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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 Open to Public Inspection

A	For the	2011 calendar year, or tax year beginning J	UL 1, 2011 and	lending J	UN 30,	2012		
В	Check if	C Name of organization	<u> </u>		D Employer	identifica	tion number	
	applicable	•						
Г	Addres change	S LOUISVILLE DOWNTOWN LI	ONS CHARITIES, I	NC.				
Ē	Name	D. D. i and A.			1	61-11	76559	
F	Initial	Number and street (or P 0 box if mail is not del	wared to street address)	Room/suite	E Telephone			
늗	return Termin		ivered to street address;	320			93-0337	
-	—∣ated ⊟Amend			520	G Gross receipt		2,806	290
누	return Applic							200.
_	tiòn pendin	HOOTBY THELE, KI TOZO,	TEON THOMAS		H(a) Is this a			X No
		4360 BROWNSBORO RD, SUI	TEON THOMAS	ע סוד	for affilia			
_					H(b) Are all aff			L∖No
				or 527	1		t. (see instruct	ions)
_		e: ► N/A			H(c) Group e			. 7737
			sociation Other	L Year	of formation: 1	990 <u> M 8</u>	State of legal dor	nicile KY
-	art I	Summary	3.007	00 DT T	11D 211D			
ě	1	Briefly describe the organization's mission or most	significant activities: ASS1	ST BLI	ND AND	VISUA	rrx -	
auč		IMPAIRED.						
e.	2	Check this box 🕨 🔛 if the organization disco	ntinued its operations or dispo	osed of more	than 25% of t	ts net asse	ets.	
Š	3	Number of voting members of the governing body				3		10
∞	4	Number of independent voting members of the go	verning body (Part VI, line 1b)		•	4		10
es	5	Total number of individuals employed in calendar y	/ear 2011 (Part V, line 2a)			5		1
Ξ	6	Total number of volunteers (estimate if necessary)			٠	6		40
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, co	olumn (C), line 12			7a		0.
		Net unrelated business taxable income from Form	990-T, line 34			7b		0.
					Prior Year		Current Y	ear
Revenue	8	Contributions and grants (Part VIII, line 1h)			11,	864.	7	,645.
	9	Program service revenue (Part VIII, line 2g)				0.		0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4	, and 7d)		22,	920.	62	,241.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c		,	201,			,672.
	1	Total revenue - add lines 8 through 11 (must equal			236,	020.		,558.
		Grants and similar amounts paid (Part IX, column (111,			,678.
	1	Benefits paid to or for members (Part IX, column (A			0.			0.
s	1	Salaries, other compensation, employee benefits (11,	196.	11	,196.
Expenses	16a	Professional fundraising fees (Part IX, column (A),				0.		0.
per		Total fundraising expenses (Part IX, column (D), lin		96.				
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d		<u> </u>		422.	1	,243.
		Total expenses. Add lines 13-17 (must equal Part I		\ -	123,			,117.
		Revenue less expenses. Subtract line 18 from line	400		112,			,441.
58	3 -	nevende less expenses. Subtract line 10 nom lige	RECEIVED O		ginning of Curre			
Net Assets or Euror Balances	30	Total appets (Part V. line 16)	\cdot\(\cdot\)	<u>5</u> \	889,		End of Ye	,585.
ASS	20	Total assets (Part X, line 16)	1 -2105 3 & VOM 12	ا ارث		523.		438.
重	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from		侧一	888,		997	$\frac{430.}{147.}$
	art II	Signature Block		1	000,	300.		, 14/.
		Ities of perjury, I declare that I have examined this return	Institution design assured to be dealer		eate and to the	hash of mucli	and b	aliad it is
			a washington			-	nowledge and b	eller, it is
true	a, correc	t, and complete Declaration of preparer (Ather than office		mich preparei	nas any knowie	age /	/	
		Signature of officer			Date	1////	//2_	
Sig			DED		Date			
He	re	J. LEON THOMAS, TREASU Type or print name and title	RER					
					Data	T . T	T Drie	
_		Print/Type preparer's name	Preparer's signature	'	Date	Check] PTIN	
Pal			<u> </u>			self-employed		
	parer	Firm's name			Firm's	s EIN 🕨		
Use	Only	Firm's address						
					Phon	e no		
Ма	y the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)		<u> </u>		X Yes	☐ No
132	001 01-2	3-12 LHA For Paperwork Reduction Act Notic	ce, see the separate instruct	ions.			Form 99	90 (2011)

	1990 (2011) LOUISVILLE DOWNTOWN LIONS CHARITIES, INC. 61-1176559 Page 2
Pa	······································
1	Briefly describe the organization's mission: ASSIST BLIND AND VISUALLY IMPAIRED.
	ACCIOI DELINO AND VICOADELI INIAIRED.
2	Did the organization undertake any significant program services during the year which were not listed on
2	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
_	
3	
_	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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$93,095. including grants of \$93,095.) (Revenue \$)
	LOUISVILLE DOWNTOWN LIONS CHARITIES, INC. PROVIDES GRANTS AND AWARDS TO
	OTHER CHARITABLE ORGANIZATIONS THAT PROVIDE SERVICES FOR THE BLIND AND
	VISUALLY IMPAIRED AS WELL AS THE HEALTH AND WELFARE OF THE GENERAL
	PUBLIC. DURING THE YEAR ENDED JUNE 30, 2012, THE ORGANIZATION MADE
	GRANTS TO 24 OTHER CHARITABLE ORGANIZATIONS, ALL OF WHOM ARE EXEMPT
	UNDER IRC SECTION 501(C)(3).
4b	(Code) (Expenses \$ 22,828 • including grants of \$ 22,517 •) (Revenue \$)
	THE ORGANIZATION PROVIDES EYEGLASSES FOR INDIGENT INDIVIDUALS. DURING
	THE YEAR ENDED JUNE 30, 2012, 500 SUCH INDIVIDUALS WERE PROVIDED
	EYEGLASSES.
4c	(Code) (Expenses \$11,000 . Including grants of \$) (Revenue \$)
	THE ORGANIZATION PROVIDED INITIAL FUNDING FOR THE ESTABLISHMENT OF AN
	EYE CLINIC IN GUJRAT, PAKISTAN. THIS CLINIC HAS SERVED APPROXIMATELY
	1,000 PATIENTS AND PERFORMED OVER 100 CATARACT SURGERIES IN ITS FIRST
	FOUR MONTHS OF OPERATIONS.
	TOOK MONTHS OF OFERATIONS.
	
