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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 09-01-2011 and ending 08-31-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

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)

520 W CHESTNUT ST

Room/suite

City or town, state or country, and ZIP + 4

LOUISVILLE, KY 40202

F Name and address of principal officer

DAWN LEE  
520 W CHESTNUT ST  
LOUISVILLE, KY 40202

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW WHASCRUSADE ORG

K Form of organization

☒ 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		
Revenue	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	600
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		5,944,622	6,294,209
		0	0
		673,532	543,160
		12,861	2,670
Expenses	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,631,015	6,840,039
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,943,122	5,058,008
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	17,829	13,295
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 260,430		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	744,510	771,000
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,705,461	5,842,303
Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12	925,554	997,736
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		17,781,403	19,237,387
		6,343,813	6,041,907
		11,437,590	13,195,480

Part II

Signature Block

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

Sign Here

Signature of officer

DAWN LEE CEO & PRESIDENT

Type or print name and title

Preparer's signature

REBECCA L PHILLIPS CPA

Date

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)

P00024055

Firm's name (or yours if self-employed), address, and ZIP + 4

MOUNTJOY CHILTON MEDLEY LLP  
462 S FOURTH ST SUITE 2000  
LOUISVILLE, KY 402023445

EIN ☐ 27-1235638

Phone no ☐ (502) 749-1900

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

THE WHAS CRUSADE FOR CHILDREN IS A COMMUNITY SUPPORTED CHARITABLE ORGANIZATION WHOSE MISSION IS TO GRANT DONATED FUNDS TO HELP CHILDREN OVERCOME PHYSICAL, MENTAL, EMOTIONAL AND MEDICAL CHALLENGES

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 organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 5,058,008 including grants of \$ 5,058,008 ) (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 \$ 5,058,008

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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> . . . . .	14b	No
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 U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i> . . . . .	15	No
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 U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i> . . . . .	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> . . . . .	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> . . . . .	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V		Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	13	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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 or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
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		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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			
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			
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.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the aggregate amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
1a	15		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	15
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	No
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	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> KY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. <input checked="" type="checkbox"/> THE ORGANIZATION 520 W CHESTNUT ST LOUISVILLE, KY 40202 (502) 582-7706

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization’s **current** key employees, if any See instructions for definition of “key employee ”
- List the organization’s five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization’s **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOE GRAFFIS CHAIRMAN	10	X		X				0	0	0
(2) MAUREEN NORRIS VICE CHAIRMAN	10	X		X				0	0	0
(3) HELEN COHEN TREASURER	10	X		X				0	0	0
(4) TERRENCE SPENCE BOARD MEMBER	10	X						0	75,369	12,132
(5) ANN SCHNEPF BOARD MEMBER	10	X						0	0	0
(6) LYNN ASHTON BOARD MEMBER	10	X						0	0	0
(7) BRENNEN LAWRENCE BOARD MEMBER	10	X						0	0	0
(8) MARK PIMENTEL BOARD MEMBER	10	X						0	165,422	8,176
(9) SHAWN KAEIN BOARD MEMBER	10	X						0	62,886	4,774
(10) TOM MOBLEY BOARD MEMBER	10	X						0	0	0
(11) DANNY NEWBY BOARD MEMBER	10	X						0	0	0
(12) DERWIN WEBB BOARD MEMBER	10	X						0	0	0
(13) DOUG WETHINGTON BOARD MEMBER	10	X						0	0	0
(14) JEFF NELSON BOARD MEMBER	10	X						0	0	0
(15) JOHN WALLING BOARD MEMBER	10	X						0	0	0
(16) TOM HOY SECRETARY	10			X				0	0	0
(17) DAWN LEE PRESIDENT & CEO	40 00			X				0	112,901	6,770



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	<b>▼</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	<b>▼</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	<b>▼</b>	0	514,465	45,332

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 0

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

## **Section B. Independent Contractors**

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►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	12,164			
	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	6,282,045			
	g	Noncash contributions included in lines 1a-1f \$ 64,949					
	h	Total. Add lines 1a-1f . . . . .					
Program Service Revenue	2a		Business Code				
	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) . . . . .		319,074		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties . . . . .					
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) . . . . .					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss) . . . . .		224,086			224,086
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
b		Less direct expenses . . . .	b				
c		Net income or (loss) from fundraising events . .					
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a	13,670			
b		Less direct expenses . . . .	b	11,000			
c		Net income or (loss) from gaming activities . .		2,670			2,670
10a		Gross sales of inventory, less returns and allowances . . . . .	a				
b		Less cost of goods sold . . .	b				
c		Net income or (loss) from sales of inventory . .					
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .						
12	Total revenue. See Instructions . . . . .			6,840,039	0	0	545,830

