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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2009 calendar year, or tax year beginning JUN 1, 2009 and ending MAY 31, 2010 Check if applicable C Name of organization D Employer identification number Address THE WOMANS CLUB OF LOUISVILLE label or]Name]change CHARITY FUND INC. 61-6042821 print or type Initial return Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Room/suite Specific Termin-320 SOUTH FOURTH STREET 502-634-9437 Instruc-City or town, state or country, and ZIP + 4 Amended tions F Group Exemption LOUISVILLE, KY 40208-2314 Number > G Accounting method: Cash [Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ► MODIFIED CASH H Check \(\) X if the organization is not Website: ► N/A Tax-exempt status (check only one) — X 501(c) (3) ◀ (Insert no.) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Check Light organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. 37,630. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I .844 Contributions, gifts, grants, and similar amounts received 1 1 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 111. Investment income Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ ______1,357. of contributions 35,675 reported on line 1) 7.941 b Less: direct expenses other than fundraising expenses 6b 27,734. Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances 7b Less; cost of goods sold Gross profit or (loss) from sales of inventory (Subtractline 7b from line 7a) 8 Other revenue (describe 8 Ñ Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 29,689. SCARSSED NOV ID Staggy Dan 10 Grants and similar amounts paid (attach schedule) 1.6 STMT 2 10 33,153. Benefits paid to or for members 11 11 Salaries, other compensation, and employee benefits

Professional fees and other payments to independent contractors 12 12 2,350. 13 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 SEE STATEMENT 1) 3,159. Other expenses (describe 16 38,662. Total expenses. Add lines 10 through 16 17 -8,973.Excess or (deficit) for the year (Subtract line 17 from line 9) 18 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) 19 234,105. 20 20 Other changes in net assets or fund balances (attach explanation) 21 225,132. Net assets or fund balances at end of year. Combine lines 18 through 20 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (B) End of year (A) Beginning of year Cash, savings, and investments 234,105. 22 225,447. 22 23 Land and buildings 23 24 Other assets (describe 24 234,105. 225,447. Total assets 25 25 Total liabilities (describe ▶ OTHER LIABILITIES 315. 26 0. 26 234,105.27225,132. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

Form **990-EZ** (2009)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

THE WOMANS CLUB OF LOUISVILLE CHARITY FUND INC. Form 990-EZ (2009) 61-6042821 Page 2 Part III Statement of Program Service Accomplishments (See the instructions for Part III.) **Expenses** (Required for section 501(c)(3) What is the organization's primary exempt purpose? SEE STATEMENT 5 and 501(c)(4) organizations and Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe section 4947(a)(1) trusts, optional the services provided, the number of persons benefited, and other relevant information for each program title SEE STATEMENT 4 33,153.) If this amount includes foreign grants, check here 33,153. 28a (Grants \$ 29 (Grants \$) If this amount includes foreign grants, check here 30 (Grants \$) If this amount includes foreign grants, check here 31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . 32 Total program service expenses (add lines 28a through 31a) 33,153. Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV) (d) Contributions (c) Compensation (b) Title and average hours (e) Expense to employee (a) Name and address per week devoted to (If not paid, enter account and benefit plans & other allowances position -0-.) deferred compensation PRESIDENT PATRICIA KLINCK, 1320 SOUTH FOURTH STREET, LOUISVILLE, KY 40208 0. 0. 0. 2.00 ANNABELLE WOODY, 1320 SOUTH FOURTH TREASURER 0. STREET, LOUISVILLE, KY 40208 2.00 0. NANCY LAIRD, 1320 SOUTH FOURTH FIRST VICE PRESIDENT STREET, LOUISVILLE, KY 40208 2.00 0. 0. ELIZABETH LESUEUR, 1320 SOUTH FOURTH STREET, LOUISVILLE, KY 40208 RECORDING SECRETARY 2.00 0. 0. CHAIR OF FINANCE COUNCIL SANDY STEINAU, 1320 SOUTH FOURTH 2.00 0. 0. STREET, LOUISVILLE, KY 40208