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 3,755 · Including grants of \$) (Revenue \$)
4e	Total program service expenses ► 130,678.

1 Is the organization described in section 501(c)(3) or 4947(e)(1) (other than a private foundation)? 1		•		Yes	No
2 Is the organization required to complete <i>Schedule of Continuitorial</i> 3 Did the organization engage in meter or imidiate top lineal campagin activities on behalf of or in opposition to candidates for public office? *If *Yes*, *complete *Schedule* G, Part I* Section 501(c)(3) organizatione. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If *Yes*, *complete *Schedule* G, Part II* Is the organization assection 501(ii)(5) 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule self-91 If *Yes*, *complete *Schedule* G, Part II* Is the organization maintain any donor advised funds or any similar funds or accounts for which denors have the right to provide advise on the distribution or investment of amounts in such funds or accounts if *If *Yes*, *complete *Schedule* D, Part II* Did the organization receive or hold a conservation easement, including easements to presence open space, the environment, historical articulares *If *Yes*, *complete *Schedule* D, Part II* Did the organization report an amount in Part X, line 21; severe as a custodian for amounts in site listed in Part X; or provide conditions consecution, and the secondary of the properties of the secondary of the second	1	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 De 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 II 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part III 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or arrival and in the continuous of the complete Schedule C, Part III 6 Did the organization assettion 501(c)(4), 501(c)(5), or 501(c)(6), or 501(c)(6) organization in that receives membership dues, assessments, or arrival and the complete Schedule C, Part III 7 Did the organization assettion 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or arrival and the complete Schedule C, Part III 8 Did the organization assettion 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or arrival and the complete Schedule C, Part III 9 Did the environment, and organization organization and the organization services or the convention of the complete Schedule C, Part III 9 Did the organization report an amount for the part X, ince 21; serve as a custodian for amounts not limited and the organization organization and the complete Schedule C, Part IV 10 Did the organization, debit management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 11 If the organization, debt analyses of the services of the services organization report and amount for investments or the securities in Part X, line 10? If "Yes," complete Schedule D, Part IV 11 Did the organization report an amount for investments or the securities in Part X, line 10? If "Yes," complete Schedule D, Part IV 12 Did the organization report an amount for investments or the securities in Part X, line 10? If "Yes," complete Schedule D, Part X III 13 Did the orga		If "Yes," complete Schedule A	_1	X	
public office? If "Yes," complete Schedule C, Part I Section 501(6) agrantations. Did the organization engage in lobbying activities, or have a section 501(6) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization asection 501(6)(4), 501(6)(5) or 501(6)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceedure 98-197 II" Yes," complete Schedule C, Part III Ob 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 If Yes," complete Schedule D, Part III Ob the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historic land areas, or historic structures II "Yes," complete Schedule D, Part III Ob the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Ob the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide according to the part X; or provide organization report an amount for historian structures III Yes," complete Schedule D, Part IV If the organization's answer to any of the following questions is Yes, then complete Schedule D, Part VI Ob the organization report an amount for land, buildings, and equipment in Part X, line 10? the Yes," complete Schedule D, Part VI Ob the organization report an amount for mivestments - 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 XII Ob the organization report an amount for mivestments - other securities 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 XII Ob the organization report an amount for investments - program related in Part X, line 15 that is 5% o	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
4 Section 501(e)(3) organizations. Did the organization engage in hobbying activities, or have a section 501(e) election in effect during the kay year? If "Yes," complete Schedule Q. Part II Is the organization a section 501(e)(4), 501(e)(5), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule Q. Part III Is Did the organization organization organization report an amount or mestment of amounts in such funds or accounts If "Yes," complete Schedule Q. Part II Did the organization report an amount in Part X, line 21; serve as a custodian for amounts an essets? If "Yes," complete Schedule Q. Part II Is Old the organization report an amount in Part X, line 21; serve as a custodian for amounts on tilisted in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule Q. Part IV Is Old the organization, directly or through a related organization, hold assats in temporarily restricted endowments, permanent endowments, or quase-indowments? If "Yes," complete Schedule D. Part V II If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part V II Is the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D. Part V III Did the organization report an amount for investments - broganization engagement and the organization report an amount for investments of the securities in Part X, line 10? If "Yes," complete Schedule D. Part V III Did the organization report an amount for investments of the securities in Part X, line 10? If "Yes," complete Schedule D. Part X III Did the organization report an amount for other assets in Part X. line 10? If "Yes," complete Schedule D. Part X III Did the organization report an amount for other labilities in Part X III ine 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes,	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year / If "Yea," complete Schedule C, Part II Is the organization a section 501(cl)(s. 501(cl)(s), or 501(cl)(s) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? // "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts if "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historic land areas, or historic structures of "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit courseling, debit management, credit repair, or debt negotiations enviroes? If "Yes," complete Schedule D, Part IV Did the organization report an amount for hough a related organization, hold assests in temporarily restricted endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V 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 167 If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other isabilities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other isabilities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X VIII III X Did the organization report an amount for other liabilities in Part X, line 151 that is 5% or more of its total assets reported in Part X, line 167 If "Yes		public office? If "Yes," complete Schedule C, Part I	3		X
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 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization interaction of investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 8 Did the organization and aneas, or histonic structure? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide cradit counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 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 III If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V III III be organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X III III III III III III III III III	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
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6 Dit the organization maintain any donor advised 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 Did the organization reserve or hold a conservation easement, including easements to preserve open space, the environment in listoric land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical tressures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical tressures, or other similar assets? If "Yes," complete Schedule D, Part IV Did the organization, directly of through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV 11 If the organization, directly of through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "yes," complete Schedule D, Part IV 11 If the organization report an amount for investments - toped control to the section of the following questions is "Yes," then complete Schedule D, Part VII 1 If the organization report an amount for investments - other securities in Part X, line 10 If "Yes," complete Schedule D, Part VII 1 Did the organization report an amount for investments or the securities 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 X II 1 Its A II It	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 7		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_ X
The but 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 III But the organization report an amount in Part X, line 21; 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 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 If if the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V, III, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V III Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V III Did the organization report an amount for other assets 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 V III Did the organization report an amount for other lassification of the Part X, line 16? If "Yes," complete Schedule D, Part X III Did the organization report an amount for other lassification of the Part X, line 16? If "Yes," complete Schedule D, Part X III Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III III X Did the organization maintain an office, employees, or agents outside of the United States? 111	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II! Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21; 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 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 VI If the organization report and amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 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 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 Did the organization report an amount for ther assets an 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 Did the organization in separate, incleanable of the sast part 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 X X, III, and XIII X 11b X 11c X 11c X 11c X 11d X 1		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6		X
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV Did the organization report an amount in Part X, line 21; 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 Did the organization detectly or through a related organization, hold assets in temporanly restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V II If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, X, or X as applicable. a Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI II Did the organization report an amount for investments - other securities 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 III X III Did the organization report an amount for other assets 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 X III Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X III Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X III Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X III Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X III Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X III Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III Did the organization included in consolidated, independen	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
Schedule D, Part III Did the organization report an amount in Part X, line 21; 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 Did the organization, directly or through a related organization, hold assets in temporanty restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VIII, X, or X as applicable. Did the organization report an amount for line following questions is "Yes," then complete Schedule D, Parts VI, VIII assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII 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 167 If "Yes," complete Schedule D, Part VIII Did the organization report an amount for or investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other tashieties in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X 111d X Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111d X Did the organization included in consolidated, independent sudited financial statements for the tax year? If "Yes," complete Schedule D, Part X X, XII, and XIII Was the organization included in consolidated, independent sudited financial statements for the tax year? If "Yes," complete Schedule D, Parts X, XII, and XIII By Was the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or port on Part IX, column (A), line 3, more than \$5,000 of		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the United States? 15 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 \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 18 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 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 II 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X		•	126		Y
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complete Schedule G, Part III		1c and 8a2 If "Vas " complete Schodulo G. Part II	18		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19				
		complete Schedule G, Part III	19	Х	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			20a		_X_
	<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		

