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Form **990**

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

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning SEP 1, 2008 and ending AUG 31, 2009

B Check if applicable:
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
THE WHAS CRUSADE FOR CHILDREN, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
520 W. CHESTNUT ST.

City or town, state or country, and ZIP + 4
LOUISVILLE, KY 40202

D Employer identification number
23-7075524

E Telephone number
(502)582-7706

G Gross receipts $ 10,805,192.

H(a) Is this a group return for affiliates? [ ] Yes [x] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

F Name and address of principal officer DAWN LEE
SAME AS C ABOVES

I Tax-exempt status [x] 501(c)(3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.WHASCRUSADE.ORG

K Type of organization: [x] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1980

M State of legal domicile: KY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE MEDICAL AND EDUCATIONAL SUPPORT TO SPECIAL NEEDS CHILDREN.		
	2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	600
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	6,277,432.	6,316,538.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	582,167.	-510,719.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,859,599.	5,805,819.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,395,277.	5,107,865.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	144,415.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		27,420.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 393,129.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,007,355.	813,898.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,547,047.	5,949,183.
	19 Revenue less expenses. Subtract line 18 from line 12	312,552.	-143,364.

		Beginning of Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	17,286,917.	15,475,495.
	21 Total liabilities (Part X, line 26)	7,604,873.	6,045,911.
	22 Net assets or fund balances. Subtract line 21 from line 20	9,682,044.	9,429,584.

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OGDEN, UT

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Dawn Lee
Signature of officer

4-13-10
Date

DAWN LEE, CEO & PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Rebecca L. Phillips CPA
Date: 4/12/10
Check if self-employed ▶ [ ]
Preparer's identifying number (see instructions): P00024055

Firm's name (or yours if self-employed), address, and ZIP + 4:
CHILTON & MEDLEY PLC
462 S. FOURTH ST, 2000 MEIDINGER TOWER
LOUISVILLE, KY 40202-3445

EIN ▶

Phone no. ▶ 502-749-1900

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

MAY 21 2010
SCANNED

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

THE WHAS CRUSADE FOR CHILDREN EXISTS TO CHANGE THE LIVES OF CHILDREN WITH SPECIAL NEEDS IN KENTUCKY AND INDIANA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services 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 $ 5,107,865. including grants of $ 5,107,865.) (Revenue $)

TO PROVIDE FINANCIAL AID FOR ORGANIZATIONS IN THE KENTUCKY AND SOUTHERN INDIANA AREAS THAT PROVIDE MEDICAL AND EDUCATIONAL SUPPORT TO SPECIAL NEEDS CHILDREN.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

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

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶ $** 5,107,865. *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b		X
15	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, Part II*	15		X
16	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, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17	X	
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	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 disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *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 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, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	1a	79		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	3		
c	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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			X
b	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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country. ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X	
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	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. N/A				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter: N/A				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body 1a 14			
b	Enter the number of voting members that are independent 1b 14			
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 organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c		X
13	Does the organization have a written whistleblower policy?	13		X
14	Does 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:			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	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		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

THE ORGANIZATION - (502)582-7706

520 W. CHESTNUT ST., LOUISVILLE, KY 40202

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

[X] Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL BARTH CHAIRMAN	0.10	X		X				0.	0.	0.
KATINA WHITLOCK VICE CHAIR	0.10	X		X				0.	0.	0.
CHERYL HILL TREASURER	0.10	X		X				0.	0.	0.
TERRENCE SPENCE BOARD MEMBER	0.10	X						0.	0.	0.
MAUREEN NORRIS BOARD MEMBER	0.10	X						0.	0.	0.
ANN SCHNEPF BOARD MEMBER	0.10	X						0.	0.	0.
HELEN COHEN BOARD MEMBER	0.10	X						0.	0.	0.
MARK PIMENTEL BOARD MEMBER	0.10	X						0.	0.	0.
SHAWN KAELIN BOARD MEMBER	0.10	X						0.	0.	0.
JOE GRAFFIS BOARD MEMBER	0.10	X						0.	0.	0.
TOM MOBLEY BOARD MEMBER	0.10	X						0.	0.	0.
STEVE RUMPLE BOARD MEMBER	0.10	X						0.	0.	0.
RANDI AUSTIN BOARD MEMBER	0.10	X						0.	0.	0.
DOUG WETHINGTON BOARD MEMBER	0.10	X						0.	0.	0.
TOM HOY SECRETARY	0.10			X				0.	0.	0.
DAWN LEE PRESIDENT & CEO	40.00			X				0.	0.	0.
REBECCA JACKSON PRESIDENT & CEO	40.00			X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								0.	0.	0.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* 3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* 4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person* 5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(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	1a Federated campaigns	1a 162,045.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 6,154,493.				
	g Noncash contributions included in lines 1a-1f: $ 51,827.					
	h **Total.** Add lines 1a-1f	▶	6,316,538.			
Program Service Revenue		Business Code				
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	371,155.			371,155.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6 a Gross Rents					
	b Less. rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities / (ii) Other				
	7 a Gross amount from sales of assets other than inventory	4,117,499.				
	b Less: cost or other basis and sales expenses	4,999,373.				
	c Gain or (loss)	-881,874.				
	d Net gain or (loss)	▶	-881,874.			-881,874.
	8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less. direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11 a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶				
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	5,805,819.	0.	0.	-510,719.

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	5,107,865.	5,107,865.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	27,420.			27,420.
f Investment management fees	26,132.			26,132.
g Other	56,597.		38,419.	18,178.
12 Advertising and promotion	199.		199.	
13 Office expenses	55,365.		15,334.	40,031.
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	14,991.		9,738.	5,253.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,869.		25,869.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONTRACT LABOR	542,832.		331,689.	211,143.
b PRODUCTION & ENGINEERIN	29,575.			29,575.
c MISCELLANEOUS	24,080.		24,080.	
d FOOD	18,512.			18,512.
e TALENT AND MUSICIANS	14,015.			14,015.
f All other expenses	5,731.		2,861.	2,870.
25 Total functional expenses. Add lines 1 through 24f	5,949,183.	5,107,865.	448,189.	393,129.
26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		135,190.	1	42,095.
	2	Savings and temporary cash investments		1,391,551.	2	864,271.
	3	Pledges and grants receivable, net		372,383.	3	285,936.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		12,790.	9	10,324.
	10a	Land, buildings, and equipment: cost basis	10a 268,609.			
	b	Less: accumulated depreciation Complete Part VI of Schedule D	10b 140,265.	153,365.	10c	128,344.
	11	Investments - publicly traded securities		13,989,585.	11	12,942,060.
	12	Investments - other securities. See Part IV, line 11		18,443.	12	18,437.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,213,610.	15	1,184,028.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		17,286,917.	16	15,475,495.
Liabilities	17	Accounts payable and accrued expenses		74,093.	17	52,000.
	18	Grants payable		7,530,780.	18	5,993,911.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability. Complete Part IV of Schedule D			21	
	22	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			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		7,604,873.	26	6,045,911.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [x] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		7,380,419.	27	6,985,317.
	28	Temporarily restricted net assets		160,544.	28	143,005.
	29	Permanently restricted net assets		2,141,081.	29	2,301,262.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		9,682,044.	33	9,429,584.
	34	Total liabilities and net assets/fund balances		17,286,917.	34	15,475,495.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [x] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		x
b	Were the organization's financial statements audited by an independent accountant?	2b	x	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		x
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		x
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
THE WHAS CRUSADE FOR CHILDREN, INC.	23-7075524

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete the Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,412,891.	6,444,214.	7,086,831.	6,277,432.	6,316,538.	32,537,906.
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 - 3	6,412,891.	6,444,214.	7,086,831.	6,277,432.	6,316,538.	32,537,906.
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)						5,725.
6 **Public Support.** Subtract line 5 from line 4						32,532,181.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	6,412,891.	6,444,214.	7,086,831.	6,277,432.	6,316,538.	32,537,906.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	207,902.	410,652.	636,139.	549,234.	371,155.	2,175,082.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						34,712,988.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	93.72 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	94.02 %

16a **33 1/3% support test - 2008.** 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 - 2007.** 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 - 2008.** 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 - 2007.** 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 ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: THE WHAS CRUSADE FOR CHILDREN, INC.

Employer identification number: 23-7075524

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,463,549.				
b Contributions	857,949.				
c Investment earnings or losses	-777,214.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	30,852.				
g End of year balance	8,513,432.				

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ 72.97 %
b Permanent endowment ▶ 27.03 %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations 3a(i)		X
(ii) related organizations 3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		130,934.	6,547.	124,387.
d Equipment		137,675.	133,718.	3,957.
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				128,344.

Schedule D (Form 990) 2008

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12-23-08

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
INTEREST RECEIVABLE	14,797.
CASH SURRENDER VALUE OF LIFE INSURANCE	15,665.
BENEFICIAL INTEREST IN CHARITABLE TRUSTS	1,153,566.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15.)* ▶	1,184,028.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25.)* ▶	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,805,819.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,949,183.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-143,364.
4	Net unrealized gains (losses) on investments	4	-116,800.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	7,704.
9	Total adjustments (net). Add lines 4-8	9	-109,096.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-252,460.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	6,318,420.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	-116,800.		
b	Donated services and use of facilities	2b	621,697.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	7,704.		
e	Add lines 2a through 2d			2e	512,601.
3	Subtract line 2e from line 1			3	5,805,819.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	5,805,819.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	6,570,880.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	621,697.		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	621,697.
3	Subtract line 2e from line 1			3	5,949,183.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	5,949,183.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

PART V, LINE 4: THE PRIMARY OBJECTIVE OF THE INVESTMENTS OF THE ENDOWMENT FUND IS TO PROVIDE FOR LONG-TERM GROWTH OF PRINCIPAL AND INCOME WITHOUT UNDUE EXPOSURE TO RISK. THIS WILL EVENTUALLY ENABLE THE ENDOWMENT TO COVER THE CRUSADE'S OPERATING COSTS, WHILE MAKING MORE GRANTS TO SUPPORT CHILDREN WITH SPECIAL NEEDS IN THE REGION.

PART XI, LINE 8: CHANGE IN BENEFICIAL INTEREST IN TRUSTS.

Part XIV Supplemental Information *(continued)*

PART XII, LINE 2D: CHANGE IN BENEFICIAL INTEREST IN TRUSTS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization

THE WHAS CRUSADE FOR CHILDREN, INC.

Employer identification number

23-7075524

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a [x] Mail solicitations
b [ ] Email solicitations
c [ ] Phone solicitations
d [x] In-person solicitations
e [x] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [x] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [x] Yes [ ] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
ASHLEY & ASSOCIATES	FUND DEVELOPMENT		X	50,000.	13,000.	37,000.
PRICE REALTY & AUCTION	AUTO AUCTION		X	13,800.	4,938.	8,862.
Total ▶				63,800.	17,938.	45,862.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

KY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses				
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶				( )
	9 Net income summary. Combine lines 3 and 8 in column (d) ▶				

Part III Gaming. 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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes____ % ☐ No	☐ Yes____ % ☐ No	☐ Yes____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities:			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____				
c If "Yes," enter name and address:				
Name ▶				
Address ▶				
16 Gaming manager information:				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a			
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**

▶ **Attach to Form 990.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: THE WHAS CRUSADE FOR CHILDREN, INC.