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)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	5,058,008	5,058,008		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages				
8	Pension plan 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 . . . . .	4,740		4,740	
c	Accounting . . . . .	11,200		11,200	
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .	13,295			13,295
f	Investment management fees . . . . .	48,754		48,754	
g	Other . . . . .	60,411		37,333	23,078
12	Advertising and promotion . . . . .	5,199		199	5,000
13	Office expenses . . . . .	68,463		53,779	14,684
14	Information technology . . . . .	6,450		6,450	
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 . . . . .	11,091		10,915	176
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	14,757		14,757	
23	Insurance . . . . .	5,748		5,748	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	REIMBURSED SALARIES & B	484,082		329,198	154,884
b	PRODUCTION & ENGINEERIN	26,560			26,560
c	FOOD	18,910			18,910
d	MISCELLANEOUS	4,635		792	3,843
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	5,842,303	5,058,008	523,865	260,430
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			250,282	1	93,061
	2	Savings and temporary cash investments . . . . .			2,255,370	2	3,631,266
	3	Pledges and grants receivable, net . . . . .			96,108	3	95,584
	4	Accounts receivable, net . . . . .				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) 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 . . . . .			13,344	9	12,948
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	282,424			
	b	Less accumulated depreciation . . . . .	10b	166,295	101,350	10c	116,129
	11	Investments—publicly traded securities . . . . .			13,528,388	11	13,438,691
	12	Investments—other securities See Part IV, line 11 . . . . .			17,592	12	15,669
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			1,518,969	15	1,834,039
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			17,781,403	16	19,237,387
Liabilities	17	Accounts payable and accrued expenses . . . . .			75,118	17	73,016
	18	Grants payable . . . . .			6,268,695	18	5,968,891
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial 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 to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .				25	
	26	Total liabilities. Add lines 17 through 25 . . . . .			6,343,813	26	6,041,907
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			8,660,894	27	10,108,293
	28	Temporarily restricted net assets . . . . .			313,994	28	501,008
	29	Permanently restricted net assets . . . . .			2,462,702	29	2,586,179
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			11,437,590	33	13,195,480
	34	Total liabilities and net assets/fund balances . . . . .			17,781,403	34	19,237,387

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . .

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,840,039
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,842,303
3	Revenue less expenses Subtract line 2 from line 1	3	997,736
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,437,590
5	Other changes in net assets or fund balances (explain in Schedule O)	5	760,154
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	13,195,480

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . .

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization THE WHAS CRUSADE FOR CHILDREN INC	Employer identification number 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 (For lines 1 through 11, check only one box )

1

☐

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

2

☐

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

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

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

5

☐

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

6

☐

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

7

☒

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

8

☐

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

9

☐

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

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - 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?  

(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 the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6,277,432	6,316,538	6,086,051	5,944,622	6,294,209	30,918,852
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,277,432	6,316,538	6,086,051	5,944,622	6,294,209	30,918,852
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						30,918,852

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	6,277,432	6,316,538	6,086,051	5,944,622	6,294,209	30,918,852
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	549,234	371,155	196,793	294,499	319,074	1,730,755
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						32,649,607

12 Gross receipts from related activities, etc (See instructions )

1276,999

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	94 700 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	93 860 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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		



**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

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?	
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	
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 for any other purpose conferring impermissible private benefit	
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	

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)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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 |

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, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 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

▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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

Escrow and Custodial Arrangements. Complete if the 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
1c	Beginning balance
1d	Additions during the year
1e	Distributions during the year
1f	Ending balance

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 the 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 . . . . .	11,105,624	9,574,421	8,513,432	8,463,549
b	Contributions . . . . .	839,089	885,160	742,610	857,949
c	Investment earnings or losses . . . . .	1,216,068	957,131	355,329	-777,214
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .	484,281	311,088	36,950	30,852
g	End of year balance . . . . .	12,676,500	11,105,624	9,574,421	8,513,432

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 79 600 %

b

Permanent endowment ▶ 20 400 %

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) Yes	
(ii) related organizations . . . . .	3a(ii)	No

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		130,934	42,550	88,384
d Equipment . . . . .		151,490	123,745	27,745
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				116,129



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	6,840,039
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,842,303
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	997,736
4	Net unrealized gains (losses) on investments	4	665,225
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	94,929
9	Total adjustments (net) Add lines 4 - 8	9	760,154
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,757,890

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	8,196,109
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	665,225
b	Donated services and use of facilities . . . . .	2b	633,670
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	11,000
e	Add lines 2a through 2d . . . . .	2e	1,309,895
3	Subtract line 2e from line 1 . . . . .	3	6,886,214
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	48,754
b	Other (Describe in Part XIV) . . . . .	4b	-94,929
c	Add lines 4a and 4b . . . . .	4c	-46,175
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	6,840,039

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	6,438,219
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	633,670
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	11,000
e	Add lines 2a through 2d . . . . .	2e	644,670
3	Subtract line 2e from line 1 . . . . .	3	5,793,549
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	48,754
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	48,754
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	5,842,303

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. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	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.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE CRUSADE IS EXEMPT FROM FEDERAL TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE FINANCIAL STATEMENTS. THE CRUSADE EVALUATES THE RECOGNITION AND MEASUREMENT OF UNCERTAIN INCOME TAX POSITIONS USING A "MORE-LIKELY-THAN-NOT" APPROACH AND HAS DETERMINED THAT NO MATERIAL ADJUSTMENT FOR INCOME TAX UNCERTAINTIES OR UNRECOGNIZED TAX BENEFITS IS REQUIRED. THE CRUSADE'S 2008 THROUGH 2011 TAX YEARS REMAIN OPEN AND SUBJECT TO EXAMINATION.
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN BENEFICIAL INTEREST IN CHARITABLE TRUSTS 94,929
		PART XII, LINE 2D FUNDRAISING EXPENSE PART XII, LINE 4B CHANGE IN BENEFICIAL INTEREST IN TRUSTS PART XIII, LINE 2D FUNDRAISING EXPENSE

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

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

OMB No 1545-0047

2011

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? . . . . .

