/A	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	N/A	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	N/A	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a X	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b X	
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27 X	
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31 X	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32 X	
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33 X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	N/A	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37 X	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? N/A Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O N/A		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? N/A	4a	X
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? N/A		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? N/A	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.	9a	X
a	Did the organization make any taxable distributions under section 4966?	9b	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	X
a	Is the organization licensed to issue qualified health plans in more than one state?		
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A	14b	

Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI <input checked="" type="checkbox"/>	

Section A. Governing Body and Management

	1a	11	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		
b	Enter the number of voting members included in line 1a, above, who are independent	1b		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X	
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
g	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?												X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?												N/A	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?												X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.													
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13													
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?												N/A	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done												N/A	
13	Did the organization have a written whistleblower policy?												X	
14	Did the organization have a written document retention and destruction policy?												X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?													
a	The organization's CEO, Executive Director, or top management official												X	
b	Other officers or key employees of the organization												X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).													
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?													
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?												N/A	

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► <u>NONE</u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► <u>SEE ATTACHMENT #2</u>

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Check if Schedule O contains a response or note to any line in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organiza- tions below)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)								(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		I N T R I R E C E T C E D U A R	D U R E C E T C E D U A R	I N T R U S T U S T U S T	O F F I C I E C I E I E	K E M Y O Y E O Y E Y E	H C E G M P H P L E E S T N Y S T A T E D	I O M G P H P L E E S T N Y S T A T E D	F O R M E R				
CRAIG WINTERMAN PRESIDENT	15.00			X									
DOUG BRAUN	5.00			X									
FIRST VICE PRESIDE													
PHYLLIS CARLSON SECRETARY	10.00			X									
KEW TAYBI TREASURER	15.00			X									
LESLIE REED TAIL TWISTER	5.00			X									
BOB HAHNEL LION TAMER	5.00			X									
PETER TOERNER DIRECTOR	5.00			X									
ROBERT DONLEY DIRECTOR	5.00			X									
DONNA MCCLURE DIRECTOR	5.00			X									
CAROL TAYBI DIRECTOR	5.00			X									
TONY COLLEY SECOND VICE PRESID	5.00			X									

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organiza- tions below)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)								(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		I N D U R I C T E C I D U A L O R	D R E C T O R E T R U S T U T E O N A L	T R U S T I T U E R	O F F I C I C E R	K E M P Y E E E Y E	H C E M P L O Y E E S T A T E D	I O M G P L E E O N Y S T A T E D	F O R M E R				
1b Sub-total													
c Total from continuation sheets to Part VII, Section A													
d Total (add lines 1b and 1c)													
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►													
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual											Yes	No	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											3	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person											4	X	
											5	X	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►		