Employer identification number: 23-7075524

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADAIR COUNTY BOARD OF EDUCATION 1204 GREENSBURG STREET COLUMBIA, KY 42728	61-6001263	GOVERNMENT ENTITY	30,410.	0.			SPEECH THERAPY & CLASSROOM COMPUTERS
AMERICAN DIABETES ASSOCIATION 161 ST. MATTHEWS AVE., #3 LOUISVILLE, KY 40207	13-1623888	501(C) 3	14,000.	0.			CAMP FOR CHILDREN WITH DIABETES
AMERICANA COMMUNITY CENTER, INC. 4801 SOUTHSIDE DRIVE LOUISVILLE, KY 40214	61-1251306	501(C) 3	13,500.	0.			PROGRAM FOR REFUGEE YOUT
ANCHORAGE INDEPENDENT BOARD OF EDUCATION - 11400 RIDGE RD. - ANCHORAGE, KY 40223	61-6000999	GOVERNMENT ENTITY	25,000.	0.			SERVICE PROVIDERS & ASSISTIVE TECHNOLOGY TO MEET THE UNIQUE NEEDS OF CHILDREN WITH SPECIAL
ARCHDIOCESE OF LOUISVILLE 1935 LEWISTON DRIVE LOUISVILLE, KY 40216	53-0196617	501(C) 3	52,000.	0.			EQUIPMENT, TECHNOLOGY & LEARNING MATERIALS FOR STUDENTS WITH SPECIAL NEEDS
ARHHC (ASSOC. FOR RETARDED & HANDICAPPED OF HARDIN COUNTY) - 225 COLLEGE ST. - ELIZABETHTOWN, KY 42701	61-6030361	501(C) 3	6,000.	0.			SUMMER YOUTH PROGRAM FOR MENTALLY AND PHYSICALLY HANDICAPPED CHILDREN

2 Enter total number of section 501(c)(3) and government organizations ▶ 114.

3 Enter total number of other organizations ▶ 55.

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

Schedule I (Form 990) 2008

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

832101 12-18-08

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: WHAS CRUSADE FOR CHILDREN GRANTS ARE MADE TO NON-PROFIT AGENCIES, SCHOOLS AND HOSPITALS THAT HELP CHILDREN WITH SPECIAL NEEDS UP TO AGE 18. THE TERM "SPECIAL NEEDS" IS DEFINED AS PHYSICAL, MENTAL, EMOTIONAL AND MEDICAL NEEDS.

- GRANTS ARE FOR DIRECT SERVICES ONLY.
- NO GRANTS ARE MADE TO INDIVIDUALS OR FAMILIES.
- GRANTS ARE MADE FOR SPECIFIC PROGRAMS OR EQUIPMENT THAT PROVIDE DIRECT BENEFIT TO SPECIAL NEEDS CHILDREN AND ARE NOT GENERAL OPERATING GRANTS.

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
THE WHAS CRUSADE FOR CHILDREN, INC.

Employer identification number
23-7075524

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ASBURY COLLEGE 1 MACKLEM DRIVE WILMORE, KY 40390	61-0458355	501(C) 3	15,000.	0.			TUITION SCHOLARSHIPS FOR PREPARATION OF SPECIAL EDUCATION TEACHERS
BELL COUNTY SCHOOL DISTRICT PO BOX 340 PINEVILLE, KY 40977	61-6001346	GOVERNMENT ENTIT	9,036.	0.			TECHNOLOGY THAT WILL ALLOW SPECIAL EDUCATION STUDENTS TO EXPERIENCE HIGHER SUCCESS
BELLARMINE UNIVERSITY 2001 NEWBURG ROAD LOUISVILLE, KY 40205	61-0482955	501(C) 3	18,000.	0.			ASSISTIVE TECHNOLOGY & MATERIALS TO TRAIN TEACHERS TO WORK WITH STUDENTS WITH
BELLARMINE UNIVERSITY 2001 NEWBURG ROAD LOUISVILLE, KY 40205	61-0482955	501(C) 3	10,000.	0.			GRADUATE SCHOLARSHIPS TO PREPARE HIGHLY QUALIFIED TEACHERS OF STUDENTS WIT SPECIAL NEEDS
BELLEWOOD PRESBYTERIAN HOMES FOR CHILDREN - 11103 PARK ROAD - LOUISVILLE, KY 40223	61-0444793	501(C) 3	30,374.	0.			CARPETING & FURNITURE FO COTTAGES USED TO BENEFIT YOUTH WHO HAVE EXPERIENC SEVERE ABUSE & NEGLECT.
BINGHAM CHILD GUIDANCE CLINIC, INC. - 200 E. CHESTNUT ST. PO BOX 789 - LOUISVILLE, KY 40201	61-0445838	501(C) 3	31,000.	0.			DIRECT SERVICES TO SPECIAL NEEDS CHILDREN - SALARIES FOR TEACHERS & AIDES FOR KELLER DAY
BLUEGRASS TECHNOLOGY CENTER 961 BEASLEY ST., SUITE 140 LEXINGTON, KY 40505	61-1149378	501(C) 3	12,500.	0.			HELP CHILDREN WITH SPECIAL NEEDS ADVANCE TO NEXT LEVEL OF SKILLS IN "LIBRARY OF ADAPTED
BRECKINRIDGE COUNTY BOARD OF EDUCATION - 86 AIRPORT RD. - HARDINSBURG, KY 40143	61-6001288	GOVERNMENT ENTIT	26,082.	0.			OT & PT SALARIES & SCREENING EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization: THE WHAS CRUSADE FOR CHILDREN, INC.

Employer identification number: 23-7075524

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BROOKLAWN CHILD & FAMILY SERVICES 2125 GOLDSMITH LANE LOUISVILLE, KY 40218	61-0471572	501(C) 3	50,000.	0.			STAFF COMPENSATION FOR BROOKLAWN'S RESIDENTIAL PROGRAMS TO BENEFIT EMOTIONALLY TROUBLED
BULLITT CO. PUBLIC SCHOOLS 1040 HWY. 44 E. SHEPHERDSVILLE, KY 40165	61-6001357	GOVERNMENT ENTIT	59,621.	0.			PROJECT DISCOVERY SPECIA EDUCATION TRANSITION SYSTEM, WHEELCHAIR LIFT FOR VAN & TECHNOLOGY FOR
BURGIN INDEPENDENT SCHOOLS P.O. BOX B BURGIN, KY 40310	61-6001391	GOVERNMENT ENTIT	5,034.	0.			CLASSROOM AMPLIFICATION SYSTEM THAT PROVIDES SPEECH CLARITY FOR CHILDREN WITH SPECIAL
CAMPBELLSVILLE INDEPENDENT SCHOOL DISTRICT - 136 SOUTH COLUMBIA AVE - CAMPBELLSVILLE, KY 42718	61-6001031	GOVERNMENT ENTIT	18,150.	0.			PURCHASE ITESM THAT WILL ASSIST SPECIAL EDUCATION PROGRAMS.
CARDINAL HILL REHABILITATION CTR-EASTER SEALS OF LOUISVILLE - 9810 BLUEGRASS PARKWAY - LOUISVILLE, KY 40299	61-0444712	501(C) 3	29,590.	0.			SALARIES FOR AIDES FOR INTEGRATED CHILD DEVELOPMENT PROGRAM. PLAYGROUND EQUIPMENT FOR
CARDINAL HILL REHABILITATION HOSPITAL - 2050 VERSAILLES ROAD - LEXINGTON, KY 40504	61-0444712	501(C) 3	8,800.	0.			TO HELP CHILDREN WITH SPECIAL NEEDS REACH DEVELOPMENTALLY MILESTONES IN READING &
CARROLL COUNTY SCHOOLS 813 HAWKIN ST. CARROLLTON, KY 41008	61-6001529	GOVERNMENT ENTIT	10,000.	0.			LAPTOPS FOR INSTRUCTION LEARNING PURPOSES FOR CHILDREN WITH SPECIAL NEEDS
CASA OF LEXINGTON 115 CISCO RD. LEXINGTON, KY 40504	61-1339185	501(C) 3	15,500.	0.			VOLUNTEER COORDINATOR SALARY WHO WILL ASSESS & MONITOR THE SPECIAL NEED OF ABUSED/NEGLECTED

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
THE WHAS CRUSADE FOR CHILDREN, INC.

Employer identification number
23-7075524

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CASA OF SOUTH CENTRAL KY, INC. P.O. BOX 867 BOWLING GREEN, KY 42102-0867	61-1334266	501(C) 3	10,000.	0.			ADVOCATE COORDINATOR TO PROVIDE RECRUITMENT & TRAINING OF VOLUNTEERS TO SERVE AS ADVOCATES FOR
CASEY COUNTY SCHOOLS 1922 NORTH U.S. 127 LIBERTY, KY 42539	93-0726176	GOVERNMENT ENTIT	6,000.	0.			TECHNOLOGY FOR VARIETY O LEARNING STYLES WITH SPECIAL NEEDS POPULATION
CAVELAND EDUCATIONAL SUPPORT CENTER - 1906 COLLEGE HEIGHTS BLVD, #21031 - BOWLING GREEN, KY 42101-1031	61-1346957	501(C) 3	12,476.	0.			MATERIALS AND TECHNOLOGY FOR "CAVELAND INCLUSION PROJECT" AND "REACH PROGRAM FOR CHILDREN WIT
CAVERNA INDEPENDENT SCHOOL DISTRICT - 1106 NORTH DIXIE HIGHWAY - CAVE CITY, KY 42127	61-6002422	GOVERNMENT ENTIT	6,511.	0.			MATERIALS TO HELP SPECIA NEEDS STUDENTS EXPERIENC LEARNING AT A DIFFERENT LEVEL
CENTRAL KENTUCKY SPECIAL EDUCATION COOPERATIVE - 43 DICKEY HALL - LEXINGTON, KY 40506	61-1204854	501(C) 3	7,000.	0.			PURCHASE MATERIALS FOR A LENDING LIBRARY TO BENEFIT STUDENTS WITH DISABILITIES
CEREBRAL PALSY K.I.D.S. CENTER 982 EASTERN PARKWAY LOUISVILLE, KY 40217	61-0492378	501(C) 3	7,000.	0.			SEVERE SPASTICITY CLINIC FOR CHILDREN WHO FACE SEVERE SPASTICITY OR MUSCLE TIGHTNESS
CHILD DEVELOPMENT CENTERS OF THE BLUEGRASS, INC. - 465 SPRINGHILL DRIVE - LEXINGTON, KY 40503	61-0543367	501(C) 3	7,000.	0.			EQUIPMENT TO BE USED BY OCCUPATIONAL & PHYSICAL THERAPISTS TO PROVIDE DIRECT SERVICES TO
CLARK MEMORIAL HOSPITAL FOUNDATION 1206 SPRING STREET JEFFERSONVILLE, IN 47130	31-1202140	501(C) 3	9,040.	0.			BLENDERS TO INCREASE OR DECREASE OXYGEN FOR A BABY DURING RESUSCITATION.

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization: THE WHAS CRUSADE FOR CHILDREN, INC.