	1990(2011) LOUISVILLE DOWNTOWN LIONS CHARITIES, INC. 61-1176	339	<u>_ Р</u>	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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	Х	
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		х
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 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		04-		
	any tax-exempt bonds?	24c	_	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			v
	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			l
	person outstanding as of the end of the organization's tax year? If "Yes," 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):			
а	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	ļ	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		Х
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, Parts II, III, IV, and V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	100	 	† <u> </u>
_	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?	330	 	
-	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	ļ	+*

Form **990** (2011)

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

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Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			<u> </u>
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			,
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	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 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			١.,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
þ	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		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	, , , , , , , , , , , , , , , , , , , ,			v
	any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	e.		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
	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?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 1		Х
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a_		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
12-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts to the executation files Form 999 in law of Form 19412	46		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or approach during the year.	12a		ļ
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	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.	13a		ļ
ь	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			
c	Enter the amount of reserves on hand			
-			L	1

14a

14b

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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 to any question in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 10			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent			
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		Х
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	Х	
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		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?	16a		Х
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ KY			
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) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	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	tion: 🕨	·	
	J. LEON THOMAS - 502/893-0337			
18200	4360 BROWNSBORO RD, SUITE 320, LOUISVILLE, KY 40207			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question 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.

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SHARON BENSINGER		l							_	
PRESIDENT	8.00	Х	ļ	X	L.		_	0.	0.	0
(2) JOE BILLE'	4 00	v		.,					0	
/ICE PRESIDENT	4.00	X	<u> </u>	X		-	-	0.	0.	0
(3) JUDY WRIGHT	8.00	x	1	X	ļ			0.	0.	0
SECRETARY	- 0.00	^	├	^		-	├			
(4) LEON THOMNAS FREASURER	8.00	X		X				0.	0.	0
(5) DIANE NELSON	- 0.00	-	╁╌				-			
VICE PRESIDENT	2.00	х		Х	İ			0.	0.	0
(6) FRED WRIGHT	1.00							0.	0.	_ 0
(7) CHUCK SCHOTT	1.00							0.	0.	0
(8) DICK ROOT	1.00	х						0.	0.	0
(9) TOM VAN ETTEN	1.00							0.	0.	0
(10) ED PRESCOTT	1.00	х						0.	0.	0
							_			
	-		-	_		_				
						ļ				-

rai	Section A. Unicers, Directors, In	istees, Key Er	npic	yee	s, a	na r	תפור	est	Compensated Employ	ees (continued)			
	· (A)	(B)	i			C)			(D)	(E)		(F)	
•	Name and title	Average		not c		more	ore than one Reportable Reportable		Reportable	Estimated			
	•	hours per week					ls bot or/trus		compensation	compensation from related	a	mount. othe	
		(describe			Γ	Γ		Ė	from the	organizations	COL	omens mpens	
		hours for	director				23		organization	(W-2/1099-MISC)	from		
		related	8	SE SE			ensat		(W-2/1099-MISC)		organiz		tion
		organizations	E TE	onal tr		8	8 S				1	nd rela	
		in Schedule O)	Individual trustae or	Institutional trustee	Officer	Key employee	Highest compensated employee	Ē			org	ganızat	ions
			트	트	8	포	Ξb	12			+-		
											1		
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			<u> </u>		-		-				+		
											 		