☒ 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" to 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 . . . . . ▶ ☐

(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
See Additional Data Table							

2

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

212

3

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

Part III

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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 - NO GRANTS ARE MADE FOR ADMINISTRATIVE NEEDS

Software ID:  
Software Version:  
EIN: 23-7075524  
Name: THE WHAS CRUSADE FOR CHILDREN INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ADAIR COUNTY BOARD OF EDUCATION1204 GREENSBURG ST COLUMBIA,KY 42728	61-6001263	GOVERNMENT ENTITY	20,000				TECHNOLOGY TO BENEFIT STUDENTS WITH SPECIAL NEEDS
AMERICANA COMMUNITY CENTER INC4801 SOUTHSIDE DRIVE LOUISVILLE,KY 40214	61-1251306	501(C )(3)	8,000				PROVIDE AN OUT-OF-SCHOOL PROGRAM FOR REFUGEE YOUTH



**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ANCHORAGE IND SCHOOL DISTRICT 11400 RIDGE ROAD ANCHORAGE, KY 40223	61-6000999	GOVERNMENT ENTITY	35,500				SALARY SUPPORT AND TECHNOLOGY FOR SPECIAL EDUCATION PROGRAM
ARCHDIOCESE OF LOUISVILLE 1935 LEWISTON DRIVE LOUISVILLE, KY 40216	61-0447247	501(C ) (3)	50,000				MATERIALS TO MEET LEARNING AND INSTRUCTIONAL NEEDS OF STUDENTS WITH DISABILITIES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARHHC INCPO BOX 2013 225 COLLEGE ST ELIZABETH TOWN, KY 427022013	61-6030361	501(C )(3)	6,300				SALARY SUPPORT FOR SUMMER YOUTH PROGRAM FOR CHILDREN WITH DISABILITIES
ASBURY UNIVERSITY 1 MACKLEM DRIVE WILMORE, KY 40390	61-0458355	501(C )(3)	30,000				SCHOLARSHIPS FOR STUDENTS MAJORING IN SPECIAL EDUCATION AND A VIRTUAL LEARNING LABORATORY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BAPTIST HOSPITAL FOUNDATION OF GREATER LOUISVILLE-NICU 4000 KRESGE WAY LOUISVILLE, KY 40207	20-0292291	501(C )(3)	54,300				EQUIPMENT FOR NEWLY BORN NEONATE CARE
BAPTIST HOSPITAL FOUNDATION OF GREATER LOUISVILLE-PEDIATRIC4000 KRESGE WAY LOUISVILLE, KY 40207	20-0292291	501(C )(3)	2,750				PEDIATRIC OUTPATIENT PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY FOR CHILDREN

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BARREN HEIGHTS CHRISTIAN RETREAT CENTER3109 BROWNSBORO VISTA DR LOUISVILLE,KY 40242	32- 0121355	501(C )(3)	10,000				NEW BARN CONSTRUCTION ON CAMPUS
BELLARMINE UNIVERSITYASSESSMENT CLINIC2001 NEWBURG ROAD LOUISVILLE,KY 40205	61- 0482955	501(C )(3)	10,429				MATERIALS AND TECHNOLOGY FOR ASSESSMENT CLINIC