Employer identification number: 23-7075524

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CLARKSVILLE COMMUNITY SCHOOLS 200 ETTELS LANE CLARKSVILLE, IN 47130	35-6002244	GOVERNMENT ENTIT	18,000.	0.			PARA-EDUCATORS TO SUPPORT STUDENTS WITH DISABILITIES.
CLOVERPORT INDEPENDENT SCHOOLS PO BOX 37 CLOVERPORT, KY 40111	61-6001396	501(C) 3	100,000.	0.			HEALTH AIDES IN THE CLASSROOM FOR CHILDREN WITH SPECIAL NEEDS
COMMUNITY ACTION OF SOUTHERN INDIANA HEAD START - 1613 EAST 8TH ST. - JEFFERSONVILLE, IN 47130	02-0591170	501(C) 3	6,426.	0.			PURCHASE EQUIPMENT TO MEET CHILDREN'S SOCIAL, EMOTIONAL, PHYSICAL, COGNITIVE & LANGUAGE
COMMUNITY COORDINATED CHILD CARE 1215 SOUTH THIRD ST. LOUISVILLE, KY 40203	23-7160437	501(C) 3	6,000.	0.			PROVIDE DIRECT EARLY INTERVENTION SERVICES TO CHILDREN WITH SPECIAL NEEDS
CRAWFORD COUNTY COMMUNITY SCHOOL CORPORATION - 5805 E. ADMINISTRATION ROAD - MARENGO, IN 47140	35-1159693	GOVERNMENT ENTIT	55,000.	0.			CLASSROOM AND RESTROOM RENOVATION TO PROVIDE HANDICAP ACCESSIBILITY FOR CHILDREN WITH SPECIA
DEAF YOUTH SPORTS FESTIVAL, INC P.O. BOX 17565 LOUISVILLE, KY 40217-0565	01-0702831	501(C) 3	17,500.	0.			SCHOLARSHIPS FOR DEAF & HARD OF HEARING CHILDREN TO ATTEND EVENTS.
DORMAN PRESCHOOL CENTER P.O. BOX 853 SHELBYVILLE, KY 40066	61-0620554	501(C) 3	25,000.	0.			TEACHER & ASSISTANTS FOR TODDLER ROOM DIAGNOSED WITH A DISABILITY
DOWN SYNDROME #2 4604 BARDSTOWN ROAD LOUISVILLE, KY 40218	61-1214126	501(C) 3	9,016.	0.			EARLY DEVELOPMENTAL GROU INTERVENTION & SUMMER EDUCATION ENRICHMENT CAM

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
THE WHAS CRUSADE FOR CHILDREN, INC.

Employer identification number
23-7075524

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DOWN SYNDROME OF LOUISVILLE, INC. 4604 BARDSTOWN RD. LOUISVILLE, KY 40218	61-1214126	501(C) 3	25,000.	0.			CONSTRUCTION COSTS FOR LIFE LONG LEARNING CENTER FOR EARLY INTERVENTION PROGRAM AND SCHOOL AGE
DREAMS WITH WINGS, INC. 1579 BARDSTOWN ROAD LOUISVILLE, KY 40205	61-1371540	501(C) 3	12,500.	0.			FUNDING FOR BEHAVIOR INTERVENTION PROGRAM
EASTER SEAL CAMP KYSOC 1902 EASTERDAY ROAD CARROLLTON, KY 41008	61-0444712	501(C) 3	9,000.	0.			FUNDING FOR CAMPERS WITH DISABILITIES
EASTERN KENTUCKY UNIVERSITY 245 WALLACE RICHMOND, KY 40475	61-1011211	GOVERNMENT ENTIT	16,500.	0.			SCHOLARSHIPS FOR STUDENT PURSUING A DEGREE IN SPECIAL EDUCATION
ELIZABETHTWON INDEPENDENT SCHOOLS 219 HELM ST. ELIZABETHTOWN, KY 42701	61-6001403	GOVERNMENT ENTIT	32,226.	0.			FINANCIAL SUPPORT AND FUNDING FOR COMMUNITY BASED WORK TRANSITION PROGRAM.
EMINENCE INDEPENDENT SCHOOLS P.O. BOX 146 EMINENCE, KY 40019	61-6001055	GOVERNMENT ENTIT	29,995.	0.			EXPANSION OF "SUPPLEMENTAL OPPORTUNITIES FOR ACHIEVEMENT IN READING"
ENABLING TECHNOLOGIES OF KENTUCKIANA (ENTECH) - 845 SOUTH THIRD ST. - LOUISVILLE, KY 40203	61-0444780	501(C) 3	7,000.	0.			PROVIDE CHILDREN OPPORTUNITIES TO OVERCOM PHYSICAL, MENTAL, EMOTIONAL OR MEDICAL
EXCEPTIONAL EQUITATION 2107 MASSIE SCHOOL ROAD LAGRANGE, KY 40031	31-0951588	501(C) 3	10,000.	0.			PERSONNEL SALARIES TO WORK WITH CHILDREN WITH SPECIAL NEEDS

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
THE WHAS CRUSADE FOR CHILDREN, INC.

Employer identification number
23-7075524

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.** (Schedule I (Form 990), Part II.)

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FAMILY & CHILDREN'S PLACE - CHILD ADVOCACY - 2303 RIVER ROAD, SUITE 200 - LOUISVILLE, KY 40206	61-0549561	501(C) 3	16,000.	0.			PARTIAL COSTS OF A PEDIATRICIAN AND 3 MENTAL HEALTH COUNSELORS WHO HELP SPECIAL NEEDS
FAMILY & CHILDREN'S PLACE - CHILDREN'S PROGRAM - 2303 RIVER ROAD, SUITE 200 - LOUISVILLE, KY 40206	61-0549561	501(C) 3	15,000.	0.			PORTION OF SERVICES REQUIRED TO OFFER SPECIALIZED EARLY CHILDHOOD EDUCATION FOR
FAMILY ENRICHMENT CENTER 441 CHURCH STREET BOWLING GREEN, KY 42101	61-0956466	501(C) 3	7,500.	0.			PROVIDE PARENT EDUCATOR WHOSE ROLE IS TO SUPPORT SPECIAL NEEDS CHILDREN
FAMILY SCHOLAR HOUSE 806 EAST CHESTNUT ST. LOUISVILLE, KY 40204	61-1285124	501(C) 3	7,776.	0.			PERSONNEL SALARIES & BOOKS TO HELP DEVELOP STRONG READING SKILLS
FATHER MALONEY'S BOYS' HAVEN, INC. 2301 GOLDSMITH LANE LOUISVILLE, KY 40218	61-0479621	501(C) 3	16,000.	0.			PT RN SALARY TO PROVIDE PSYCHIATRIC AND MEDICAL ASSESSMENTS
FLOYD MEMORIAL HOSPITAL & HEALTH SERVICES #1 - 1850 STATE ST. - NEW ALBANY, IN 47150	35-6031012	501(C) 3	6,013.	0.			HEARING SCREENER FOR LEVEL II CARE FACILITY FOR NEONATES
FLOYD MEMORIAL HOSPITAL & HEALTH SERVICES #2 - 1850 STATE STREET - NEW ALBANY, IN 47150	35-6031012	501(C) 3	6,743.	0.			PURCHASE OF I STAT TO BETTER PROVIDE EMERGENCY CRITICAL SERVICES TO CHILDREN WITH SPECIAL
FLOYD MEMORIAL HOSPITAL & HEALTH SERVICES #3 - 1850 STATE ST. - NEW ALBANY, IN 47150	35-6031012	501(C) 3	12,370.	0.			PURCHASE OF SCALES FOR PROGRAMS AIMED AT IMPROVING NUTRITIONAL FITNESS OF YOUTH

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FRANKLIN COUNTY BOARD OF EDUCATION 916 EAST MAIN ST. FRANKFORT, KY 40601	61-6001280	GOVERNMENT ENTIT	25,650.	0.			PROVIDE DIRECT INSTRUCTION IN READING FOR ANY HIGH SCHOOL SPECIAL NEEDS STUDENTS
FRIENDS SCHOOL, INC. 901 BRECKENRIDGE LANE LOUISVILLE, KY 40207	61-1213141	501(C) 3	23,000.	0.			FINANCIAL SUPPORT FOR SPECIAL NEEDS COORDINATO AND SCHOLARSHIP ASSISTANCE TO CHILDREN
GILDA'S CLUB LOUISVILLE 633 BAXTER AVENUE LOUISVILLE, KY 40204	20-1635170	501(C) 3	8,750.	0.			YOUTH PROGRAM TO PROVIDE STRUCTURED SUPPORT TO CHILDREN & YOUTH WHO ARE IMPACTED BY CANCER
GOODWILL BRIDGEPOINTE SERVICES, INC. - 1329 APPLEGATE LANE - CLARKSVILLE, IN 47131-2488	35-1019658	501(C) 3	10,000.	0.			OFFSET SALARY EXPENSE FO CURRICULUM TRAINING COORDINATOR FOR IN-CLASSROOM TRAINING
GRAYSON COUNTY SCHOOLS 909 BRANDENBURG ROAD LEITCHFIELD, KY 42754	61-6001310	GOVERNMENT ENTIT	32,000.	0.			TECHNOLOGY TO ENHANCE TH INDEPENDENCE OF ALL SPECIAL NEEDS STUDENTS
GREEN COUNTY BOARD OF EDUCATION 402 HODGENVILLE AVE. GREENSBURG, KY 42743	61-6001285	GOVERNMENT ENTIT	9,000.	0.			READING INTERVENTION PROGRAMS TO ENHANCE SPECIAL NEEDS STUDENT'S ABILITIES TO ACCESS THE
GREEN HILL THERAPY 1410 LONG RUN ROAD LOUISVILLE, KY 40245	61-1378588	501(C) 3	20,000.	0.			SCHOLARSHIP SUBSIDY PROGRAM
HANCOCK COUNTY BOARD OF EDUCATION 83 STATE ROUTE 271 NORTH HAWESVILLE, KY 42348	61-6001293	GOVERNMENT ENTIT	6,148.	0.			EQUIPMENT AND MATERIALS FOR SPECIAL EDUCATION STUDENTS