													_
		<u> </u>	<u> </u>	<u> </u>]	<u> </u>	<u> </u>						
	Sub-total								0.	0			0.
	Total from continuation sheets to Part V	II, Section A							0.	0			0.
	Total (add lines 1b and 1c)			link.			->			<u>_</u>	•		0.
2	Total number of individuals (including but recompensation from the organization	iot iimitea to tr	iose	IISTE	eo a	DOV	e) wr	10 re	eceived more than \$100	,000 of reportable			0
	compensation from the organization						_		- -			Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	yee,	, or i	highest compensated e	mployee on	····		1
	line 1a? If "Yes," complete Schedule J for s						-				3		X
4	For any individual listed on line 1a, is the si	ım of reportab	le co	omp	ensa	ation	and	d oth	her compensation from	the organization			
	and related organizations greater than \$15										4		X
5	Did any person listed on line 1a receive or							elat	ed organization or indivi	dual for services			1,,
Soci	rendered to the organization? If "Yes," contion B. Independent Contractors	plete Schedul	<u>e J f</u>	or s	uch	pers	son				5		X
1	Complete this table for your five highest co	mpenested in	dene	-nde	ent c	onti	racto		that received more than	\$100,000 of compa		from	
•	the organization. Report compensation for										isation	110111	
	(A)						<u> </u>		(B)		_	(C)	
	Name and business	address	N	INC	<u> </u>				Description of s	ervices		ensatio	on
								_					
				 -				\dashv					
						-		\dashv	·				
								_					
								\neg					
											·		
2	Total number of independent contractors (ot li	mıte	d to		_	sted	d above) who received n	nore than			
	\$100,000 of compensation from the organi	zation >					<u> </u>						
											Forn	1990	(2011)

Form **990** (2011)

hinnin	*			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
S of	b	Membership dues	. 1b	_			
A, E	c	Fundraising events	. 1c				
اقِق	c	Related organizations	1d	_			
S.E	e	Government grants (contribu	tions) 1e				
등 P	f	All other contributions, gifts, gran					
호취		similar amounts not included abo	ove 11 7,645	<u>.</u>			
E S	9	Noncash contributions included in line	s 1a-1f \$				
2 2	h	Total. Add lines 1a-1f	_ <u></u>	7,645.			
			Business Cod	е			
8	2 a	·		<u> </u>			
2 0	b	·					
Program Service Revenue	C	·					
E S	C	i					
5	e						
•	f	All other program service reve	enue				
\perp		Total. Add lines 2a-2f		<u></u>			
	3	Investment income (including	dividends, interest, and				
1		other sımılar amounts)		31,766.			31,766.
	4	Income from investment of ta	ax-exempt bond proceeds				
	5	Royalties					
			(i) Real (ii) Personal				
ŀ	6 a			_			
	b	Less: rental expenses		_			
	c	Rental income or (loss)					
	c	Net rental income or (loss)					
	7 a	Gross amount from sales of	(i) Securities (ii) Other				
		assets other than inventory	358,700.				
	b	Less: cost or other basis					
ļ		and sales expenses	328,225.				
ŀ	c	Gain or (loss)	30,475.				
		Net gain or (loss)		30,475.			30,475.
<u>e</u>	8 a	Gross income from fundraising	ng events (not				
Other Revenue		including \$	of				
<u>§</u>		contributions reported on line	e 1c). See				
ē		Part IV, line 18					
튐		•	ь0	-			
Ĭ		Net income or (loss) from fun-		151.			151.
ł	9 a	Gross income from gaming a					
ł		Part IV, line 19	a 2408027	•			
		Less: direct expenses	ь 2223507				
		Net income or (loss) from gar		184,521.			184,521.
l	10 a	Gross sales of inventory, less	s returns				
l		and allowances	a	_			
		Less: cost of goods sold	b	4			
ļ		Net income or (loss) from sale					
ļ		Miscellaneous Reveni	ue Business Cod	е			
	11 a						
	b	·		<u> </u>		٠.	
	c			 			
	d	All other revenue	<u>L</u>				
1		Total. Add lines 11a-11d	▶	0.5 (
13200	12	Total revenue. See instructions	<u>.</u>	254,558.	0.	0	. 246,913.
13200 01-23	-12						Form 990 (2011)

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) but are not required to complete columns (B), (C), and (D).

- Dc	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	02 225	02.00		
	organizations in the United States See Part IV, line 21	93,095.	93,095.		
2	Grants and other assistance to individuals in	26 502	26 522		
	the United States. See Part IV, line 22	26,583.	26,583.		***************************************
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	11 000	11 000		
	United States. See Part IV, lines 15 and 16	11,000.	11,000.		
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)	10.400			
7	Other salaries and wages	10,400.			10,400
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions) .		<u> </u>		
9	Other employee benefits				
10	Payroll taxes .	796.			796
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				···
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other				
12	Advertising and promotion .				
13	Office expenses				
14	Information technology				
15	Royalties .				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization				
23	Insurance	1,093.		1,093.	
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.)				
а	POSTAGE	135.		135.	
b	FILING FEES	15.		15.	
С					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	143,117.	130,678.	1,243.	11,196
26	Joint costs. Complete this line only if the organization				*
	reported in column (B) joint costs from a combined	1			
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			l	

•	•	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	21,708.	1	48,909.
2	Savings and temporary cash investments	235,887.	2	535,117.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			***************************************
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	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)		6	
7	Notes and loans receivable, net		7	
7 8	Inventories for sale or use	-	8	
, ,	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other		-	
.00	basis. Complete Part VI of Schedule D 10a			
	Less: accumulated depreciation 10b		10-	
		631,514.	10c	413,092
11	Investments - publicly traded securities	031,314.	11	413,092
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	167
15	Other assets. See Part IV, line 11	000 100	15	467
16	Total assets. Add lines 1 through 15 (must equal line 34)	889,109. 523.	16	997,585
17	Accounts payable and accrued expenses	523.	17	438.
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	
21	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	523.	26	438.
	Organizations that follow SFAS 117, check here X and complete			
3	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	888,586.	27	997,147.
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
!	Organizations that do not follow SFAS 117, check here and			
5	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
27 28 29 30 31 32	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	888,586.	33	997,147.
34	Total liabilities and net assets/fund balances	889,109.		997,585.