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BELLARMINE UNIVERSITYSCHOLARSHIPS 2001 NEWBURG ROAD LOUISVILLE, KY 40205	61-0482955	501(C)(3)	10,000				SCHOLARSHIPS FOR STUDENTS ENROLLED IN SPECIAL EDUCATION PROGRAM
BELLEWOOD PRESBYTERIAN HOME FOR CHILDREN11103 PARK ROAD LOUISVILLE, KY 40204	61-0444793	501(C)(3)	23,000				FUNDING TO SERVE ABUSED, NEGLECTED AND HOMELESS YOUTH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BEST BUDDIES KENTUCKY1151 SOUTH FOURTH ST LOUISVILLE, KY 40203	52-1614576	501(C )(3)	7,500				PROGRAM TO MATCH SPECIAL NEEDS STUDENTS WITH PEERS WITHOUT DISABILITIES
BIG BROTHERS BIG SISTERS OF KENTUCKIANA1519 GARDINER LANE LOUISVILLE, KY 40218	61-6057856	501(C )(3)	7,000				PROJECTS TO PROVIDE ONE-TO-ONE MENTORS FOR CHILDREN WITH DISABILITIES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BINGHAM CHILD GUIDANCE CLINIC INC200 E CHESTNUT ST LOUISVILLE, KY 40202	61-0445838	501(C )(3)	40,000				PROVIDE MULTI-SPECIALTY CHILDREN'S MENTAL HEALTH SERVICES
BLUEGRASS TECHNOLOGY CENTER409 SOUTHLAND DRIVE LEXINGTON, KY 40503	61-1149378	501(C )(3)	20,000				SUPPORT THE DEVELOPMENTAL NEEDS OF CHILDREN WITH SPECIAL NEEDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS HAVENMEDICAL SERVICES2301 GOLDSMITH LANE LOUISVILLE, KY 40218	61-0479621	501(C )(3)	72,000				PROVIDE PSYCHIATRIC MEDICAL SERVICES TO CHILDREN CHALLENGED BY ABUSE
BOYS AND GIRLS CLUB OF KENTUCKIANA1201 STORY AVE SUITE 250 LOUISVILLE, KY 40206	61-0568789	501(C )(3)	35,000				SALARY SUPPORT FOR AIDES TO PROVIDE HANDS ON TRAINING WITH THE SPECIAL NEED POPULATIONS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BRECKINRIDGE COUNTY BOARD OF EDUCATION86 AIRPORT RD HARDINSBURG, KY 40143	61-6001288	GOVERNMENT ENTITY	30,000				TECHNOLOGY AND PHYSICAL THERAPY SERVICES FOR CHILDREN WITH SPECIAL NEEDS
BROOKLAWN CHILD & FAMILY SERVICES3121 BROOKLAWN CAMPUS DRIVE LOUISVILLE, KY 40218	61-0471572	501(C )(3)	60,000				SALARY SUPPORT FOR PROGRAMS THAT DIRECTLY BENEFIT CHILDREN WITH SPECIAL NEEDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BURGIN INDEPENDENT SCHOOLS440 EAST MAIN ST BURGIN, KY 40310	61-6001391	GOVERNMENT ENTITY	4,835				TECHNOLOGY FOR STUDENTS WITH AUTISM AND LANGUAGE DELAYS
CAMPBELLSVILLE INDEPENDENT SCHOOLS136 SOUTH COLUMBIA AVENUE CAMPBELLSVILLE, KY 42718	61-6001031	GOVERNMENT ENTITY	20,000				TECHNOLOGY AND MATERIALS TO HELP STUDENTS WITH SPECIAL NEEDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CARDINAL HILL REHABILITATION CENTEREASTER SEALS OF LOUISVILLE9810 BLUEGRASS PARKWAY LOUISVILLE, KY 40299	31-1495016	501(C )(3)	8,000				TECHNOLOGY FOR SOCIAL SKILLS PROGRAM FOR CHILDREN WITH AUTISM
CARDINAL HILL REHABILITATION HOSPITAL2050 VERSAILLES RD LEXINGTON, KY 40504	61-0445826	501(C )(3)	4,570				FUNDING TO ESTABLISH AN INFANT TODDLER ROOM FOR CHILDREN TWO AND UNDER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CASA OF LEXINGTON1155 RED MILE PLACE LEXINGTON, KY 40504	61-1339185	501(C )(3)	15,000				SALARY SUPPORT OF PROGRAM MANAGER TO RECRUIT, TRAIN AND SUPERVISE CHILD ADVOCATES
CASA OF OHIO VALLEYPO BOX 763 OWENSBORO, KY 42301	61-1303511	501(C )(3)	6,000				SALARY SUPPORT FOR ADVOCATES OF ABUSED CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 KENTUCKY INCPO BOX 867 BOWLING GREEN, KY 421020867	61-1334266	501(C )(3)	10,000				SALARY SUPPORT FOR COORDINATOR POSITION TO ADVOCATE FOR ABUSED CHILDREN
CASA OF THE RIVER REGION982 EASTERN PKWY BOX 9 LOUISVILLE, KY 40217	61-1066568	501(C )(3)	6,000				SALARY SUPPORT FOR ADVOCACY SUPERVISOR TO REPRESENT A CHILD IN FAMILY COURT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CASA PROGRAM FOR BULLITT COUNTY INCPO BOX 1025 SHEPHERDSVILLE, KY 40165	61-1454102	501(C )(3)	12,500				SALARY SUPPORT FOR VOLUNTEER COORDINATOR
CASEY COUNTY SCHOOLS1922 NORTH US 127 LIBERTY, KY 42539	61-6001313	GOVERNMENT ENTITY	6,750				TECHNOLOGY AND EQUIPMENT FOR SPECIAL NEEDS CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CAVERNA INDEPENDENT SCHOOLS1102 NORTH DIXIE HWY CAVE CITY,KY 42127	61-6002422	GOVERNMENT ENTITY	9,990				MATERIALS FOR STUDENTS WITH SPECIAL NEEDS
CENTRAL KY SPECIAL EDUCATION COOPERATIVE 2331 FORTUNE DRIVE SUITE 110 LEXINGTON,KY 40509	61-1204854	501(C )(3)	14,000				TECHNOLOGY AND MATH MATERIALS FOR STUDENTS WITH SPECIAL NEEDS

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CHILD DEVELOPMENT CENTERS OF THE BLUEGRASS INC465 SPRINGHILL DRIVE LEXINGTON, KY 40503	61-0543367	501(C )(3)	7,000				EQUIPMENT TO TO AID CHILDREN WITH SPECIAL NEEDS
CHILDPLACE INC 2420 EAST 10TH STREET JEFFERSONVILLE,IN 47130	35-1129180	501(C )(3)	9,000				VAN TO TRANSPORT CHILDREN OF RESIDENTIAL TREATMENT PROGRAM



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CLARK COUNTY SPECIAL EDUCATION COOP 2112 UTICA- SELLERSBURG RD JEFFERSONVILLE, IN 47130	35- 1151414	GOVERNMENT ENTITY	25,570				EQUIPMENT FOR STUDENTS WITH DISABILITIES
CLARK MEMORIAL HOSPITAL FOUNDATION1206 SPRING STREET JEFFERSONVILLE, IN 47130	31- 1202140	501(C )(3)	31,782				EQUIPMENT TO ALLOW RESPONSE TO CRITICAL EVENTS IN NEWBORN BABIES

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CLOVERPORT INDEPENDENT SCHOOLS214 MAIN ST PO BOX 37 CLOVERPORT, KY 40111	61-6001396	GOVERNMENT ENTITY	75,529				SALARY SUPPORT FOR AIDES TO WORK WITH SPECIAL NEEDS CHILDREN
COMMUNITIES IN SCHOOLS OF CLARK COUNTY INC1406 FREDERICK AVE JEFFERSONVILLE, IN 471304414	32-0015379	501(C )(3)	12,000				FUNDING TO SUPPORT THERAPIST IN CLARK COUNTY SCHOOLS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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COMMUNITY ACTION OF SO INDIANA HEAD START1613 EAST 8TH STREET JEFFERSONVILLE, IN 47130	02-0591170	501(C )(3)	11,600				TECHNOLOGY AND THERAPY FOR CHILDREN WITH SPECIAL NEEDS
COMMUNITY COORDINATED CHILD CARE1215 SOUTH THIRD ST LOUISVILLE, KY 40203	23-7160437	501(C )(3)	6,500				PROVIDE EARLY INTERVENTION SERVICES TO CHILDREN WITH SPECIAL NEEDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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CUMBERLAND COUNTY BOARD OF EDUCATIONPO BOX 420 BURKESVILLE, KY 42717	61-6001251	GOVERNMENT ENTITY	3,300				TECHNOLOGY AND TOOLS FOR STUDENTS WITH SPECIAL NEEDS
DAD'S APPRECIATING DOWN SYNDROME OF KENTUCKIANA 7211 FEGENBUSH LANE LOUISVILLE, KY 402281507	26-3996837	501(C )(3)	20,000				VAN TO PROVIDE TRANSPORTATION FOR CHILDREN WITH DOWN SYNDROME