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HARDIN COUNTY BOARD OF EDUCATION 65 W.A. JENKINS RD. ELIZABETHTOWN, KY 42701	616001274	GOVERNMENT ENTIT	35,087.	0.			MUSIC THERAPY, SOUNDFIELDS FOR HEARING IMPAIRED STUDENTS AND BOARDMAKER TO FACILITATE
HARDIN MEMORIAL HOSPITAL 913 NORTH DIXIE AVE. ELIZABETHTOWN, KY 42701	61-1022426	GOVERNMENT ENTIT	15,958.	0.			EQUIPMENT TO PROVIDE SERVICES TO INFANTS, CHILDREN AND ADOLESCENTS
HARRISON COUNTY EXCEPTIONAL LEARNERS - 121 HIGH SCHOOL ROAD - CORYDON, IN 47112	35-1172509	GOVERNMENT ENTIT	16,000.	0.			PURCHASE MATERIALS AND SUPPLIES TO PROVIDE EDUCATION OPPORTUNITIES FOR STUDENTS THAT HAVE A
HARRISON COUNTY HOSPITAL 1141 HOSPITAL DRIVE NW CORYDON, IN 47112	35-1180407	501(C) 3	10,000.	0.			HEARING SCREENERS REQUIRED ON ALL NEWBORNS TO BE SCREENED PRIOR TO HOSPITAL DISCHARGE
HART COUNTY SCHOOL SYSTEM 511 WEST UNION STREET MUNFORDVILLE, KY 42765	61-6001333	GOVERNMENT ENTIT	18,987.	0.			ALLOW SPECIAL NEEDS STUDENTS MORE ACCESSIBILITY TO THE READING PLUS PROGRAM
HENRY COUNTY SCHOOLS 326 SOUTH MAIN ST. NEW CASTLE, KY 40050	61-6001335	GOVERNMENT ENTIT	10,000.	0.			COMPUTER LAB FOR USE WIT HIGH SCHOOL STUDENTS WIT SPECIAL NEEDS AND
HEUSER HEARING & LANGUAGE ACADEMY 111 EAST KENTUCKY ST. LOUISVILLE, KY 40203	61-0492369	501(C) 3	22,000.	0.			LEAD INSTRUCTOR FOR 3 YEAR OLD CLASSROOM TO WORK WITH CHILDREN WITH SPECIAL NEEDS
HOME OF THE INNOCENTS 1100 E. MARKET ST. LOUISVILLE, KY 40206	61-0445834	501(C) 3	222,135.	0.			PATIENT BEDS AND VENTILATORS FOR NEW TWO-STORY EXPANSION OF THE PEDIATRIC

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HOSPARUS INC. 3532 EPHRAIM MCDOWELL DRIVE LOUISVILLE, KY 40205-3224	61-0921718	501(C) 3	10,000.	0.			FURNITURE, EQUIPMENT & SUPPLIES FOR NEW CHILDREN'S GRIEF COUNSELING CENTER IN SO.
HOSPARUS, INC. 3532 EPHRAIM MCDOWELL DRIVE LOUISVILLE, KY 40205-3224	61-0921718	501(C) 3	30,000.	0.			PARTIAL SALARIES FOR PEDIATRIC NURSE AND CHAPLAIN FOR KOURAGEOUS KIDS PEDIATRIC PROGRAM
INDIANA UNIVERSITY SOUTHEAST 4201 GRANT LINE RD. NEW ALBANY, IN 47150	35-6001673	501(C) 3	8,800.	0.			SCHOLARSHIPS FOR JR OR S STATUS UNDERGRADUATE MAJORS IN SPECIAL EDUCATION
JCPS - AUTISM PROGRAM 502 WOOD ROAD LOUISVILLE, KY 40222	61-6001316	GOVERNMENT ENTIT	14,000.	0.			MATERIALS TO ASSIST STUDENTS WITH AUTISM SPECTRUM DISORDERS IN ACCESSING THE CORE
JCPS - HEARING IMPAIRED PROGRAMS 502 WOOD ROAD LOUISVILLE, KY 40222	61-6001316	GOVERNMENT ENTIT	14,250.	0.			FM ASSISTIVE LISTENING DEVICES TO PROVIDE A CONSISTENT AUDITORY LEARNING EXPERIENCE FOR
JCPS - LOW INCIDENCE PROGRAM 502 WOOD ROAD LOUISVILLE, KY 40222	61-6001316	GOVERNMENT ENTIT	10,065.	0.			NEWS-2-YOU WEEKLY ON-LIN NEWSPAPER SUBSCRIPTION T INCREASE ABILITY OF STUDENTS WITH SEVERE
JCPS - PHYSICAL & OCCUPATIONAL THERAPY PROGRAM - 502 WOOD ROAD - LOUISVILLE, KY 40222	61-6001316	GOVERNMENT ENTIT	35,000.	0.			SENSORY MOTOR AND POSITIONING EQUIPMENT TO ENABLE STUDENTS TO MAKE PROGRESS TOWARD GOALS &
JCPS - VISUALLY IMPAIRED PROGRAM 502 WOOD ROAD LOUISVILLE, KY 40222	61-6001316	GOVERNMENT ENTIT	10,000.	0.			AIDS AND MATERIALS TO PROVIDE VISUALLY IMPAIRE STUDENTS ACCESS TO EDUCATIONAL MATERIALS

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JCPS - WHAS CRUSADE FOR CHILDREN TECHNOLOGY & MATERIALS CTR. - 502 WOOD ROAD - LOUISVILLE, KY 40222	61-6001316	GOVERNMENT ENTIT	120,000.	0.			CURRICULUM SUPPORT MATERIALS PROVIDE MULTIPLE MEANS OF ACQUIRING INFORMATION
KELLY AUTISM PROGRAM: WESTERN KENTUCKY UNIVERSITY - 104 14TH STREET - BOWLING GREEN, KY 42101	61-1358086	501(C) 3	22,000.	0.			GRADUATE ASSISTANTS THAT PROVIDE SERVICES TO PARTICIPANTS
KENTUCKIANA CHILDREN'S CENTER 1810 BROWNSBORO ROAD LOUISVILLE, KY 40206-2112	61-6014488	501(C) 3	25,000.	0.			PERSONNEL SALARIES TO SUPPORT CHILDREN WITH SPECIAL NEEDS
KENTUCKY CHILDREN'S HOSPITAL - DEPT. OF PULMONOLOGY - 138 LEADER AVE. - LEXINGTON, KY 40506-9983	61-6001218	GOVERNMENT ENTIT	25,000.	0.			BODY PLETHYSMOGRAPH TO DETERMINE A DIAGNOSTIC FOR ASTHMA
KENTUCKY CHILDREN'S HOSPITAL - DIV. OF NEONATOLOGY - 138 LEADER AVENUE - LEXINGTON, KY 40506-9983	61-6001218	GOVERNMENT ENTIT	35,235.	0.			CEREBRAL OXIMETER FOR PATIENTS WITH POOR OXYGENATION, POOR CIRCULATION OR AT HIGH
KENTUCKY CHILDREN'S HOSPITAL MHCP 138 LEADER AVENUE LEXINGTON, KY 40506-1106	61-6001218	GOVERNMENT ENTIT	6,563.	0.			HANDICAP-ACCESSIBLE EXAM TABLE FOR CHILDREN IN WHEELCHAIRS HAVING DIFFICULTY TRANSFERRING
KENTUCKY SCHOOL FOR THE BLIND 1867 FRANKFORT AVENUE LOUISVILLE, KY 40206	61-0600439	GOVERNMENT ENTIT	20,000.	0.			TECHNOLOGY FOR THE NEEDS OF BLIND AND VISUALLY IMPAIRED STUDENTS
KOSAIR CHILDREN'S HOSPITAL #1 P.O. BOX 35070 LOUISVILLE, KY 40232-5070	61-1028725	501(C) 3	35,700.	0.			CENTRIFUGAL LIFE SUPPORT PUMPS TO ENABLE PROGRAM TO PROVIDE STATE-OF-THE-ART CARE FO

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KOSAIR CHILDREN'S HOSPITAL #2 P.O. BOX 35070 LOUISVILLE, KY 40232-5070	61-1028725	501(C) 3	92,246.	0.			INVOS OXIMETERS ALLOWS MONITORING FOR OXYGEN DELIVERY IN CHILDREN
KOSAIR CHILDREN'S HOSPITAL #3 P.O. BOX 35070 LOUISVILLE, KY 40232-5070	61-1028725	501(C) 3	825,000.	0.			FOR EQUIPMENT COSTS AND CONSTRUCTION COSTS OF INTERVENTIONAL RADIOLOGY SUITE
KOSAIR CHILDREN'S HOSPITAL #4 P.O. BOX 35070 LOUISVILLE, KY 40232-5070	61-1028725	501(C) 3	175,000.	0.			PHASE III OF THE NICU RENOVATION TO ACCOMMODAT THE LATEST THERAPEUTIC HEALING AND TREATMENT FO
KY. CENTER FOR SPECIAL CHILDREN SERVICES, FEAT - 13101 EASTPOINT PARK BLVD. - LOUISVILLE, KY 40223	61-0680753	501(C) 3	50,000.	0.			FUNDING SALARIES FOR BEHAVIORAL THERAPISTS & CLASSROOM TEACHERS FOR ENDEAVOR PROGRAM
KY. CENTER FOR SPECIAL CHILDREN'S SERVICES - CARRIAGE HOUSE - 13101 EASTPOINT PARK BLVD. - LOUISVILLE, KY 40223	61-0680753	501(C) 3	20,000.	0.			SALARIES FOR ASSISTANTS WHO ARE RESPONSIBLE FOR IMPLEMENTING PROGRAMS FO SPECIAL NEEDS CHILDREN
LARUE COUNTY PUBLIC SCHOOL 208 COLLEGE ST. HODGENVILLE, KY 42748	61-6001298	GOVERNMENT ENTIT	17,000.	0.			SALARY FOR MATH RESOURCE PERSONNEL TO WORK DIRECTLY WITH STUDENTS WITH DISABILITIES
LIFESPRING, INC. 460 SPRING STREET JEFFERSONVILLE, IN 47130	35-1097350	501(C) 3	7,000.	0.			PURCHASE COMPONENTS TO USE IN IDENTIFICATION & TREATMENT OF MENTAL HEALTH NEEDS IN CHILDREN
LIGHTHOUSE PROMISE 5312 OLD SHEPHERDSVILLE RD. LOUISVILLE, KY 40228	61-1362760	501(C) 3	6,000.	0.			SALARIES FOR CHILD PSYCHOLOGIST TO WORK WIT "AT RISK" CHILDREN IN AFTER SCHOOL AND SUMMER

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LINCOLN HERITAGE COUNCIL, BOY SCOUTS - P.O. BOX 36273 - LOUISVILLE, KY 40299	22-1576300	501(C) 3	15,000.	0.			EXPENSES FOR ADVENTURE CAMP
LIVINGSTON COUNTY PUBLIC SCHOOLS 127 EAST ADAIR ST. SMITHLAND, KY 42081	616001359	GOVERNMENT ENTIT	5,000.	0.			SPECIAL EDUCATION AIDE AND SMARTBOARDS FOR CHILDREN WITH SPECIAL NEEDS
MADISON AREA EDUCATIONAL SPECIAL SERVICES UNIT - 702 ELM ST. - MADISON, IN 47250	35-1371543	501(C) 3	6,330.	0.			EQUIPMENT & ENVIRONMENT TO EFFECTIVELY TEACH SEL CARE SKILLS
MARION COUNTY BOARD OF EDUCATION 755 EAST MAIN ST. LEBANON, KY 40033	61-6001309	GOVERNMENT ENTIT	10,000.	0.			SECOND STEP VIOLENCE PROGRAM THAT INTEGRATES ACADEMICS WITH SOCIAL/EMOTIONAL LEARNIN
MARYHURST, INC. 1015 DORSEY LANE LOUISVILLE, KY 40223	31-1542209	501(C) 3	30,000.	0.			TO SUPPORT INCREASED HEALTH AND WELLNESS EFFORTS WITH CHILDREN WITH SPECIAL NEEDS
MEADE COUNTY BOARD OF EDUCATION PO BOX 337 BRANDENBURG, KY 40108	61-6001248	GOVERNMENT ENTIT	33,975.	0.			TO PURCHASE MY READING COACH FOR STUDENTS WITH READING DIFFICULTIES & PICTURE ME READING
MEREDITH-DUNN SCHOOL 3023 MELBOURNE AVENUE LOUISVILLE, KY 40220	23-7339248	501(C) 3	20,000.	0.			PURCHASE TECHNOLOGICAL DEVICES/EQUIPMENT THAT WOULD SUPPORT SPECIALIZE CURRICULUM DESIGNED TO
NECCO 144 RICHIE LANE SOMERSET, KY 42503	31-1551803	501(C) 3	5,000.	0.			PURCHASE TOYS AND THERAPEUTIC TOYS FOR YOUTH IN FOSTERCARE