orm	1990 (2011) LOUISVILLE DOWNTOWN LIONS CHARITIES, INC.	61-117	6559	Pa	ge 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI				X	
	•					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	25	4,5	58.	
2	Total expenses (must equal Part IX, column (A), line 25)					
3	Revenue less expenses. Subtract line 2 from line 1	3	11	1,4	41.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	88	86.		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	_	2,8	80.	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	99	7,1	47.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				X	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual X Other MODIFIE	D CASH				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х	
þ	Were the organization's financial statements audited by an independent accountant?		2b		X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt.				
	review, or compilation of its financial statements and selection of an independent accountant?	,	2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	nale Audit				
	Act and OMB Circular A-133?		3a		X	
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		36			

Form **990** (2011)

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

Employer identification number

				TIE DOWNTOWN						6.	1-11/6	<u> </u>	
Pa	1 [Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this par	t.) See ins	tructions.				
The	organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check d	only one b	oox.)					
1	Щ	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170)(b)(1)(A)(i)	١.				
2	Щ			70(b)(1)(A)(ii). (Attach Sc	-								
3	Щ	•	•	ital service organization									
4				operated in conjunction	with a hos	pital descr	ibed in se	ection 170	(b)(1)(A)(ii	ii). Enter t	he hospital	's nam	e,
		city, and stat											
5	Ш	-	•	benefit of a college or u	niversity o	wned or op	perated by	y a governi	mental uni	it describe	ed in		
	_		(b)(1)(A)(iv). (Compl	•									
6	=	•	. •	nent or governmental uni									
7	لـــا	-	-	ceives a substantial part	of its supp	ort from a	governm	ental unit c	or from the	general p	oublic desc	nbed I	า
_			(b)(1)(A)(vi). (Comple	•	.	5							
8		•		section 170(b)(1)(A)(vi).	-	•					_		_
9	X			ceives: (1) more than 33									
				nctions - subject to cert							-		
				axable income (less sec	uon sii ta	ix) irom bu	sinesses	acquired c	y the orga	inization a	amer June 3	0, 197	э.
10			509(a)(2). (Complete	e Part III.) perated exclusively to te	et for publ	io oofoty S	en nasti	E00/a\/	• \				
11	Ħ.			perated exclusively to te perated exclusively for the		-				y out the	nurnaces d	of one o	
••				ations described in secti		-				-			ונ
		-		organization and compl		=		2). 000 30 1	, (1011 000)	a)(0). One	SCK LITE DOX	lilai	
		a Type		¬		_		tegrated		dГ	Type III - 0	Other	
e	a Type I Type II Type III - C Type III - Functionally integrated												
_		-	•	than one or more publicl		-				•			•
f				tten determination from		=				- (-)(-)		·-/·-/-	
			rganization, check ti										
g		Since Augus	t 17, 2006, has the	organization accepted a	ny gift or c	ontribution	from any	of the follo	owing per	sons?			
		(i) A perso	n who directly or inc	directly controls, either a	lone or tog	ether with	persons o	described	in (ii) and ((iii) below,		Yes	No
		the gove	erning body of the s	upported organization?				•			11g(i)		
		(ii) A family	member of a perso	n described in (i) above?	1			•			11g(ii)		
		(iii) A 35% (controlled entity of a	a person described in (i)	or (ii) abov	в? .					. 11g(iii)		_
h		Provide the f	ollowing information	about the supported or	ganızatıon	(s).							
			,	T									
(i)	Name	of supported	(ii) EIN	(III) Type of organization		organization		u notify the	(vi) is organizati	the	(vii) An	nount of	f
	orga	inization		(described on lines 1-9		sted in your document?		tion in col ir support?	(i) organiz	ed in the l	support		
				above or IRC section		r —	<u> </u>	, ' '	U.S				
		·		(see instructions))	Yes	No	Yes	No	Yes	No	·· <u> </u>		
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					1								
	-												

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

Schedule A (Form 990 or 990-EZ) 2011

Part # Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 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 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources 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 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) % 15 Public support percentage from 2010 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

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

Schedule A (Form 990 or 990-EZ) 2011 LOUISVILLE DOWNTOWN LIONS CHARITIES, INC.61-1176559 Page 3

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9,836.	11,042.	9,271.	11,864.	7,645.	49,658.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513	107,368.	281,804.	199,411.	201,236.	184.672.	974.491.
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	117,204.	292,846.	208,682.	213,100.	192,317.	1024149.
	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 amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)						1024149.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	117,204.	292,846.	208,682.	213,100.	192,317.	1024149.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,700.	19,283.	18,640.	22,920.	62,241.	144,784.
b	Unrelated business taxable income	·					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	21,700.	19,283.	18,640.	22,920.	62,241.	144,784.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	•		•	,		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)	138,904.	312,129.	227,322.	236,020.	254,558.	1168933.
	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ex year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			-	
15	Public support percentage for 2011 (line 8, column (f) d	vided by line 13, c	olumn (f))		15	87.61 %
16	Public support percentage from 2010	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
	Investment income percentage for 20			e 13, column (f))		17	12.39 %
18	Investment income percentage from	2010 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2011. If the	•		on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a						▶ X
b	33 1/3% support tests - 2010. If the				• •	•••	•
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection

Employer identification number

LOU	JISVILLE DOWN	TOWN LIO	NS CHARI	TIES, INC.		61-117655	9
	ti General Info	rmation on A		tside the United States. Comp	lete if the organ		
	to Form 990, Par		 				
1				ds to substantiate the amount of its gi the selection criteria used to award th			Yes X No
	the grantees engionity it	or the grants or a	assistance, and	the selection chiefla used to award th	e grants or ass	istancer	res LA No
2	For grantmakers. Desc United States.	ribe in Part V the	organization's	procedures for monitoring the use of r	ts grants and o	ther assistance outs	side the
3	Activities per Region. (T	he following Part	I, line 3 table c	an be duplicated if additional space is	needed.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe of service	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
					THE ESTABLI	INDING FOR THE SHMENT OF AN AT A HOSPITAL	
SOUT	H ASIA	0	1	PROGRAM SERVICES	IN GUJRAT,	PAKISTAN.	11,000.
	Sub-total	0	1				11,000.
ь	Total from continuation						_
c	sheets to Part I Totals (add lines 3a and 3b)	0					0.
LHA	For Paperwork Reduct			tions for Form 990.	- 1	Schedule F (11,000. Form 990) 2011

61-1176559

recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000	
licated if additional space is needed.	