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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DEAF YOUTH SPORTS FESTIVAL INCPO BOX 17565 LOUISVILLE, KY 402170565	01-0702831	501(C )(3)	20,000				PROVIDE SCHOLARSHIPS TO PAY FOR PARTICIPANTS' FEES
DORMAN PRESCHOOL CENTERPO BOX 853 SHELBYVILLE, KY 40066	61-0620554	501(C )(3)	33,000				SALARY SUPPORT FOR SPECIAL EDUCATION TEACHER AND ASSISTANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DOWN SYNDROME OF LOUISVILLEAQUATIC THERAPY5001 S HURSTBOURNE PKWY LOUISVILLE,KY 40291	61-1214162	501(C )(3)	6,000				THERAPIST FOR AQUATIC THERAPY PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
DOWN SYNDROME OF LOUISVILLEINTERVENTION PROGRAM5001 S HURSTBOURNE PKWY LOUISVILLE,KY 40291	61-1214162	501(C )(3)	10,000				SALARY SUPPORT FOR HOME-BASED DEVELOPMENTAL INTERVENTION PROGRAM

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DOWN SYNDROME OF LOUISVILLEEARLY INTERVENTION5001 S HURSTBOURNE PKWY LOUISVILLE, KY 40291	61-1214162	501(C )(3)	5,000				SALARY SUPPORT FOR EARLY INTERVENTION GROUP CLASSES
DREAM RIDERS OF KENTUCKYPO BOX 172 PHILPOT, KY 42366	01-0802025	501(C )(3)	4,320				FUNDING "TEEN SENSE" SESSIONS FOR ADOLESCENTS WITH EMOTIONAL BEHAVIOR DISABILITIES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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DREAMS WITH WINGS INC1579 BARDSTOWN RD LOUISVILLE, KY 40205	61-1371540	501(C )(3)	12,500				VEHICLE TO TRANSPORT YOUTH WITH SPECIAL NEEDS
EASTERN KY UNIVERSITY DEVELOPMENTAL DISABILITIES CLINIC521 LANCASTER AVE DEPT OF PSYCHOLOG RICHMOND, KY 40475	61-1011211	GOVERNMENT ENTITY	4,000				FUNDING SUPPORT FOR SOCIAL SKILLS GROUPS FOR CHILDREN WITH AUTISM



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ECHO EXPLOITED CHILDREN'S HELP ORGANIZATION1500 POPLAR LEVEL RD SUITE 2 LOUISVILLE, KY 402171357	31-1094281	501(C )(3)	5,000				FUNDING FOR INNOVATIVE CHILD ABUSE PREVENTION PROGRAM
ELIZABETHTOWN INDEPENDENT SCHOOLS219 HELM STREET ELIZABETHTOWN, KY 42701	61-6001403	GOVERNMENT ENTITY	18,000				FUNDING FOR SEVERAL STRATEGIES TO SERVE SPECIAL NEEDS CHILDREN

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EMINENCE INDEPENDENT SCHOOLS254 W BROADWAY EMINENCE,KY 40019	61-6001055	GOVERNMENT ENTITY	23,000				TECHNOLOGY FOR A DISTRICT ONE-TO-ONE ILEARNING INITIATIVE FOR SPECIAL EDUCATION STUDENTS
ENGLISHTON PARK PRESBYTERIAN MINISTRIESPO BOX 240 LEXINGTON,IN 47138	23-7378186	501(C )(3)	5,000				REMODELING OF LARGE BATHROOM IN DORMITORY TO INCREASE EFFICIENCY DURING BUSY TIME

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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EXCEPTIONAL EQUITATION2107 MASSIE SCHOOL RD LAGRANGE,KY 40031	31- 0951588	501(C )(3)	6,000				SALARY SUPPORT FOR HORSE RIDING PHYSICAL AND OCCUPATIONAL THERAPY
FAMILY & CHILDREN'S PLACE #12303 RIVER ROAD SUITE 200 LOUISVILLE,KY 40206	61- 0549561	501(C )(3)	35,000				STAFF SALARY SUPPORT TO PROVIDE SERVICES TO CHILDREN WHO HAVE BEEN VICTIMS OF ABUSE

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FAMILY & CHILDREN'S PLACE #22303 RIVER ROAD SUITE 200 LOUISVILLE, KY 40206	61-0549561	501(C )(3)	12,000				EQUIP MEDICAL EXAM ROOM TO BE USED FOR ASSESSMENT OF TREATMENT
FAMILY ENRICHMENT CENTER441 CHURCH AVENUE BOWLING GREEN, KY 42101	61-0956466	501(C )(3)	14,990				SUPPORT FOR "PARENTS AS TEACHERS" PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FAMILY SCHOLAR HOUSE INC403 REG SMITH CIRCLE LOUISVILLE, KY 40208	61-1285124	501(C )(3)	12,625				PROGRAM FOR PHYSICAL, MENTAL, AND EMOTIONAL HEALING OF CHILDREN THROUGH CREATIVE MEANS
FEAT OF LOUISVILLE INC 1100 EAST MARKET STREET LOUISVILLE, KY 40206	61-1374663	501(C )(3)	14,000				FUNDING TO SUPPORT EDUCATIONAL AND SPORTS PROGRAM FOR CHILDREN WITH AUTISM