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
G O T O F H E N T S R R G I R M B A M U N L T S R O A A N N M S D T S	1a Federated campaigns 1a b Membership dues 1b 3,122 c Fundraising events 1c 8,012 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, & similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 11,134 h Total. Add lines 1a-1f ►				
P R O G E R R A V M I V C E E N U E	2a <u>MEETING INCOME/MEALS</u> Business Code b AUCTION c ALUMINUM CANS SALE d GOLF OUTING e f All other program service revenue g Total. Add lines 2a-2f ►	4,469	4,469		
O T H E R R E V E N U E	3 Investment income (including dividends, interest, and other similar amounts) ► 26 4 Income from investment of tax-exempt bond proceeds ► 5 Royalties ► 6a Gross rents (i) Real 44,666 b Less: rental expenses (ii) Personal 23,633 c Rental income or (loss) 21,033 d Net rental income or (loss) ► 21,033 21,033 7a Gross amount from sales of assets other than inventory (i) Securities b Less: cost or other basis and sales expenses (ii) Other c Gain or (loss) d Net gain or (loss) ► 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events ► 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities ► 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory ► Miscellaneous Revenue Business Code 11a <u>TT FINES</u> 699 699 b <u>OTHER INCOME</u> 2,715 2,715 c d All other revenue e Total. Add lines 11a-11d ► 3,414 12 Total revenue. See instructions ► 42,652 5,350 26,168				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . .	16,772	16,772		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . .				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . .				
4 Benefits paid to or for members . . .				
5 Compensation of current officers, directors, trustees, and key employees . . .				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .				
7 Other salaries and wages . . .				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . .				
9 Other employee benefits . . .				
10 Payroll taxes . . .				
11 Fees for services (non-employees):				
a Management . . .				
b Legal . . .				
c Accounting . . .	250		250	
d Lobbying . . .				
e Professional fundraising services. See Part IV, line 17 . . .				
f Investment management fees . . .				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . .				
12 Advertising and promotion . . .	200		200	
13 Office expenses . . .	528		528	
14 Information technology . . .				
15 Royalties . . .				
16 Occupancy . . .	9,451	3,780	5,671	
17 Travel . . .				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . .				
19 Conferences, conventions, and meetings . . .	2,874		2,874	
20 Interest . . .	436		436	
21 Payments to affiliates . . .	2,601		2,601	
22 Depreciation, depletion, and amortization . . .	15,049	15,049		
23 Insurance . . .	2,554		2,554	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TAXES	1,797		1,797	
b OTHER	404		404	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	52,916	35,601	17,315	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
A S S E T S	1 Cash -- non-interest-bearing	20,030	1	13,862
	2 Savings and temporary cash investments	14,787	2	21,578
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	387,922		
	b Less: accumulated depreciation	85,438	10c	302,484
	11 Investments -- publicly traded securities		11	
	12 Investments -- other securities. See Part IV, line 11		12	
	13 Investments -- program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	368,472	16	337,924
L I A B I L I T E S	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0	26	0
	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	368,472	27	337,924
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
N F E T D A S S E L T S C O R E S	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	368,472	33	337,924
	34 Total liabilities and net assets/fund balances	368,472	34	337,924

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI		<input type="checkbox"/>
1	Total revenue (must equal Part VIII, column (A), line 12)	1 42,652
2	Total expenses (must equal Part IX, column (A), line 25)	2 52,916
3	Revenue less expenses. Subtract line 2 from line 1	3 -10,264
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 368,472
5	Net unrealized gains (losses) on investments	5
6	Donated services and use of facilities	6
7	Investment expenses	7
8	Prior period adjustments	8
9	Other changes in net assets or fund balances (explain in Schedule O)	9
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10 337,924

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII		<input type="checkbox"/>
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other	

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	<input type="checkbox"/>	Yes	No
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	<input type="checkbox"/>	2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	<input type="checkbox"/>	2c	N/A
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<input type="checkbox"/>	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<input type="checkbox"/>	3b	N/A

SCHEDULE I
(Form 990)

OMB No. 1545-0047

2013Department of the Treasury
Internal Revenue Service**Open to Public
Inspection**

Name of the organization

LIONS INTERNATIONAL, FLORENCE, KY

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

► Attach to Form 990.

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

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Complete if the organization answered "Yes" to Form 990,

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Part II Grants and Other Assistance to Governments and Organizations In the United States

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	1 (b) EIN	1 (c) IRC section if applicable	1 (d) Amount of cash grant	1 (e) Amount of non-cash assistance	1 (f) Method of valuation (book, FMV, appraisal, other)	1 (g) Description of non-cash assistance	1 (h) Purpose of grant or assistance
BOONE COUNTY HIGH SCHOOL BACKPACK							
FLORENCE, KY 41042				929			
SPECIAL OLYMPICS					770		
KLEF							
KIDS WITH SANTA				1,500			
WOUNDED WARRIOR					634		
STEINFORD FOUNDATION					500		

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For **Paperwork Reduction Act Notice, see the Instructions for Form 990.**

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Schedule I (Form 990) (2013)

Part III**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

990 - Sch I - Part I, Continuation of Grants and Other Assistance to Governments and Organizations in the United States

Name of the organization		For Calendar year 2013, or tax year period beginning 07-01		and ending 06-30-2013.		Employer identification number 61-6033879	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(g) Description of non-cash assistance
FOP			500				
HENRY HOSEN HOUSE			250				
FLCC SUPER SUN			300				
DONATIONS THRU 43-T			4,261				
LOW VISION CLINIC			950				
AFR			4,378				
LCIF MEASLES INITIATIVE			100				
DARE PROGRAM			500				