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Methòd of valuation (book, FMV, appraisal, other)
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
	<del>~~~~~</del>							
	recipient organization he grantee or counse	is listed above that are ri I has provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-ex	empt by		
3 Enter total number of other organizations or entities	other organizations or	r entities				•		

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Schedule F (Form 990) 2011

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LOUISVILLE DOWNTOWN LIONS CHARITIES, INC.

Schedule F (Form 990) 2011 LOUISVILLE DOWNTOWN LIONS CHARITIES, INC. 61–1176559

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

,		,	•	•	•	•	
(h) Method of valuation (book, FMV, appraisal, other)							Schedule F (Form 990) 2011
(g) Description of non-cash assistance							Schedu
(f) Amount of non-cash assistance	0.						
(e) Manner of cash disbursement	ELECTRONIC TRANSFER FROM AN ESCROW ACCOUNT MAINTAINED BY AN ATTORNEY						
(d) Amount of cash grant	11,000.				_		
(c) Number of recipients	1,000						
(b) Region	SOUTH ASIA						1
(a) Type of grant or assistance (b) Region	ACQUIRED EQUIPMENT AND HIRED AN OPTHALMOLOGIST TO PERFORM CATARACT SURGERIES. OVER 1,000 PATIENTS SCREENED AND						

SEE PART V FOR COLUMN (A) DESCRIPTIONS 18

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chec	tule F (Form 990) 2011 LOUISVILLE DOWNTOWN LIONS CHARITIES, INC.	61-1176559	Page 4
Pari	Foreign Forms	-	
1 '	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	🗀 Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	☐ Yes	X No

PART III, COLUMN (A):
REGION: SOUTH ASIA
(A) TYPE OF GRANT OR ASSISTANCE: ACQUIRED EQUIPMENT AND HIRED AN
OPTHALMOLOGIST TO PERFORM CATARACT SURGERIES. OVER 1,000 PATIENTS
SCREENED AND OVER 100 CATARACT SURGERIES PERFORMED IN THE FIRST FOUR
MONTHS OF OPERATION.

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Schedule F (Form 990) 2011

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### SCHEDULE G (Form 990 or 990-EZ)

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.

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

2011

Open To Public

Name of the organization

Department of the Treasury

Internal Revenue Service

LOUISVILLE DOWNTOWN LIONS CHARITIES, INC.

Employer identification number 61–1176559

Schedule G (Form 990 or 990-EZ) 2011

				=====		
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answ</li> </ul>	ered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais	sed funds through any of the follows	na acti	/Ities	Check all that apply		
a Mail solicitations		_		overnment grants		
· 🗖 .	_					
			-	nment grants		
c Phone solicitations	g L Special	i tunara	using	events		
d In-person solicitations						
2 a Did the organization have a written of			-			
key employees listed in Form 990, P				•		<del></del>
b If "Yes," list the ten highest paid ind		suant to	agre	ements under which	the fundraiser is to i	D <del>0</del>
compensated at least \$5,000 by the	organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co	ustody	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser	(vi) Amount paid to (or retained by)
		or con contribu			listed in col. (i)	organization
		Yes	No			
		<del>                                     </del>				
		ļ	_			
		-				
		+				<u></u>
			<del></del>			
		<u> </u>	_			
otal o			<b>•</b>			
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	or has been notified	d it is exempt from re	egistration
or licensing.						
		_				· · · · · ·
		_				
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	<del></del>			····	<del></del>	<del></del>
	<del></del>					
				· · · · · · · · · · · · · · · · · · ·		<del> </del>

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

Schedule G (Form 990 or 990 EZ) 2011 LOUISVILLE DOWNTOWN LIONS CHARITIES, INC. 61-1176559 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (total number) (event type) Gross receipts 2 Less: Charitable contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment . Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Garning. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 429,967. 1,978,060. 2,408,027. Gross revenue 1,520,122. 2,035,531. 515,409. 2 Cash prizes Direct Expenses Noncash prizes 13,010. 59,790. 72,800. Rent/facility costs 5,615. 109,560. 115,175. Other direct expenses 100 % X Yes 100 % Yes No Volunteer labor 2,223,506 Direct expense summary. Add lines 2 through 5 in column (d) 184,521. Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: KY X Yes a is the organization licensed to operate gaming activities in each of these states? _ No b if "No," explain: X No b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2011

Sch	nedule G (Form 990 or 990-EZ) 2011 LOUISVILLE DOWNTOWN LIONS CHARITIES, INC.61-1	17655	9 Page 3
11	Does the organization operate gaming activities with nonmembers?	X Yes	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity operated in:	1 1	
	The organization's facility	13a	%
	An outside facility		0.00 %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		70
	Name ▶ J. LEON THOMAS		
	Address ► 4360 BROWNSBORO RD - LOUISVILLE, KY 40207		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes Yes	X No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	olf "Yes," enter name and address of the third party:		
	Name	<u> </u>	
	Address ▶		
16	Gaming manager information:		
	Name ► DAVID ADAMS		
	Gaming manager compensation ► \$0.		
	Description of services provided ► MONEY COUNTING, BANK DEPOSITS, RECORD KEEPI	NG	<del></del>
	Director/officer X Employee Independent contractor		
17	Mandatany diatributions		
	Mandatory distributions:		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		X No
	retain the state gaming license?	L Yes	LAL No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
TO.	organization's own exempt activities during the tax year  \$	<del></del>	
	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	• • •	-
		-	
_			