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FLAGET MEMORIAL HOSPITAL4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004	56-2351341	501(C )(3)	5,470				MEDICAL EQUIPMENT FOR PEDIATRIC PATIENTS THAT WILL BE LIFE-SAVING AND LIFE-CHANGING
FLOYD MEMORIAL FOUNDATION #2 1850 STATE STREET NEW ALBANY, IN 47150	31-0933781	501(C )(3)	12,420				FUNDING FOR PEDIATRIC AND INFANT SIMULATORS

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FLOYD MEMORIAL FOUNDATION #4 1850 STATE STREET NEW ALBANY, IN 47150	31-0933781	501(C )(3)	3,632				EQUIPMENT FOR PEDIATRIC EMERGENCY
FLOYD MEMORIAL HOSPITAL & HEALTH SERVICES #11850 STATE STREET NEW ALBANY, IN 47150	31-0933781	501(C )(3)	8,366				EQUIPMENT TO PROVIDE INPATIENT LEVEL II NEONATE AND PEDIATRIC CARE FOR SPECIAL NEEDS CHILDREN

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FRANKLIN COUNTY BOARD OF EDUCATION 916 EAST MAIN ST FRANKFORT, KY 40601	61-6001280	GOVERNMENT ENTITY	51,000				SALARY SUPPORT FOR SPECIAL EDUCATION TEACHERS
FRAZIER REHAB INSTITUTE #1200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202	61-1029768	501(C )(3)	22,920				TECHNOLOGY DEVICES TO PROVIDE REHABILITATION FOR CHILDREN DISABLED BY SPINAL CORD PROBLEMS



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FRAZIER REHAB INSTITUTE #2200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202	61-1029768	501(C)(3)	12,120				PEDIATRIC BIKE TO PROVIDE PHYSICAL THERAPY FOR CHILDREN WHO HAVE BEEN DISABLED
FRIENDS OF INDIAN SUMMER PO BOX 24337 LOUISVILLE, KY 40224	61-1256743	501(C)(3)	8,511				PROVIDE CAMP EXPERIENCE FOR CHILDREN WITH CANCER

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FRIENDS SCHOOL 901 BRECKENRIDGE LANE LOUISVILLE, KY 40207	61- 1213141	501(C )(3)	20,000				SUPPORT FOR CHILDREN WITH SPECIAL NEED
GRAYSON COUNTY SCHOOLS909 BRANDENBURG ROAD LEITCHFIELD, KY 42754	61- 6001310	GOVERNMENT ENTITY	28,000				TECHNOLOGY FOR USE BY CHILDREN WITH SPECIAL NEEDS

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GREATER CLARK COUNTY SCHOOLS 2112 UTICA-SELLERSBURG RD JEFFERSONVILLE, IN 47130	35-1151414	GOVERNMENT ENTITY	28,540				TECHNOLOGY FOR USE BY SPECIAL NEEDS CHILDREN
GREATER LOUISVILLE ROWING FOUNDATION 6511 GLENRIDGE PARK PLACE LOUISVILLE, KY 40222	61-1208989	501(C )(3)	3,780				SINGLE SHELL BOAT FOR SPECIAL NEEDS ROWERS

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GREEN COUNTY BOARD OF EDUCATION402 EAST HODGENVILLE AVE GREENSBURG, KY 42743	61-6001285	GOVERNMENT ENTITY	12,000				TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS
GREEN HILL THERAPY1410 LONG RUN ROAD LOUISVILLE, KY 40245	61-1378588	501(C )(3)	15,000				SCHOLARSHIP PROGRAM FOR CHILDREN WITH DISABILITIES WHO ARE UNABLE TO PAY

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GREEN RIVER REGIONAL EDUCATIONAL COOPERATIVE230 TECHNOLOGY WAY BOWLING GREEN, KY 42101	61-1346957	501(C )(3)	9,800				TRANSITION FAIR FOR STUDENTS WITH DISABILITIES
HANCOCK COUNTY PUBLIC SCHOOLS 83 STATE ROUTE 271 NORTH HANCOCK, KY 42348	61-6001293	GOVERNMENT ENTITY	4,200				TECHNOLOGY FOR STUDENTS WITH DISABILITIES

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HARDIN CO BOARD OF EDUCATION114 S MULBERRY ST ELIZABETH TOWN, KY 42701	61-6001274	GOVERNMENT ENTITY	45,500				TECHNOLOGY AND MATERIALS FOR STUDENTS WITH SPECIAL NEEDS
HARDIN MEMORIAL HOSPITAL913 NORTH DIXIE AVE ELIZABETH TOWN, KY 42701	61-1022426	GOVERNMENT ENTITY	3,068				EQUIPMENT TO EXPAND THE PEDIATRIC REHAB/THERAPY SERVICES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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HARRISON COUNTY EXCEPTIONAL LEARNERS COOPERATIVE121 HIGH SCHOOL ROAD CORYDON, IN 47112	35-1172509	GOVERNMENT ENTITY	20,000				MATERIALS AND SUPPLIES FOR STUDENTS WITH SPECIAL NEEDS
HARRISON COUNTY HOSPITAL 1141 HOSPITAL DRIVE NW CORYDON, IN 47112	35-1180407	GOVERNMENT ENTITY	15,189				EQUIPMENT TO PROVIDE CONSISTENT AIR TEMPERATURE FOR PREMATURE NEWBORN INFANTS