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NELSON CO. BOARD OF EDUCATION/BARDSTOWN IND. BOARD OF ED. - P.O. BOX 2277 & 308 N. FIFTH ST. - BARDSTOWN, KY 40004	61-6001240	GOVERNMENT ENTIT	55,000.	0.			ASSISTIVE /AUGMENTATIVE DEVICES TO MAKE KITS THAT WILL HELP IN EVALUATING CHILDREN WITH
NEW ALBANY-FLOYD CO. CONSOLIDATED SCHOOL CORP - 2813 GRANT LINE ROAD - NEW ALBANY, IN 47150	35-6005953	GOVERNMENT ENTIT	30,000.	0.			MATERIALS AND EQUIPMENT TO AIDE IN TEACHING CHILDREN WITH SPECIAL NEEDS
NORTHERN KY. COOPERATIVE FOR EDUCATIONAL SERVICES - 5516 EAST ALEXANDRIA PIKE - COLD SPRING, KY 40176	61-1106680	501(C) 3	10,000.	0.			MATERIALS FOR ASSISTIVE TECHNOLOGY LOAN LIBRARY FOR CHILDREN WITH SPECIA NEEDS
NORTON SUBURBAN HOSPITAL 4001 DUTCHMANS LANE LOUISVILLE, KY 40207	31-0914919	501(C) 3	182,562.	0.			CURRENT TECHNOLOGIES AND EQUIPMENT TO ENSURE A POSITIVE MEDICAL OUTCOME FOR AT RISK BIRTHS
OLDHAM COUNTY BOARD OF EDUCATION P.O. BOX 218 BUCKNER, KY 40010	61-6001306	GOVERNMENT ENTIT	75,000.	0.			OCCUPATIONAL/PHYSICAL THERAPY EQUIPMENT AND INSTRUCTIONAL EQUIPMENT FOR CHILDREN WITH SPECIA
ORANGE COUNTY REHABILITATION & DEVELOPMENT SERVICE, INC. - P.O. BOX 267 - PAOLI, IN 47454	35-1160833	501(C) 3	28,000.	0.			TO ENSURE THE CONTINUATION OF EARLY INTERVENTION SERVICES IN ORANGE COUNTY WITH THE
OUR LADY OF PEACE 2020 NEWBURG ROAD LOUISVILLE, KY 40205	61-1029768	501(C) 3	97,514.	0.			ENOVATION OF PEDIATRIC UNIT AND RECREATIONAL EQUIPMENT FOR ENTRY AND ASSESSMENT AREA
OUR LADY OF PROVIDENCE JUNIOR-SENIOR HIGH SCHOOL - 707 PROVIDENCE WAY - CLARKSVILLE, IN 47129	35-0894977	501(C) 3	11,500.	0.			PERSONNEL SALARIES FOR PILOT PROGRAM DEVELOPED TO MAINSTREAM STUDENTS CHALLENGED WITH

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OWEN COUNTY SCHOOL DISTRICT 1600 HIGHWAY 22 EAST OWENTON, KY 40359	61-6001340	GOVERNMENT ENTIT	6,150.	0.			STUDENTS WITH VISUAL IMPAIRMENTS WILL USE ITEMS TO IMPROVE BALANCE AND COORDINATION
PERSONAL COUNSELING SERVICE, INC. 1205 APPLEGATE LANE CLARKSVILLE, IN 47129	31-0919635	501(C) 3	30,000.	0.			DIRECT SERVICES TO COUNSELING, PSYCHIATRIC CARE AND GROUPS
PITT ACADEMY 6010 PRESTON HIGHWAY LOUISVILLE, KY 40219	23-7066205	501(C) 3	35,000.	0.			CONVERT AND EQUIP A SENSORY ROOM FOR MANY INDIVIDUALS WITH AUTISM
PLYMOUTH COMMUNITY RENEWAL CENTER, INC. - 626 WEST CHESTNUT ST. - LOUISVILLE, KY 40203	31-1064465	501(C) 3	26,000.	0.			TUTORS TO PROVIDE TUTORING TO CHILDREN WIT DYSLEXIC CHARACTERISTICS
PREVENT BLINDNESS AMERICA KENTUCKY DIVISION - 13000 EQUITY PLACE, SUITE 100 - LOUISVILLE, KY 40223	36-3667121	501(C) 3	9,000.	0.			PHOTOSCREENING (METHOD O VISION SCREENING) DESIGNED FOR SPECIAL NEEDS CHILDREN THAT
PROJECT C.A.M.P. INC. DBA THE CENTER FOR COURAGEOUS KIDS - 1501 BURNLEY ROAD - SCOTTSVILLE, KY 42164	20-1789905	501(C) 3	15,000.	0.			COMPENSATE CENTER FOR COURAGEOUS KIDS' MEDICAL DIRECTOR AND CAMP NURSE FOR SUMMER CAMP PROGRAM
PUSH EARLY CHILDHOOD DEVELOPMENT CENTER - 959 LEESTOWN LANE - FRANKFORT, KY 40601	61-0993831	501(C) 3	25,000.	0.			PROVIDE CRITICAL SERVICE TO SPECIAL NEEDS CHILDRE
RAUCH, INC. 845 PARK PLACE NEW ALBANY, IN 47150	35-1011521	501(C) 3	21,000.	0.			DEVELOPMENTAL THERAPIST FOR INTENSIVE GROUP PROGRAM FOR DEVELOPMENTALLY DELAYED

2 Enter total number of Section 501(c)(3) and government organizations . . . . . ▶
3 Enter total number of other organizations . . . . . ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
THE WHAS CRUSADE FOR CHILDREN, INC.

Employer identification number
23-7075524

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
REGIONAL CHILD DEVELOPMENT CLINICS 1600 SCOTTSVILLE RD., SUITE 100 BOWLING GREEN, KY 42104-3217	61-1142151	501(C) 3	6,500.	0.			CONTRACT THERAPIST SALARY TO WORK WITH CHILDREN WITH SPECIAL NEEDS
RILEY CHILDREN'S FOUNDATION 30 S. MERIDIAN ST. SUITE 200 INDIANAPOLIS, IN 46204	35-0868147	501(C) 3	7,000.	0.			CAMP FOR YOUTH WITH PHYSICAL DISABILITIES
ROCKCASTLE HOSPITAL & RESPIRATORY CARE CTR., INC. - P.O. BOX 1310 145 NEWCOMBE AVE. - MT. VERNON, KY 40456	61-0523304	501(C) 3	27,720.	0.			ACTIVITIES VAN TO TRANSPORT CHILDREN WITH SPECIAL NEEDS
RUSSELL COUNTY BOARD OF EDUCATION PO BOX 440 JAMESTOWN, KY 42629	61-6001305	GOVERNMENT ENTIT	8,000.	0.			READING AND MATH INTERVENTION PROGRAMS TO INCREASE CHILDREN WITH SPECIAL NEEDS ACADEMIC
SEVEN COUNTIES SERVICES, INC. 3717 TAYLORSVILLE ROAD LOUISVILLE, KY 40220	31-0939757	501(C) 3	60,000.	0.			THERAPEUTIC PROGRAM FOR CHILDREN WITH AUTISM AND ADAPTIVE EQUIPMENT FOR LENDING LIBRARY
SHELBY COUNTY PUBLIC SCHOOLS 1155 WEST MAIN ST. SHELBYVILLE, KY 40065	61-6001356	GOVERNMENT ENTIT	50,000.	0.			ASSISTIVE TECHNOLOGY AND ADAPTIVE DEVICES TO ASSIST STUDENTS WITH SPECIAL NEEDS
SOUTH CENTRAL AREA SPECIAL EDUCATION COOPERATIVE - 600 ELM STREET, SUITE 2 - PAOLI, IN 47454	31-0986767	501(C) 3	15,000.	0.			EQUIPMENT AND MATERIALS THAT WOULD ALLOW STUDENT TO INCREASE THEIR ACCESS TO GENERAL EDUCATION
SOUTHWESTERN JEFFERSON CO CONSOLIDATED SCHOOL CORP. - 239 S. MAIN CROSS STREET - HANOVER, IN 47243	35-6006827	GOVERNMENT ENTIT	5,950.	0.			COMPUTERS TO ENHANCE THE LEARNING OPPORTUNITIES O STUDENTS WITH DISABILITIES

2 Enter total number of Section 501(c)(3) and government organizations ▶
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SPALDING UNIVERSITY 845 SOUTH THIRD ST. LOUISVILLE, KY 40203	61-0444780	501(C) 3	14,000.	0.			SCHOLARSHIPS FOR TRAINING OF SPECIAL EDUCATORS
SPENCER COUNTY PUBLIC SCHOOLS 207 W. MAIN ST. TAYLORSVILLE, KY 40071	61-6001367	GOVERNMENT ENTIT	30,265.	0.			TECHNOLOGY TO ENHANCE SPECIAL NEEDS STUDENTS READING, WRITING AND MAT SKILLS
SPINA BIFIDA ASSOC. OF KENTUCKY 982 EASTERN PKWY BOX 18 LOUISVILLE, KY 40217	31-1081176	501(C) 3	21,000.	0.			ON-CALL CONSULTANT SALAR AND FINANCIAL ASSISTANCE FOR CHILDREN WITH SPINA BIFIDA
ST. ANTHONY OF PADUA SCHOOL 320 NORTH SHERWOOD AVENUE CLARKSVILLE, IN 47129	35-0941128	501(C) 3	6,500.	0.			ACADEMIC SUPPORT MATERIALS/EQUIPMENT AND PART-TIME INSTRUCTIONAL ASSISTANT FOR CHILDREN
ST. FRANCIS HIGH SCHOOL 233 WEST BROADWAY LOUISVILLE, KY 40202	31-0896538	501(C) 3	10,000.	0.			LEARNING SPECIALIST SALARY FOR DESIGNING A COMPREHENSIVE PROGRAM TO SUPPORT ALL STUDENTS WIT
ST. JOSEPH CHILDREN'S HOME 2823 FRANKFORT AVE. LOUISVILLE, KY 40206	61-0475286	501(C) 3	95,000.	0.			COUNSELING ROOMS IN SPECIALIZED YOUTH HOUSIN COMPLEX TO PROVIDE APPROPRIATE THERAPEUTIC
SUNRISE CHILDREN'S SERVICES P.O. BOX 1429 MT. WASHINGTON , KY 40047-1429	61-0597273	501(C) 3	20,000.	0.			VAN TO TRANSPORT THE BOY IN CARE OF RESIDENTIAL TREATMENT CENTER.
TAYLOR COUNTY SCHOOLS 1209 EAST BROADWAY CAMPBELLSVILLE, KY 42718	61-6001256	GOVERNMENT ENTIT	20,000.	0.			TECHNOLOGY, MATH INTERVENTION PROGRAM AND SENSORY ROOM FOR CHILDRE WITH SPECIAL NEEDS