Employer identification number 61-1176559 Open to Public Inspection OMB No 1545-0047 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. LOUISVILLE DOWNTOWN LICHS CHARTTER INC Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990)

ŀ	T T TOWN TO	אווים כאוסדת אי	ONT / COTT TANGE	ار		1	600011-10
Part i General Information on Grants and Assistance	and Assistance						
<ol> <li>Does the organization maintain records to substantiate the amount of th</li> </ol>	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	e grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	rocedures for mon	toring the use of grant	funds in the United	d States.			
	Governments an	d Organizations in the	United States. C	omplete if the orga	inization answered "Y	es to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one	\$5,000. Check thi	s box if no one recipien	it received more th	an \$5,000. Part II	can be duplicated if a	recipient received more than \$5,000. Part II can be duplicated if additional space is needed	ded ▶
(a) Name and address of organization     or government	(p) 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
VISUALLY IMPAIRED PRESCHOOL							
SERVICES - 1906 GOLDSMITH LANE -	***						
LOUISVILLE, RY 40218	61-1061973	501(C)(3)	30,000.	0.			PRESCHOOL PROGRAM
KENTUCKY LIONS BYE POUNDATION							
301 B. MUHAMMAD ALI BLVD.							
LOUISVILLE, RY 40202	61-0516171	501(C)(3)	5,780.	0.			SERVICE ENDOWMENT FUND
RENTITION S RAY SOLITION	_						
301 E. MUHAMMAD ALI BLVD.							KID SIGHT SCREENING
LOUISVILLE, KY 40202	61-0516171	501(C)(3)	4,000.	o			Program
KENTUCKY LIONS EYE POUNDATION							
LOHISVILLE EV 40202	61-0516171	501(0)(3)	00%	•			Araboan moanra
2020 11 7777000	7/10100-10	(5)(3)100	.000				FAIRON FROGRAM
KENTUCKY LIONS BYE POUNDATION							
301 E. MUHAMMAD ALI BLVD.							STATE FAIR VISION
LOUISVILLE, RY 40202	61-0516171	501(C)(3)	3,000.	0			SCREENING
KENTUCKY LIONS BYE POUNDATION							
301 E. MUHANGKAD ALI BLVD.							
LOUISVILLE, KY 40202	61-0516171	501(C)(3)	20,500.	0		_	GENERAL OPERATIONS
2 Enter total number of section 501(c)(3) and government organizations list	and government or	ganizations listed in the	ed in the line 1 table				3.
3 Enter total number of other organizations listed in the line 1 table	s listed in the line					٠	<b>A</b>
LHA For Paperwork Reduction Act Notice, see the Instructions for Form	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2011)

Page 1	
61-1176559	
LOUISVILLE DOWNTOWN LIONS CHARITIES, INC.	ູດ
(06	ation

61-1176559 Page 1	(h) Purpose of grant or assistance	SOUND PRINTS RADIO PROGRAM				•	Schedule I (Form 990)
	(g) Description of non-cash assistance						
Parille I (Form 000) Par	(f) Method of valuation (book, FMV, appraisal, other)						
Schedule I (Form 990) LOUISVILLE DOWNTOWN LIONS CHARITIES, INC.  Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	(e) Amount of non-cash assistance	0.					
	(d) Amount of cash grant	2,000					
	(c) IRC section if applicable	501(C)(3)					
	(b) EIN	61-0913506					
	(a) Name and address of organization or government	KY COUNCIL OF THE BLIND 148 VERNON AVE. LOUISVILLE, KY 40206					

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. LOUISVILLE DOWNTOWN LIONS CHARITIES, INC. Schedule I (Form 990) (2011)

Page 2

61-1176559

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of non-cash assistance
PURCHASE OF EYEGLASSES FOR INDIGENT INDIVIDUALS	200	22,517.	.0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ide the information	n required in Part I, I	ine 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: FOR GR	GRANTS TO	TO OTHER ORGANIZATIONS	NIZATIONS	WE GENERALLY	
MONITOR THE USE OF GRANTS THROUGH	THROUGH ACTUAL VISITS		TO ORGANIZATIONS	VS BY	
OLUNTEER MEMBERS OF OUR BOARD. F	FOR THOSE	THOSE ORGANIZATIONS	IONS FOR WHICH	HICH IT IS	
OT PRACTICAL TO VISIT WE RECEIVE		NEWSLETTE	PERIODIC NEWSLETTERS AND OTHER	3R	
NFORMATION ON HOW THE ORGANIZATION HAS UTILIZED THE FUNDS DONATED TO	N HAS UT	ILIZED THE	FUNDS DON	ATED TO IT.	

FOR GRANTS TO INDIVIDUALS FOR EYEGLASSES WE MAINTAIN A SCREENING PROCESS TO

DETERMINE THAT THE INDIVIDUAL QUALIFIES FOR ASSISTANCE AND WE CONTRACT

DIRECTLY WITH AN OPTICAL COMPANY TO PROVIDE GLASSES FOR THE APPROVED 132102 01-27-12

Schedule I (Form 990) 2011  Part IV   Supplemental I	LOUISVILLE	DOWNTOWN	LIONS	CHARITIES	, INC .	61-1176559	Page 2
Part IV   Supplemental I	nformation	<del></del>					
INDIVIDUALS.							
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### 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.

2011 Open to Public Inspection

Name of the organization

LOUISVILLE DOWNTOWN LIONS CHARITIES, INC.