932 172 02-08- 10

Form	n 990-EZ (2009) CHARITY FUND INC. 61-604	2821		Page 3
Pa	art V Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	**,) <u> </u>
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	**		b .
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.).	20	
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	-	١.	
	in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		-	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
39	Section 501(c)(7) organizations. Enter:	7		· ·
a	Initiation fees and capital contributions included on line 9	.		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		- ':	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1 2		[· , -
	section 4911 ▶ 0 . ; section 4912 ▶ ; section 4955 ▶ 0 .		-	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the		3	1. 1.1.
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction		1	
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		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 $ ightharpoonup$	_ _	,	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	- ,		
	organization D.	_ = -	'	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	-		
	transaction? If "Yes," complete Form 8886-T	40e	<u></u>	X
41	List the states with which a copy of this return is filed. \blacktriangleright KY			
42 a	The organization's books are in care of \blacktriangleright BOOKKEEPER Telephone no. \blacktriangleright 502-6			
	Located at ► 1320 SOUTH FOURTH STREET, LOUISVILLE, KY ZIP+4 ►	<u>4020</u>	8-2	314
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		Yes	No
	account)?	. 42b		X
	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.		ŀ	-
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>
	If "Yes," enter the name of the foreign country:	_		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			T
·	Form 990-EZ	44		x
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	1 -		-
	completed instead of Form 990-EZ	45] -	X
		-		(0000)

Form 990-EZ (2009) CHAR I

CHARITY FUND INC.

61-6042821

Page 4

Par		ection 501(c)(3) organizations and section rganizations and section 4947(a)(1) nonexempt charitable 51.						
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public						Yes	No
		Yes," complete Schedule C, Part I				46		X
47	Did the org	anization engage in lobbying activities? If "Yes," complete Se	chedule C, Part II			47		X
48	ls the orga	nization a school as described in section 170(b)(1)(A)(ii)? If "Y	'es," complete Schedule E			48		X
	_	anization make any transfers to an exempt non-charitable relate	ed organization?	-		49a		X
		s the related organization a section 527 organization?			ŀ	49b		<u>. </u>
	-	his table for the organization's five highest compensated emplo 000 of compensation from the organization. If there is none, en		s, trustees and key er	· · · · · · · · · · · · · · · · · · ·		eived r	nore
		(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	(e) aci other	Expe count a allow	
		er of other employees paid over \$100,000 his table for the organization's five highest compensated indepe	endent contractors who each recei	ved more than \$100	000 of compens	ation fro	om the	
	organizatio	n. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid mo		(b) Type of ser		c) Comp		
		(a) Name and address of each independent contractor paid ind		(b) Type of ser	VICC II	,, 00111,	Jonsai	
	Total numb	er of other independent contractors each receiving over \$100,	000					
	- vai nunk	or other machematic communities cach receiving over \$100,0						
Sign Here	con	der penalties of perjury, I declare that I have examined this return, including ect, and complete. Declaration of preparer (other fram officer) is based on a Signature of officer	a accompanying schedules and statemer all information of which preparer has any	nts, and to the best of m knowledge	y knowledge and be <u>10 ー/ス</u> - Date		true,	
		ANNABELLE WOODY, TREASURER Type or print name and title						
Paid Prepa Use C	nrer's Only Firm's	Royer's signature Royers & Pull of CPA name (or yours MOUNTJOY CHILTON MEDL employed), 462 S. FOURTH ST, 200 ss, and ZIP + 4	EY LLP 0 MEIDINGER TOW	ployed FIN I	e►	40	554	<u>5</u>
		DOUTSVIDUE, KI 40202-		110.	(502)			
<u>may t</u>	iie ino disc	cuss this return with the preparer shown above? See instruction	15			X Yes orm 99		<u>No</u> (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

2009

Open to Public Inspection

Employer identification number Name of the organization THE WOMANS CLUB OF LOUISVILLE 61-6042821 CHARITY FUND INC. 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 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.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) \mathbf{x} 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 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. d Type III · Other **b** ____ Type II c ____ Type III - Functionally integrated 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes 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? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (vi) Is the organization in col. (iii) Type of (iv) Is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organization in col. (i) listed in your organization in col. (i) organized in the U.S.? support organization (described on lines 1-9 (i) of your support? governing document? above or IRC section (see instructions)) Yes No Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

Ŗа	rt II Support Schedule for (Complete only if you checke	_		Sections 170	(b)(1)(A)(iv) and	1 170(b)(1)(A)(v	Page :
Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·			·	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	12/200	12/ = 3 3	197	(0) ====	. (4/	1.7
•	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						_
	ization'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						-
	The portion of total contributions	ar striges	f 3 - 1	, * * \	2.5	~ 4	
	by each person (other than a	, , , , , , ,	4,	, t	• (~	
	governmental unit or publicly	ا م الله الله الله الله الله الله			,		
	supported organization) included	4		- , , , ,			
	on line 1 that exceeds 2% of the		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, ,		. ,	
	amount shown on line 11,		,	1		´-,	
	column (f)	/*	,			' \	
6	Public support. Subtract line 5 from line 4		<i>s</i> .	1 >	, ,	- ,	
	tion B. Total Support			·			
ale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4						
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 carned on						
0	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
1	Total support. Add lines 7 through 10				-		-
2	Gross receipts from related activities	, etc (see instruction	ons)			12	
3	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta			
_	organization, check this box and storetion C. Computation of Publication		rcentage				▶□
	Public support percentage for 2009 (column (f))]	14	
	Public support percentage from 2008	• • • • • • • • • • • • • • • • • • • •	•			15	
	33 1/3% support test - 2009.If the o			n line 13, and line 1	4 is 33 1/3% or m		
_	stop here. The organization qualifies			_			•
b	33 1/3% support test - 2008.If the o		•				s box
_	and stop here. The organization qual						▶ .
7 <i>a</i>	10% -facts-and-circumstances tes		,,	•		nd line 14 is 10% o	or more.
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"						▶ [
b	10% -facts-and-circumstances tes	_	•		•	7a, and line 15 is 1	0% or
					ston here Explain		