2 Enter total number of Section 501(c)(3) and government organizations ▶
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THE CARING PLACE, INC. P.O. BOX 945 LEBANON, KY 40033	61-1242828	501(C) 3	10,000.	0.			THERAPIST & MEDICAL ASSISTANCE FOR "VICTIMS TO SURVIVORS PROGRAM"
THE MORTON CENTER, INC. 1028 BARRET AVENUE LOUISVILLE, KY 40204	31-1068020	501(C) 3	24,000.	0.			HIRE AN ADOLESCENT COUNSELOR TO TREAT CLIENTS FOR OUTPATIENT TREATMENT FOR ALCOHOLISM
TRIMBLE COUNTY PUBLIC SCHOOLS PO BOX 275 BEDFORD, KY 40006	61-6001243	GOVERNMENT ENTIT	15,000.	0.			PROJECT DISCOVERY HANDS ON KITS TO PROVIDE HIGH SCHOOL STUDENTS WITH A REALISTIC APPROACH TO
TWIN LAKES REGIONAL MEDICAL CENTER 910 WALLACE AVENUE LEITCHFIELD, KY 42754	61-0523298	501(C) 3	5,500.	0.			INFANT WARMER FOR PREMATURE INFANTS
U OF L - SCHOOL OF DENTISTRY 501 S. PRESTON, SUITE 228 LOUISVILLE, KY 40202	61-1029626	501(C) 3	23,200.	0.			EQUIPMENT TO ASSIST MAXILLOFACIAL DEVELOPMENTAL DEFORMITIE TEAM TO ENSURE THAT
U OF L - WEISSKOPF (TOURETTE DISORDER CLINIC) - WEISSKOPF CHILD EVALUATION CTR. DEPT. OF PEDIATRICS 571 S. FLOYD ST. SUITE	61-1029626	501(C) 3	7,000.	0.			FUNDING FOR PSYCHOLOGIST FOR TOURETTE DISORDER CLINIC
U OF L - WEISSKOPF/AUTISM PROJECT DEPT. OF PEDIATRICS 571 S. FLOYD ST., SUITE 300 - LOUISVILLE, KY 40202	61-1029626	501(C) 3	107,198.	0.			SALARIES FOR PROFESSIONALS TO PROVIDE AUTISM EVALUATION AND PROGRAM PLANNING SERVICE
U OF L - WEISSKOPF/LEARNING DISORDERS CLINIC - WEISSKOPF CHILD EVALUATION CTR. DEPT. OF PEDIATRICS 571 S. FLOYD ST., SUITE	61-1029626	501(C) 3	110,000.	0.			SALARIES FOR LEARNING DISORDERS CLINIC

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U OF L DEPT. OF TEACHING AND LEARNING - COLLEGE OF EDUCATION AND HUMAN DEVELOPMENT - LOUISVILLE, KY 40292	61-1029626	501(C) 3	25,000.	0.			SCHOLARSHIPS FOR STUDENTS PURSUING A DEGREE IN SPECIAL EDUCATION
U OF L DIV. OF NEONATAL MEDICINE 571 S. FLOYD ST., SUITE 342 LOUISVILLE, KY 40202-3830	61-1029626	501(C) 3	55,000.	0.			MILK ANALYZER TO ASSESS NUTRITIONAL ADEQUACY OF MILK FOR LOW BIRTH WEIGH BABIES
U OF L RESEARCH FOUNDATION - OB/GYN #1 - DEPT. OB/GYN 550 S. JACKSON ST. - LOUISVILLE, KY 40292	61-1029626	501(C) 3	77,700.	0.			ULTRASOUND MACHINE FOR PRENATAL ULTRASOUND SUIT TO PROVIDE IMPROVED IMAGING FOR HIGH RISK AN
U OF L RESEARCH FOUNDATION OB/GYN #2 - DEPT. OB/GYN 550 S. JACKSON ST. - LOUISVILLE, KY 40292	61-1029626	501(C) 3	28,100.	0.			ULTRASOUND REPORT SYSTEM TO PERMIT DESCRIPTION OF BIRTH DEFECTS IN UNBORN BABIES
U OF L RESEARCH FOUNDATION, INC. - DIV. OF RHEUMATOLOGY - DIVISION OF RHEUMATOLOGY DEPT. OF PEDIATRICS 571 SOUTH FLOYD ST., SUITE 412 -	61-1029626	501(C) 3	20,000.	0.			ULTRASOUND MACHINE TO BETTER DETERMINE DISEASE ACTIVITY
U OF L -WEISSKOPF/STAR PROGRAM WEISSKOPF CHILD EVALUATION CTR. DEPT. OF PEDIATRICS 571 S. FLOYD ST., SUITE	61-1029626	501(C) 3	60,000.	0.			SALARIES FOR PSYCHOLOGIS AND DEVELOPMENTAL SPEECH PATHOLOGIST IN THE STAR AUTISM TREATMENT PROGRAM
UNION COUNTY PUBLIC SCHOOLS 510 S. MART STREET MORGANFIELD, KY 42437	61-6001327	GOVERNMENT ENTIT	6,000.	0.			ITEMS FOR RESOURCE LIBRARY FOR INDIVIDUALS WITH DISABILITIES
UNIVERSITY MEDICAL CENTER, INC. 571 S. FLOYD ST., SUITE 342 LOUISVILLE, KY 40202	61-1293786	501(C) 3	30,820.	0.			INFANT TRANSPORT INCUBATOR AND NUTRITIONA WARMER TO IMPROVE SAFETY AND MEDICAL OUTCOMES OF

2 Enter total number of Section 501(c)(3) and government organizations ▶
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UPSIDE THERAPEUTIC RIDING 250 KENWOOD HILL ROAD LOUISVILLE, KY 40214	26-1841337	501(C) 3	6,000.	0.			EQUINE EDUCATION PROGRAM FOR MILDLY MENTALLY DISABLED CHILDREN
VISUALLY IMPAIRED PRESCHOOL SERVICES, INC. - 1906 GOLDSMITH LANE - LOUISVILLE, KY 40218	61-1061973	501(C) 3	8,000.	0.			ROOF REPLACEMENT ON OLDE SECTION OF THE VIPS BUILDING
VISUALLY IMPAIRED PRESCHOOL SERVICES, INC. - 161 BURT ROAD, SUITE 4 - LEXINGTON, KY 40503	61-1061973	501(C) 3	12,500.	0.			ORIENTATION AND MOBILITY SPECIALIST SALARY TO WOR WITH VISUALLY IMPAIRED CHILDREN
VISUALLY IMPAIRED PRESCHOOL SERVICES, INC. #1 - 1906 GOLDSMITH LANE - LOUISVILLE, KY 40218	61-1061973	501(C) 3	45,000.	0.			TEACHER SALARY TO TEACH VISUALLY IMPAIRED CHILDREN
VOLUNTEERS OF AMERICA OF KENTUCKY, INC. #1 - 933 GOSS AVENUE - LOUISVILLE, KY 40217	61-0480950	501(C) 3	25,000.	0.			FUND A COMPREHENSIVE, HOLISTIC AND MULTI-DISCIPLINARY INTERVENTION FOR HOMELES
VSA ARTS OF KENTUCKY 515 E. 10TH STREET BOWLING GREEN, KY 42101	61-1133019	501(C) 3	20,000.	0.			VISUAL ART SIDE BY SIDE PROGRAM FOR SCHOOL AGE CHILDREN WITH DISABILITIES
WASHINGTON COUNTY BOARD OF EDUCATION - 120 MACKVILLE HILL - SPRINGFIELD, KY 40069	61-6001364	GOVERNMENT ENTIT	9,997.	0.			CURRICULUM, TECHNOLOGY & SENSORY EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
WAYNE COUNTY BOARD OF EDUCATION 1025 S. MAIN ST. MONTICELLO, KY 42633	61-6001329	GOVERNMENT ENTIT	10,000.	0.			ADAPTIVE EQUIPMENT TO PROVIDE ADDITIONAL LEARNING OPPORTUNITIES FOR VISUALLY IMPAIRED AN

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WENDELL FOSTER'S CAMPUS FOR DEVELOPMENTAL DISABILITIES - 815 TRIPLETT STREET P.O. BOX 1668 - OWENSBORO, KY 42302-1668	61-0490868	501(C) 3	6,500.	0.			VITALSTIM EXPERIA UNIT TO HELP WITH DIAGNOSIS FOR INDIVIDUALS WITH DEVELOPMENTAL
WEST CLARK COMMUNITY SCHOOLS 601 RENZ AVENUE SELLERSBURG, IN 47172	35-1146809	GOVERNMENT ENTIT	8,000.	0.			LAPTOP COMPUTERS TO BE USED FOR STUDENT PLANNIN AND ACTIVITIES
WEST POINT INDEPENDENT SCHOOL P.O. BOX 367 WEST POINT, KY 40177	61-6001374	GOVERNMENT ENTIT	30,000.	0.			INSTRUCTIONAL ASSISTANTS BUS MONITOR, EDUCATIONAL ITEMS & SUPPLIES FOR ASSIST CHILDREN WITH
WESTERN KENTUCKY UNIVERSITY RESEARCH FOUNDATION - 1906 COLLEGE HEIGHTS, BLVD. #11016 - BOWLING GREEN, KY 42101-1016	61-1358086	501(C) 3	50,000.	0.			OUTREACH STAFF POSITION EDUCATIONAL & SAFETY EQUIPMENT FOR FAMILIES T HELP IN TRAINING OF
WESTERN KENTUCKY UNIVERSITY RESEARCH FOUNDATION - 106 FOUNDATION BLDG. 1906 COLLEGE HEIGHTS BLVD. - BOWLING GREEN, KY	61-1358086	501(C) 3	16,500.	0.			TUITION SCHOLARSHIPS FOR PREPARATION OF SPECIAL EDUCATION TEACHERS
WESTERN KY. ASSISTIVE TECHNOLOGY CTR AT WENDELL FOSTER'S - 815 TRIPLETT STREET - OWENSBORO, KY 42303	61-0490868	501(C) 3	10,000.	0.			ASSISTIVE TECHNOLOGY AND LANGUAGE SOFTWARE TO BENEFIT CHILDREN WITH SPECIAL NEEDS
WHAS CRUSADE FOR CHILDREN'S CAMP TESSA - 527 BEWLEY BLVD. - ELIZABETHTOWN, KY 42701	20-2632503	501(C) 3	6,500.	0.			PARTIAL FUNDING OF THREE ONE-WEEK CAMPS GEARED TO CHILDREN DIAGNOSED WITH AUTISM SPECTRUM DISORDER
WILKINSON STREET SCHOOL - DAY TREATMENT - 961 LEESTOWN ROAD - FRANKFORT, KY 40601	61-6001407	GOVERNMENT ENTIT	11,500.	0.			INSTRUCTIONAL AIDE TO SPEND TIME IN CLASSROOM WORKING WITH KIDS ON ACADEMIC AND