Employer identification number 61–1176559

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THE ORGANIZATION PROVIDES LARGE PRINT CALENDARS FOR VISUALLY IMPAIRED INDIVIDUALS. 1,200 CALENDARS WERE DISTRIBUTED. THE ORGANIZATION PROVIDED EYE DONOR INFORMATION AT THE STATE FAIR. THE ORGANIZATION SPONSORS A HOLIDAY PARTY AND PROVIDES GIFTS FOR APPROXIMATELY 60 KY SCHOOL FOR THE BLIND STUDENTS. EXPENSES \$ 3,755. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 6: ALL MEMBERS OF THE LOUISVILLE DOWNTOWN LIONS CLUB ARE MEMBERS OF THE ORGANIZAION. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS ANNUALLY ELECT ALL OFFICERS AND BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY THE ORGANIZATION'S TREASURER, WHO IS A CERTIFIED PUBLIC ACCOUNTANT. PRIOR TO FILING WITH THE IRS, THE FORM IS REVIEWED AT A REGULARLY SCHEDULED BOARD OF DIRECTORS MEETING, WHERE IT IS DISCUSSED AND ANY QUESTIONS ANSWERED. REVISIONS ARE NECESSARY AS A RESULT OF THIS REVIEW, THEY ARE MADE PRIOR TO FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, AT THE BOARD OF DIRECTORS BUSINESS MEETING SUBSEQUENT TO ELECTION OF NEW OFFICERS AND DIRECTORS, ALL OFFICERS AND DIRECTORS ARE PROVIDED A COPY OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND ADVISED TO INFORM THE BOARD OF ANY SUCH CONFLICTS PRIOR TO THE NEXT BOARD MEETING.

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization  LOUISVILLE DOWNTOWN LIONS CHARITIES, INC.	Employer identification number 61-1176559
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M	AKES ITS
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO	THE PUBLIC UPON
REQUEST.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS:	-2,880.
METHOD OF ACCOUNTING:	
THE ORGANIZATION USES THE CASH METHOD OF ACCOUNTING, MODI	FIED TO REPORT
PUBLICLY TRADED SECURITIES AT FAIR MARKET VALUE.	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

# Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

2011 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 61-1176559

▶ See separate instructions. LOUISVILLE DOWNTOWN LIONS CHARITIES, INC. ► Attach to Form 990. Name of the organization

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) ε End-of-year assets Total income 9 Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part II

(g) Section 512(b)(13) ŝ × controlled entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) ◉ Exempt Code section 501(C)(4) ₤ Legal domicile (state or foreign country) CIVIC SERVICE ORGANIZATION KENTUCKY Primary activity Ð - 61-6039244 Name, address, and EIN of related organization LOUISVILLE DOWNTOWN LIONS CLUB LOUISVILLE, RY 40207 4360 BROWNSBORO RD

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

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Schedule R (Form 990) 2011

61-1176559 Page 2

Schedule R (Form 990) 2011 LOUISVILLE DOWNTOWN LIONS CHARITIES, INC.

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related. organizations treated as a partnership during the tax year.) Part III

			Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(g) (h) of total Share of Percentage me end-of-year ownership assets				Schedule R (Form 990) 2011
Disproportionate ate allocations?			art IV, line 34	(f) Share of total o, income				
(g) Share of end-of-year assets			to Form 990, Pa	(e) Type of entity (C corp, S corp, or trust)				
(f) Share of total Income			ion answered "Yes"	(d) Direct controlling entity				
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			nplete if the organizat	(C) Legal domicile (state or foreign country)				31
(d) Direct controlling entity			oration or Trust (Con	<b>(b)</b> Primary activity			ı	
(c) Legal domicile (state or foreign		 	as a Corpo					
(b) Primary activity			ganizations Taxable	NIE NIE				
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization				132162 01-23-12

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						Yes	£
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	elated organizations listed	in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity					19	_	×
<ul> <li>Gift, grant, or capital contribution to related organization(s)</li> </ul>	•				1b	_	×
c Gift, grant, or capital contribution from related organization(s)					2		×
d Loans or loan guarantees to or for related organization(s)					7		×
(a) and the second post of a contraction and an angel of	:						>
e Logis d'Ioai gualaites dy leigieu diganization(s)					9	7	اه
					····		;
T Sale of assets to related organization(s)					=	7	<u>.</u>
9 Purchase of assets from related organization(s)					19	_	×
h Exchange of assets with related organization(s)		•			<b>1</b>	_	×
i Lease of facilities, equipment, or other assets to related organization(s)					i-	7	×
i loses of facilities arritoment or other assests from related assessment of						·····	>
k Performance of services or membership or fundrasing colicitations for related programmes)	nization(s)		:		- 3		( ×
Performance of services or membership or fundraising solicitations by	inization(s)				<b>=</b> =		« ×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)				13		×
n Sharing of paid employees with related organization(s)	· ·	:		:	Ę	^	×
							l
<ul> <li>Reimbursement paid to related organization(s) for expenses</li> </ul>		:			10	_	×
p Reimbursement paid by related organization(s) for expenses	:	:			1p	<b>~</b>	×
						****	
<ul> <li>Qther transfer of cash or property to related organization(s)</li> </ul>					19		×
			•••		1	_	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresh	olds.			1
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	ermining olved			
(5)							1
							1
(3)							
(4)				:			
(5)							
(9)					<u> </u> 		[
132163 01-23-12	32			Schedule R (Form 990) 2011	(Form 9	90) 20	=

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# Schedule R (Form 990) 2011 LOUISVILLE DOWNTOWN LIONS CHARITIES, INC.

Part Vf Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	2	9	(5)	9	(5)	3	9	9	3
Name, address, and EIN of entity	Primary activity	nicile prelan	Predominant income partners sec. (related, unrelated, 50(c)(3)	გ +	Share of end-of-vear	<b>5</b> \$	Code	General o	Percentage ownership
		country)	excluded from tax under section 512-514) Yes No	_	assets	Yes No	of Schedule K-1 (Form 1065)	Yes No	
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Schedule R (Form 990) 2011

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Part VII	(Form 990) 2011  Supplemental Info	rmation		· · · · · · · · · · · · · · · · · · ·			
	Complete this part to pro	ovide additional informat	ion for responses	to questions	on Schedule R (see	instructions).	
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