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 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

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Schedule A (Form 990 or 990 EZ) 2009 CHARITY FUND INC

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (a) 2005 Calendar year (or fiscal year beginning in) (b) 2006(c) 2007(d) 2008(e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 3,522 1,164 9,664 3,785 1,844 19,979. 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the 35,675, 258,416. 61.912. 67,588 54.309. 38,932. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 65.434. 68.752. 63.973. 42.717. 37.519. 278.395. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 0. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0. amount on line 13 for the year 0. c Add lines 7a and 7b 1. ~ 278,395 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008(e) 2009 (f) Total 63<u>,9</u>73 65,434 68,752 42,717 37,519 278,395. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 10,112 11,276 3,978 111 and income from similar sources 7,910 33,387. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 7,910. 10,112. 11,276 3,978 111. 33,387. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 78,864. 75,249. 46,695. 37,630. 73,344. 782. 13 Total support (Add lines 9, 10c, 11, and 12) First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 89.29 % 89.32 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 10.71 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 10.68 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2009

OMB No 1545-0047

Open To Public Inspection

Name of the organization

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

THE WOMANS CLUB OF LOUISVILLE

Employer identification number

Schedule G (Form 990 or 990-EZ) 2009

	FUND INC.	ТГГ	r,		61-6042	821
	Complete if the organization answer	ered "Y	'es" to	Form 990, Part IV, I		
 Indicate whether the organization rais a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with prividuals or entities (fundraisers) pursu	ion of ion of fundra (includ	non-gi governising d ding of ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees or Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribi	Did aiser istody trol of itions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
			-			
			· -			
Fotal .						
3 List all states in which the organization	in is registered or licensed to solicit f	unds o	or has	been notified it is ex	empt from registrati	on or licensing.
-						
					.	

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

Schedule G (Form 990 or 990-EZ) 2009 CHARITY FUND INC.

| Part II | Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		on Form 990-EZ, line 6a. List events with	gross receipts greater th	nan \$5,000.		
1			(a) Event #1	(b) Event #2	(c) Other events	(d) Total avente
			SPRING HOUSE			(d) Total events
				BAZAAR	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue			(event type)	(cvcin type)	(total number)	
9			44 040	10 056	5 026	25 020
é	1	Gross receipts	11,940.	19,256.	<u>5,836.</u>	37,032.
ł			_			
ł	2	Less Charitable contributions	620.	457.	280.	1,357.
ŀ	3	Gross income (line 1 minus line 2)	11,320.	18,799.	5,556.	35,67 <u>5</u> .
					•	
	4	Cash prizes				
	•	· ·				***************************************
	5	Noncash prizes				
ses	3	Noncash prizes				
ë	_	Double alltranta				
낊	6	Rent/facility costs .				
Direct Expenses						
ᇍ	7	Food and beverages				
۱"				ļ		
	8	Entertainment				
i	9	Other direct expenses	70.	7,423.	448.	7,941.
	10	Direct expense summary. Add lines 4 through	n 9 ın column (d)		. •	(7,941)
	11	Net income summary Combine line 3, column	n (d), and line 10		. •	27,734.
Pa	rt l			990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a				
				(b) Pull tabs/instant		(d) Total gaming (add
울			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col. (c))
Revenue						(-7 0 (-7)
8	_	0				
	1	Gross revenue				
Se l	2	Cash prizes				
SE]		
Š	3	Noncash prizes .				
Direct Expenses						
ě	4	Rent/facility costs				
ا ''						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No —	□ No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			١,
	•	briodi experioe darimary. Add inico 2 timodgi	10 111 001011111 (d)		•	
		Net gaming income summary. Combine line 1	Loolumn (d) and line 7			
	8	Net garring income summary. Combine line	r, column (u), and line r	:. · · · · · · · · · · · · · · · 		Yes No
_		4 4b4-4-(-) bb 4b				103 110
		ter the state(s) in which the organization opera	_			
		the organization licensed to operate gaming ac	tivities in each of these	states7		9a
b	If •	No," explain:				1 1 2 1 - 4
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax y	year?	10a
b	If "	Yes," explain:				
	_					
11	Do	es the organization operate gaming activities v	vith nonmembers?			. 11
		the organization a grantor, beneficiary or truste		r of a partnership or other	r entity formed to	, , i a
		minister charitable gaming?		•	-	12