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WOODFORD COUNTY SCHOOLS 330 PISGAH PIKE VERSAILLES, KY 40383	61-6001372	GOVERNMENT ENTIT	13,959.	0.			SOFTWARE AND INSTRUCTIONAL MATERIALS TO IMPROVE READING SKILLS OF CHILDREN WITH SPECIAL
YMCA OF GREATER LOUISVILLE 545 SOUTH SECOND ST. LOUISVILLE, KY 40202	61-0444843	501(C) 3	20,000.	0.			STAFF AIDE & STAFF ASSISTANT SALARIES TO SUPERVISE SPECIAL NEEDS CHILDREN SO THEY CAN
YMCA SAFE PLACE SERVICES 2400 CRITTENDEN DRIVE LOUISVILLE, KY 40217	61-0444843	501(C) 3	7,000.	0.			UNDERWRITE THE EMERGENCY HOUSING, FOOD AND PROGRA SUPPORT NEEDS OF YOUTH WITH SPECIAL NEEDS IN

2 Enter total number of Section 501(c)(3) and government organizations ▶
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Part IV Supplemental Information

- NO GRANTS ARE MADE FOR ADMINISTRATIVE NEEDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

ANCHORAGE INDEPENDENT BOARD OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SERVICE PROVIDERS & ASSISTIVE TECHNOLOGY TO MEET THE UNIQUE NEEDS OF CHILDREN WITH SPECIAL NEEDS

NAME OF ORGANIZATION OR GOVERNMENT: BELLARMINE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSISTIVE TECHNOLOGY & MATERIALS TO TRAIN TEACHERS TO WORK WITH STUDENTS WITH DISABILITIES

NAME OF ORGANIZATION OR GOVERNMENT: BINGHAM CHILD GUIDANCE CLINIC, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DIRECT SERVICES TO SPECIAL NEEDS CHILDREN - SALARIES FOR TEACHERS & AIDES FOR KELLER DAY TREATMENT PROGRAM & ENHANCE NEW PHYSICAL SPACE

NAME OF ORGANIZATION OR GOVERNMENT: BLUEGRASS TECHNOLOGY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: HELP CHILDREN WITH SPECIAL NEEDS ADVANCE TO NEXT LEVEL OF SKILLS IN "LIBRARY OF ADAPTED DIGITAL BOOKS"

NAME OF ORGANIZATION OR GOVERNMENT: BROOKLAWN CHILD & FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF COMPENSATION FOR BROOKLAWN'S RESIDENTIAL PROGRAMS TO BENEFIT EMOTIONALLY TROUBLED CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: BULLITT CO. PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT DISCOVERY SPECIAL EDUCATION TRANSITION SYSTEM, WHEELCHAIR LIFT FOR VAN & TECHNOLOGY FOR CHILDREN WITH

Part IV Supplemental Information

SPECIAL NEEDS

NAME OF ORGANIZATION OR GOVERNMENT: BURGIN INDEPENDENT SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: CLASSROOM AMPLIFICATION SYSTEM THAT PROVIDES SPEECH CLARITY FOR CHILDREN WITH SPECIAL NEEDS.

NAME OF ORGANIZATION OR GOVERNMENT:

CARDINAL HILL REHABILITATION CTR-EASTER SEALS OF LOUISVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: SALARIES FOR AIDES FOR INTEGRATED CHILD DEVELOPMENT PROGRAM. PLAYGROUND EQUIPMENT FOR THERAPY

NAME OF ORGANIZATION OR GOVERNMENT: CARDINAL HILL REHABILITATION HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP CHILDREN WITH SPECIAL NEEDS REACH DEVELOPMENTALLY MILESTONES IN READING & LANGUAGE

NAME OF ORGANIZATION OR GOVERNMENT: CASA OF LEXINGTON

(H) PURPOSE OF GRANT OR ASSISTANCE: VOLUNTEER COORDINATOR SALARY WHO WILL ASSESS & MONITOR THE SPECIAL NEEDS OF ABUSED/NEGLECTED CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: CASA OF SOUTH CENTRAL KY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVOCATE COORDINATOR TO PROVIDE RECRUITMENT & TRAINING OF VOLUNTEERS TO SERVE AS ADVOCATES FOR ABUSE & NEGLECTED CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: CAVELAND EDUCATIONAL SUPPORT CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: MATERIALS AND TECHNOLOGY FOR "CAVELAND INCLUSION PROJECT" AND "REACH PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CHILD DEVELOPMENT CENTERS OF THE BLUEGRASS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: EQUIPMENT TO BE USED BY OCCUPATIONAL & PHYSICAL THERAPISTS TO PROVIDE DIRECT SERVICES TO CHILDREN WITH SPECIAL NEEDS

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY ACTION OF SOUTHERN INDIANA HEAD START

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE EQUIPMENT TO MEET CHILDREN'S SOCIAL, EMOTIONAL, PHYSICAL, COGNITIVE & LANGUAGE DEVELOPMENT NEEDS

NAME OF ORGANIZATION OR GOVERNMENT:

CRAWFORD COUNTY COMMUNITY SCHOOL CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CLASSROOM AND RESTROOM RENOVATION TO PROVIDE HANDICAP ACCESSIBILITY FOR CHILDREN WITH SPECIAL NEEDS

NAME OF ORGANIZATION OR GOVERNMENT: DOWN SYNDROME OF LOUISVILLE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CONSTRUCTION COSTS FOR LIFE LONG LEARNING CENTER FOR EARLY INTERVENTION PROGRAM AND SCHOOL AGE CREATIVE ENRICHMENT PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: ELIZABETHTWON INDEPENDENT SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: FINANCIAL SUPPORT AND FUNDING FOR COMMUNITY BASED WORK TRANSITION PROGRAM, OCCUPATIONAL/PHYSICAL THERAPY, INSTRUCTIONAL MATERIALS AND AMPLIFICATION SYSTEMS FOR STUDENTS WITH SPECIAL NEEDS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

ENABLING TECHNOLOGIES OF KENTUCKIANA (ENTECH)

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE CHILDREN OPPORTUNITIES TO OVERCOME PHYSICAL, MENTAL, EMOTIONAL OR MEDICAL CHALLENGES THROUGH THE USE OF ASSISTIVE TECHNOLOGY

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY & CHILDREN'S PLACE - CHILD ADVOCACY

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTIAL COSTS OF A PEDIATRICIAN AND 3 MENTAL HEALTH COUNSELORS WHO HELP SPECIAL NEEDS CHILDREN OVERCOME SEXUAL ABUSE

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY & CHILDREN'S PLACE - CHILDREN'S PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: PORTION OF SERVICES REQUIRED TO OFFER SPECIALIZED EARLY CHILDHOOD EDUCATION FOR CHILDREN WHO ARE VICTIMS OF ABUSE AND NEGLECT

NAME OF ORGANIZATION OR GOVERNMENT:

FLOYD MEMORIAL HOSPITAL & HEALTH SERVICES #2

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE OF I STAT TO BETTER PROVIDE EMERGENCY, CRITICAL SERVICES TO CHILDREN WITH SPECIAL NEEDS IN THE EMERGENCY DEPARTMENT

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS SCHOOL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FINANCIAL SUPPORT FOR SPECIAL NEEDS COORDINATOR AND SCHOLARSHIP ASSISTANCE TO CHILDREN WITH SPECIAL NEEDS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: GREEN COUNTY BOARD OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: READING INTERVENTION PROGRAMS TO ENHANCE SPECIAL NEEDS STUDENT'S ABILITIES TO ACCESS THE GENERAL EDUCATION CURRICULUM

NAME OF ORGANIZATION OR GOVERNMENT: HARDIN COUNTY BOARD OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: MUSIC THERAPY, SOUNDFIELDS FOR HEARING IMPAIRED STUDENTS AND BOARDMAKER TO FACILITATE INCLUSION FOR SPECIAL NEEDS STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT: HARRISON COUNTY EXCEPTIONAL LEARNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE MATERIALS AND SUPPLIES TO PROVIDE EDUCATION OPPORTUNITIES FOR STUDENTS THAT HAVE A VARIETY OF NEEDS

NAME OF ORGANIZATION OR GOVERNMENT: HART COUNTY SCHOOL SYSTEM

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOW SPECIAL NEEDS STUDENTS MORE ACCESSIBILITY TO THE READING PLUS PROGRAM SCHOOL-WIDE.

NAME OF ORGANIZATION OR GOVERNMENT: HOME OF THE INNOCENTS

(H) PURPOSE OF GRANT OR ASSISTANCE: PATIENT BEDS AND VENTILATORS FOR NEW TWO-STORY EXPANSION OF THE PEDIATRIC CONVALESCENT CENTER

NAME OF ORGANIZATION OR GOVERNMENT: HOSPARUS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FURNITURE, EQUIPMENT & SUPPLIES FOR NEW CHILDREN'S GRIEF COUNSELING CENTER IN SO. INDIANA

NAME OF ORGANIZATION OR GOVERNMENT: JCPS - AUTISM PROGRAM

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: MATERIALS TO ASSIST STUDENTS WITH AUTISM SPECTRUM DISORDERS IN ACCESSING THE CORE CONTEST & GENERAL CURRICULUM

NAME OF ORGANIZATION OR GOVERNMENT: JCPS - HEARING IMPAIRED PROGRAMS

(H) PURPOSE OF GRANT OR ASSISTANCE: FM ASSISTIVE LISTENING DEVICES TO PROVIDE A CONSISTENT AUDITORY LEARNING EXPERIENCE FOR CHILDREN WITH SPECIAL NEEDS

NAME OF ORGANIZATION OR GOVERNMENT: JCPS - LOW INCIDENCE PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: NEWS-2-YOU WEEKLY ON-LINE NEWSPAPER SUBSCRIPTION TO INCREASE ABILITY OF STUDENTS WITH SEVERE COGNITIVE DISABILITIES & AUTISM TO ACCESS CORE CONTENT

NAME OF ORGANIZATION OR GOVERNMENT:
JCPS - PHYSICAL & OCCUPATIONAL THERAPY PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: SENSORY MOTOR AND POSITIONING EQUIPMENT TO ENABLE STUDENTS TO MAKE PROGRESS TOWARD GOALS & OBJECTIVES

NAME OF ORGANIZATION OR GOVERNMENT:
KENTUCKY CHILDREN'S HOSPITAL - DIV. OF NEONATOLOGY

(H) PURPOSE OF GRANT OR ASSISTANCE: CEREBRAL OXIMETER FOR PATIENTS WITH POOR OXYGENATION, POOR CIRCULATION OR AT HIGH RISK FOR NERVOUS SYSTEM COMPLICATIONS

NAME OF ORGANIZATION OR GOVERNMENT: KENTUCKY CHILDREN'S HOSPITAL MHCP

(H) PURPOSE OF GRANT OR ASSISTANCE: HANDICAP-ACCESSIBLE EXAM TABLE FOR CHILDREN IN WHEELCHAIRS HAVING DIFFICULTY TRANSFERRING THEMSELVES TO EXAM

Part IV Supplemental Information

TABLE

NAME OF ORGANIZATION OR GOVERNMENT: KOSAIR CHILDREN'S HOSPITAL #1

(H) PURPOSE OF GRANT OR ASSISTANCE: CENTRIFUGAL LIFE SUPPORT PUMPS TO ENABLE PROGRAM TO PROVIDE STATE-OF-THE-ART CARE FOR LIFE-THREATENING CARDIAC AND OR RESPIRATORY FAILURE.