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HART COUNTY SCHOOLS25 QUALITY STREET MUNFORDVILLE, KY 42765	61-6001333	GOVERNMENT ENTITY	13,000				TECHNOLOGY TO WORK WITH CHILDREN WITH SPECIAL NEEDS
HENDERSON CO SCHOOL SYSTEM 1805 SECOND STREET HENDERSON, KY 42420	61-6001295	GOVERNMENT ENTITY	10,000				TECHNOLOGY FOR STUDENTS WITH SPECIAL NEEDS



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HENRY COUNTY PUBLIC SCHOOL 326 S MAIN ST NEW CASTLE, KY 40050	61-6001335	GOVERNMENT ENTITY	19,000				TECHNOLOGY AND RESOURCES FOR CHILDREN WITH SPECIAL NEEDS
HEUSER HEARING & LANGUAGE ACADEMY111 E KENTUCKY STREET LOUISVILLE, KY 40203	61-0492369	501(C )(3)	25,000				SUPPORT FOR COCHLEAR IMPLANT PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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HOME OF THE INNOCENTS1100 E MARKET ST LOUISVILLE, KY 40206	61-0445834	501(C )(3)	106,700				EQUIPMENT TO SERVE CHILDREN WITH SPECIAL NEEDS
HOSPARUS INCGRIEF COUNSELING CENTER3532 EPHRAIM MCDOWELL DR LOUISVILLE, KY 402053224	61-0921718	501(C )(3)	25,000				CONSTRUCTION COSTS OF A GRIEF COUNSELING CENTER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOSPARUS INCKOURAGEOUS KIDS3532 EPHRAIM MCDOWELL DR LOUISVILLE, KY 402053224	61- 0921718	501(C )(3)	35,000				SALARY SUPPORT FOR PEDIATRIC HOSPICE PROGRAM
HOSPICE OF THE BLUEGRASS2312 ALEXANDRIA DRIVE LEXINGTON, KY 40504	61- 0978097	501(C )(3)	15,000				SALARY SUPPORT FOR CASE MANAGER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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I BELIEVE FOUNDATION5052 MAID MARION COURT ASHLAND,KY 41101	11-3721966	501(C )(3)	3,489				FUNDS TO EXPAND AND PURSUIT THE DEVELOPMENT OF AN AUTISM SCHOOL
INDIANA UNIVERSITY4201 GRANTLINE ROAD NEW ALBANY,IN 47150	35-6001673	501(C )(3)	7,040				SCHOLARSHIPS FOR UNDERGRADUATE MAJORS IN SPECIAL EDUCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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INDIANA UNIVERSITY SOUTHEAST DIAGNOSTIC LENDING LIBRARY 4201 GRANTLINE ROAD NEW ALBANY, IN 47150	35-6001673	501(C )(3)	2,000				TECHNOLOGY AND MATERIALS FOR LENDING LIBRARY FOR STUDENTS WITH SPECIAL NEEDS
JCPSASSISTIVE TECHNOLOGY & MATERIALS CENTER 502 WOOD ROAD LOUISVILLE, KY 40222	61-6001316	GOVERNMENT ENTITY	185,000				MATERIALS AND TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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JCPSAUDIOLOGY PROGRAM502 WOOD ROAD LOUISVILLE, KY 40222	61-6001316	GOVERNMENT ENTITY	15,750				EQUIPMENT TO USE WITH CHILDREN WITH HEARING RELATED CHALLENGES
JCPSAUTISM PROGRAM502 WOOD ROAD LOUISVILLE, KY 40222	61-6001316	GOVERNMENT ENTITY	15,985				MATERIALS TO ASSIST STUDENTS WITH AUTISM SPECTRUM DISORDERS

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JCPSEARLY CHILDHOOD SPECIAL SERVICES502 WOOD ROAD LOUISVILLE, KY 40222	61-6001316	GOVERNMENT ENTITY	7,655				TECHNOLOGY AND EQUIPMENT TO SERVE CHILDREN WITH SPECIAL NEEDS
JCPSLOW INCIDENCE PROGRAM502 WOOD ROAD LOUISVILLE, KY 40222	61-6001316	GOVERNMENT ENTITY	13,000				ITEMS TO ASSIST STUDENTS WITH FUNCTIONAL MENTAL DISABILITIES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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JCPSOCCUPATIONAL THERAPY & PHYSICAL THERAPY PROGRAM502 WOOD ROAD LOUISVILLE, KY 40222	61-6001316	GOVERNMENT ENTITY	29,000				EQUIPMENT FOR CHILDREN WITH PHYSICAL DISABILITIES AND SENSORY IMPAIRMENTS
JCPSVISUALLY IMPAIRED PROGRAM 502 WOOD ROAD LOUISVILLE, KY 40222	61-6001316	GOVERNMENT ENTITY	10,000				MATERIALS FOR STUDENTS WITH VISUAL IMPAIRMENT



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JEFFERSON COUNTY YOUTH SHELTERDBA PATHWAYS YOUTH SHELTER & FAMILY SERVICES116 MILES RIDGE RD PO BOX 444 MADISON, IN 47250	35-1606865	501(C )(3)	10,000				SALARY SUPPORT FOR SOCIAL WORKER TO ASSIST CHILDREN WITH MENTAL HEALTH ISSUES
JUNIOR ACHIEVEMENT OF KENTUCKIANA1401 W MUHAMMAD ALI BLVD LOUISVILLE, KY 40203	61-0476694	501(C )(3)	3,000				SALARY SUPPORT AND MATERIALS FOR A PERSONAL LITERACY & WORKFORCE READINESS PROGRAM