Schedule G (Form 990 or 990-EZ) 2009 CHARITY FUND INC. 61	<u>-604282</u>	1 P	age 3
•		Yes	No
13 Indicate the percentage of gaming activity operated in	177	, ,	4 1
a The organization's facility	% - 3 ~ `	2 .	ž . ~ /
b An outside facility	%	***	73.5
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	رِيْرِ فِي دِيْ. رِيْرِ فِي فِي الْمِيْرِ فِي الْمِيْرِ	\$5	
		٠,	; = '
Name	}- g	- 5	7,
		- 55	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Address >	2-2	-4	
	S savate	~	3.4
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
	s≈ ·		#, •
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	1- ⁴ C	45	5 6-7
of gaming revenue retained by the third party > \$		- 3	7
c If "Yes," enter name and address of the third party.	** ***	4	1. 30
C. W. 100, O. N. C. W. C	4741	`	: 2
Name	ا میں اس و میں میں و		3
			, , ,
Address >	[J.6	4-5", 1	1 20
		27	: ".
16 Gaming manager information			
To daning manager mornation	الله الله الله الله الله الله الله الله	17.	1
Name	137. <u>~</u>	/*;	-
Hance P	— [* -, <u>``</u>		-
Gaming manager compensation > \$	المستجيرات أ	2	1.5.1
daning manager compensation P		7-42	1.77.4
Description of services provided			- 7 .3
Description of services provided P			- 2
1		-	[]
		1.3	
Director/officer Employee Independent contractor		ت ا	
birector/officer Employee macpendent contractor			z -)
17 Mandatory distributions:	5'.		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		-	
retain the state gaming license?	17a		-
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			<u> </u>
organization's own exempt activities during the tax year \$, l	/	

Schedule G (Form 990 or 990-EZ) 2009

FORM 990-EZ	990-EZ OTHER EXPENSES		STATEMENT	1
DESCRIPTION			AMOUNT	
ADMINISTRATIVE ASSESSMENT INSURANCE TAXES & FEES			. 8	06. 64. 89.
TOTAL TO FORM 990-EZ, LINE 16		3,1	59.	
FORM 990-EZ CAS	H GRANTS AND ALLOCA	ATIONS	STATEMENT	2
CLASS OF ACTIVITY/GRANTEE'S	NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUN	T
SERVICES FOR HEARING & SPEECHEUSER HEARING & LANGUAGE ACTION 111 E. KENTUCKY ST. LOUISVILLE, KY 40208		NONE	14,1	66.
SERVICES FOR UNDERPRIVILEGED UNIVERSITY OF LOUISVILLE - C		NONE	11,2	71.
LOUISVILLE, KY 40208				
SERVICES FOR UNDERPRIVILEGED VARIOUS LOCAL CHARITIES	CHILDREN	NONE	7,7	16.
LOUISVILLE, KY 40208				
TOTAL INCLUDED ON FORM 990-E	Z. LINE 10		33,1	53.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEME	NT 3
DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?] YES [x] NO
•	ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? [] YES [x] NO

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STATEMENT

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SUPPORT FOR VARIOUS LOCAL CHARITIES INCLUDING, THE HEUSER HEARING & LANGUAGE ACADEMY (F/K/A LOUISVILLE DEAF ORAL SCHOOL), WHICH PROVIDES SERVICES TO THE HEARING AND SPEECH IMPAIRED IN KENTUCKY, THE UNIVERSITY OF LOUISVILLE'S S.S. STAR CAMP FOR CHILDREN WITH AUTISM AND THE ENGELHARD ELEMENTARY SCHOOL. THE CHARITY FUND COMMITTEE INVESTIGATES APPLICATIONS FROM OTHER LOCAL CHARITIES AND DETERMINES WHICH WILL RECEIVE FUNDS FOR THE CURRENT YEAR. DURING THE 2009-2010 FISCAL YEAR, GIFTS WERE ALSO MADE TO THE NATIVITY ACADEMY, ST. JOSEPH CHILDREN'S HOME AND THE EXPLOITED CHILDREN'S HELP ORGANIZATION.

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STATEMENT

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THE CHARITY FUND'S EXEMPT PURPOSE IS TO PROVIDE FINANCIAL SUPPORT FOR SELECTED LOUISVILLE AREA CHARITIES.