NAME OF ORGANIZATION OR GOVERNMENT: KOSAIR CHILDREN'S HOSPITAL #4

(H) PURPOSE OF GRANT OR ASSISTANCE: PHASE III OF THE NICU RENOVATION TO ACCOMMODATE THE LATEST THERAPEUTIC HEALING AND TREATMENT FOR PREMATURE NEWBORN INFANTS

NAME OF ORGANIZATION OR GOVERNMENT: LIFESPRING, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE COMPONENTS TO USE IN IDENTIFICATION & TREATMENT OF MENTAL HEALTH NEEDS IN CHILDREN WITH DISABILITIES

NAME OF ORGANIZATION OR GOVERNMENT: LIGHTHOUSE PROMISE

(H) PURPOSE OF GRANT OR ASSISTANCE: SALARIES FOR CHILD PSYCHOLOGIST TO WORK WITH "AT RISK" CHILDREN IN AFTER SCHOOL AND SUMMER PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: MARION COUNTY BOARD OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SECOND STEP VIOLENCE PROGRAM THAT INTEGRATES ACADEMICS WITH SOCIAL/EMOTIONAL LEARNING FOR CHILDREN WITH SPECIAL NEEDS

NAME OF ORGANIZATION OR GOVERNMENT: MEADE COUNTY BOARD OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE MY READING COACH FOR

Part IV Supplemental Information

STUDENTS WITH READING DIFFICULTIES & PICTURE ME READING PROGRAM THAT VISUALLY TEACHES THE ABC'S AND SIGHT WORDS

NAME OF ORGANIZATION OR GOVERNMENT: MEREDITH-DUNN SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE TECHNOLOGICAL DEVICES/EQUIPMENT THAT WOULD SUPPORT SPECIALIZED CURRICULUM DESIGNED TO MEET NEEDS OF STUDENTS WITH LEARNING DISABILITIES

NAME OF ORGANIZATION OR GOVERNMENT:

NELSON CO. BOARD OF EDUCATION/BARDSTOWN IND. BOARD OF ED.

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSISTIVE /AUGMENTATIVE DEVICES TO MAKE KITS THAT WILL HELP IN EVALUATING CHILDREN WITH DISABILITIES & BEHAVIOR CONSULTS TO WORK WITH TEACHERS THAT HAVE STUDENTS WITH BEHAVIOR PROBLEMS

NAME OF ORGANIZATION OR GOVERNMENT: OLDHAM COUNTY BOARD OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: OCCUPATIONAL/PHYSICAL THERAPY EQUIPMENT AND INSTRUCTIONAL EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS

NAME OF ORGANIZATION OR GOVERNMENT:

ORANGE COUNTY REHABILITATION & DEVELOPMENT SERVICE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENSURE THE CONTINUATION OF EARLY INTERVENTION SERVICES IN ORANGE COUNTY WITH THE PLAYGROUP FOR SPECIAL NEEDS CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT:

OUR LADY OF PROVIDENCE JUNIOR-SENIOR HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PERSONNEL SALARIES FOR PILOT PROGRAM

Part IV Supplemental Information

DEVELOPED TO MAINSTREAM STUDENTS CHALLENGED WITH DISABILITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

PREVENT BLINDNESS AMERICA KENTUCKY DIVISION

(H) PURPOSE OF GRANT OR ASSISTANCE: PHOTOSCREENING (METHOD OF VISION SCREENING) DESIGNED FOR SPECIAL NEEDS CHILDREN THAT CANNOT BE SCREENED USING TRADITIONAL METHODS

NAME OF ORGANIZATION OR GOVERNMENT: RAUCH, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOPMENTAL THERAPIST FOR INTENSIVE GROUP PROGRAM FOR DEVELOPMENTALLY DELAYED AND/OR DISABLE INFANTS AND TODDLERS

NAME OF ORGANIZATION OR GOVERNMENT: RUSSELL COUNTY BOARD OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: READING AND MATH INTERVENTION PROGRAMS TO INCREASE CHILDREN WITH SPECIAL NEEDS ACADEMIC AND SOCIAL ACHIEVEMENTS.

NAME OF ORGANIZATION OR GOVERNMENT:

SOUTH CENTRAL AREA SPECIAL EDUCATION COOPERATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: EQUIPMENT AND MATERIALS THAT WOULD ALLOW STUDENTS TO INCREASE THEIR ACCESS TO GENERAL EDUCATION CURRICULUM

NAME OF ORGANIZATION OR GOVERNMENT: ST. ANTHONY OF PADUA SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: ACADEMIC SUPPORT MATERIALS/EQUIPMENT AND PART-TIME INSTRUCTIONAL ASSISTANT FOR CHILDREN WITH SPECIAL NEEDS

NAME OF ORGANIZATION OR GOVERNMENT: ST. FRANCIS HIGH SCHOOL

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: LEARNING SPECIALIST SALARY FOR DESIGNING A COMPREHENSIVE PROGRAM TO SUPPORT ALL STUDENTS WITH SPECIAL NEEDS

NAME OF ORGANIZATION OR GOVERNMENT: ST. JOSEPH CHILDREN'S HOME

(H) PURPOSE OF GRANT OR ASSISTANCE: COUNSELING ROOMS IN SPECIALIZED YOUTH HOUSING COMPLEX TO PROVIDE APPROPRIATE THERAPEUTIC ENVIRONMENT FOR RESIDENTIAL CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: THE MORTON CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HIRE AN ADOLESCENT COUNSELOR TO TREAT CLIENTS FOR OUTPATIENT TREATMENT FOR ALCOHOLISM, DRUG ADDICTION, EATING DISORDERS AND OTHER MENTAL ISSUES

NAME OF ORGANIZATION OR GOVERNMENT: TRIMBLE COUNTY PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT DISCOVERY HANDS ON KITS TO PROVIDE HIGH SCHOOL STUDENTS WITH A REALISTIC APPROACH TO CAREER EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT: U OF L - SCHOOL OF DENTISTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: EQUIPMENT TO ASSIST MAXILLOFACIAL DEVELOPMENTAL DEFORMITIES TEAM TO ENSURE THAT CHILDREN WITH FACIAL DEFORMITIES RECEIVE BEST POSSIBLE TREATMENT

NAME OF ORGANIZATION OR GOVERNMENT:
U OF L RESEARCH FOUNDATION - OB/GYN #1

(H) PURPOSE OF GRANT OR ASSISTANCE: ULTRASOUND MACHINE FOR PRENATAL ULTRASOUND SUITE TO PROVIDE IMPROVED IMAGING FOR HIGH RISK AND NORMAL

Part IV Supplemental Information

PREGNANT WOMEN AND THEIR UNBORN BABIES

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY MEDICAL CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: INFANT TRANSPORT INCUBATOR AND NUTRITIONAL WARMER TO IMPROVE SAFETY AND MEDICAL OUTCOMES OF MEDICALLY FRAGILE, PREMATURE AND FULLTERM INFANTS

NAME OF ORGANIZATION OR GOVERNMENT:

VOLUNTEERS OF AMERICA OF KENTUCKY, INC. #1

(H) PURPOSE OF GRANT OR ASSISTANCE: FUND A COMPREHENSIVE, HOLISTIC AND MULTI-DISCIPLINARY INTERVENTION FOR HOMELESS CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: WAYNE COUNTY BOARD OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ADAPTIVE EQUIPMENT TO PROVIDE ADDITIONAL LEARNING OPPORTUNITIES FOR VISUALLY IMPAIRED AND MULTIPLY CHALLENGED STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT:

WENDELL FOSTER'S CAMPUS FOR DEVELOPMENTAL DISABILITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: VITALSTIM EXPERIA UNIT TO HELP WITH DIAGNOSIS FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES AND DEGENERATIVE NEUROLOGICAL DISEASES

NAME OF ORGANIZATION OR GOVERNMENT: WEST POINT INDEPENDENT SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: INSTRUCTIONAL ASSISTANTS, BUS MONITOR, EDUCATIONAL ITEMS & SUPPLIES FOR ASSIST CHILDREN WITH SPECIAL NEEDS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

WESTERN KENTUCKY UNIVERSITY RESEARCH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: OUTREACH STAFF POSITION &

EDUCATIONAL & SAFETY EQUIPMENT FOR FAMILIES TO HELP IN TRAINING OF

PARENTS OF CHILDREN IN ECC PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

WILKINSON STREET SCHOOL - DAY TREATMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: INSTRUCTIONAL AIDE TO SPEND TIME IN

CLASSROOM WORKING WITH KIDS ON ACADEMIC AND SOCIAL/BEHAVIORAL ISSUES &

MULTI-CARTS FOR TECHNOLOGY CENTER

NAME OF ORGANIZATION OR GOVERNMENT: WOODFORD COUNTY SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: SOFTWARE AND INSTRUCTIONAL MATERIALS

TO IMPROVE READING SKILLS OF CHILDREN WITH SPECIAL NEEDS

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF GREATER LOUISVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF AIDE & STAFF ASSISTANT

SALARIES TO SUPERVISE SPECIAL NEEDS CHILDREN SO THEY CAN PARTICIPATE

FULLY IN ALL PROGRAMMING & ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: YMCA SAFE PLACE SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: UNDERWRITE THE EMERGENCY HOUSING,

FOOD AND PROGRAM SUPPORT NEEDS OF YOUTH WITH SPECIAL NEEDS IN SHELTER

HOUSE PROGRAM

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: THE WHAS CRUSADE FOR CHILDREN, INC.

Employer identification number: 23-7075524

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	19	13,800.	AUCTION PRICE
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	5	8,429.	MARKET PRICE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	22	18,512.	FAIR MARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (SUPPLIES)	X	5	11,086.	DONOR ESTIMATE
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment — 29: 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.			

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

THE WHAS CRUSADE FOR CHILDREN, INC.

Employer identification number

23-7075524

FORM 990, PART VI, SECTION A, LINE 10: THE CONTROLLER AND CEO REVIEW THE FORM 990. A COPY OF THE FORM 990 IS PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 15: THE CEO'S SALARY IS DETERMINED BY THE BOARD OF DIRECTORS. THE CEO DETERMINES THE RAISES FOR EACH EMPLOYEE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C:

THE ORGANIZATION MAINTAINS AN EXECUTIVE COMMITTEE WHO SELECTS THE INDEPENDENT ACCOUNTANT. THE BOARD OF DIRECTORS RECEIVES THE AUDITED FINANCIAL STATEMENTS AT THE CONCLUSION OF THE AUDIT.

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	**Employer identification number**
File by the due date for filing your return. See instructions.	THE WHAS CRUSADE FOR CHILDREN, INC.	23-7075524
	Number, street, and room or suite no. If a P.O. box, see instructions. 520 W. CHESTNUT ST.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40202	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ THE ORGANIZATION 520 W. CHESTNUT ST. - LOUISVILLE, KY 40202
  Telephone No. ▶ (502)582-7706 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until APRIL 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning SEP 1, 2008, and ending AUG 31, 2009.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.