990 - Sch I - Part I, Continuation of Grants and Other Assistance to Governments and Organizations in the United States

Name of the organization		For Calendar year 2013, or tax year period beginning <u>07-01</u>		and ending <u>06-30-2013</u>		Employer identification number <u>61-6033879</u>	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIONS INTERNATIONAL FLORENCE KY							
ST ELIZABETH HOSPICE							
ERLANGER LION CLUB CHARITIES							
			150				
			50				

990 - Sch I - Part I, Continuation of Grants and Other Assistance to Governments and Organizations in the United States

		For Calendar year 2013, or tax year period beginning <u>07-01</u>				and ending <u>06-30-2013</u>			
Name of the organization		(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIONS INTERNATIONAL	FLORENCE, KY								
ST ELIZABETH HOSPICE									
ERLANGER LION CLUB CHARITIES									
					500				
					150				
					50				

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

LIONS INTERNATIONAL FLORENCE KY

Employer identification number

61-6033879

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990.
NO REVIEW WAS OR WILL BE CONDUCTED.FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
NO DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART VI, LINE 2 - KEW TAYBI AND CAROL TAYBI ARE MARRIED TO EACH

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: FORM 990 PAGE 2, 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 LIONS INTERNATIONAL FLORENCE KY		Employer Identification Number 61-6033879	
Part III - Statement of Program Service Accomplishments			
Code:	Expenses: 9,261 including Grants of:	Revenue:	
Exempt Purpose Achievements			
THE TOP THREE EXPENSES/DONATIONS WERE MADE TO 1) FLCC \$4250.67, 2) LOW VISION CLINIC \$4378, 3) KLEF \$1000.00. THESE ARE LISTED IN ADDITION TO OTHER DONATIONS ON SCHEDULE I			

990 BOOKS ARE IN CARE OF

ATTACHMENT 2: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC INSPECTION	For calendar year 2013, or tax period beginning	07-01	, and ending	06-30-2013.
Name of Organization LIONS INTERNATIONAL FLORENCE KY				Employer Identification Number 61-6033879

Part VI - Line 20

Individual Name KEW TAYBI

or

Business Name:

Street Address 8217 NORTH DILCREST

U.S. Address:

Zip code 41042

City FLORENCE

State KY

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (859) 371-9353

Fax Number

Depreciation and Amortization
(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

2013

Attachment
Sequence No. 179

Name(s) shown on return

LIONS INTERNATIONAL FLORENCE KFOR

Business or activity to which this form relates

Identifying number
61-6033879

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 2140

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	12909
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 ►		

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 15049
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

LIONS INTERNATIONAL FLORENCE K
61-6033879

PAGE 1

STATEMENT #1 - REAL LESS: RENTAL EXPENSE (990-EO PG 9 LINE 6B(I))

BUILDING SUPPLIES.....	1,874
CONCESSION SUPPLIES.....	6,183
HALL AND PARK OPERATIONS.....	2,781
HALL AND PARK DIRECT EXP.....	12,796
TOTAL CARRIED TO 990-EO PG 9 LINE 6B(I)	23,633

STATEMENT #2 - NON-INTEREST BEARING BEG YR (990-EO PG 11 LINE 1A)

	BEGINNING	ENDING
HERITAGE BUSINESS NOW ACCOUNT.....	20,030	13,862
TOTAL CARRIED TO 990-EO PG 11 LINE 1A.....	20,030	13,862

STATEMENT #3 - CASH INVESTMENTS BEG YR (990-EO PG 11 LINE 2A)

	BEGINNING	ENDING
HERITAGE - SAVINGS 13.....	0	10,779
HERITAGE - SAVINGS 14.....	0	10,799
FIRST SECURITY BANK		
BEGINNING BALANCE.....	14,787	0
TOTAL CARRIED TO 990-EO PG 11 LINE 2A.....	14,787	21,578