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JUVENILE DIABETES RESEARCH FOUNDATION153 THIERMAN LANE LOUISVILLE, KY 40207	23-1907729	501(C )(3)	2,500				OUTREACH PROGRAM FOR CHILDREN WITH TYPE 1 DIABETES
KELLY AUTISM PROGRAM AT WESTERN KY UNIVERSITY1906 COLLEGE HEIGHTS BLVD 11016 BOWLING GREEN, KY 421011016	61-1358086	501(C )(3)	25,000				PROVIDE SUPPORT FOR CHILDREN WITH A DISABILITY

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KENTUCKIANA CHILDREN'S CENTER1810 BROWNSBORO RD LOUISVILLE,KY 402062112	61-6014488	501(C )(3)	25,000				SALARY SUPPORT FOR THERAPEUTIC INTERVENTIONS
KENTUCKY CENTER FOR THE ARTS ENDOWMENT FUND INC501 WEST MAIN STREET LOUISVILLE,KY 402022989	31-0999046	501(C )(3)	31,000				SUPPORT FOR ART PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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KENTUCKY CHILDREN'S HOSPITAL - PEDIATRIC NEUROLOGY138 LEADER AVE LEXINGTON, KY 405069983	61-6001218	GOVERNMENT ENTITY	30,249				EQUIPMENT TO HELP IMPROVE DIAGNOSES OF EPILEPSY
KENTUCKY CHILDREN'S HOSPITAL - PEDIATRIC UROLOGY138 LEADER AVE LEXINGTON, KY 405069983	61-6001218	GOVERNMENT ENTITY	12,200				EQUIPMENT TO PROVIDE SERVICES TO CHILDREN WITH SPINA BIFIDA AND OTHER CONDITIONS

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KENTUCKY DIABETES CAMP FOR CHILDREN INC 1613 FOREST HILL DR LOUISVILLE, KY 40205	27- 3619275	501(C )(3)	2,000				CAMP FOR CHILDREN WITH DIABETES
KENTUCKY HEMOPHILIA FOUNDATION INC 1850 TAYLOR AVENUE SUITE 2 LOUISVILLE, KY 402131594	61- 0656750	501(C )(3)	5,500				CAMP FOR CHILDREN WHO SUFFER FROM LIFELONG BLEEDING DISORDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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KENTUCKY LIONS EYE FOUNDATION INC301 E MUHAMMAD ALI BLVD LOUISVILLE, KY 40202	61-0516171	501(C )(3)	7,500				DIGITAL CAMERA WHICH WILL DETECT EYE DISORDERS IN CHILDREN
KENTUCKY SCHOOL FOR THE DEAF CHARITABLE FOUNDATION303 S SECOND ST PO BOX 27 DANVILLE, KY 40422	61-1091577	501(C )(3)	23,500				EQUIPMENT AND MATERIALS TO IMPLEMENT ENGLISH THROUGH AMERICAN SIGN LANGUAGE

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KIDS CENTER FOR PEDIATRIC THERAPIES 982 EASTERN PKWY LOUISVILLE, KY 40217	61-0492378	501(C )(3)	10,000				SENSORY GARDEN FOR CHILDREN WHO NEED A VARIETY OF SENSORY INPUT
KOSAIR CHILDREN'S HOSPITAL ANESTHESIA PO BOX 35070 LOUISVILLE, KY 402325070	61-0703799	501(C )(3)	153,380				EQUIPMENT TO MONITOR A PATIENT WHILE THEY ARE UNDER ANESTHESIA

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KOSAIR CHILDREN'S HOSPITALCARDIAC CATHETERIZATION LABORATORYPO BOX 35070 LOUISVILLE, KY 402325070	61-0703799	501(C )(3)	198,000				IMAGING EQUIPMENT FOR TREATMENT OF CHILDREN WITH HEART CONDITIONS
KOSAIR CHILDREN'S HOSPITALCARDIOVASCULAR PO BOX 35070 LOUISVILLE, KY 402325070	61-0703799	501(C )(3)	176,000				BYPASS MACHINE TO BE USED DURING HEART SURGERIES ON CHILDREN



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KOSAIR CHILDREN'S HOSPITALPATHOLOGY PO BOX 35070 LOUISVILLE, KY 402325070	61-0703799	501(C )(3)	123,000				PATHOLOGY SYSTEM THAT ENABLES ACQUISITION, ANALYSIS, AND MANAGEMENT
KOSAIR CHILDREN'S HOSPITALVIDEO CAPTUREPO BOX 35070 LOUISVILLE, KY 402325070	61-0703799	501(C )(3)	30,000				VIDEO CAPTURE SYSTEM TO TRAIN HUNDREDS OF STAFF BY VIEWING THEIR OWN SIMULATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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KY CENTER FOR SPECIAL CHILDREN SERVICESDBA CARRIAGE HOUSE ENDEAVOR PGM 13101 EASTPOINT PARK BLVD LOUISVILLE, KY 40223	61-0680753	501(C )(3)	47,000				SALARY SUPPORT FOR BEHAVIOR SPECIALISTS
KY CENTER FOR SPECIAL CHILDREN SERVICESDBA CARRIAGE HOUSE PRESCHOOL PGM 13101 EASTPOINT PARK BLVD LOUISVILLE, KY 40223	61-0680753	501(C )(3)	20,700				SALARY SUPPORT TO STAFF PERSON TO WORK WITH PRESCHOOL CHILDREN WITH AUTISM

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LAKE CUMBERLAND COMMUNITY ACTIONPO BOX 830 JAMESTOWN, KY 42629	61-0855431	501(C )(3)	1,240				EQUIPMENT FOR SPECIAL NEEDS CHILDREN
LARUE COUNTY PUBLIC SCHOOLS 208 COLLEGE STREET HODEGENVILLE, KY 42748	61-6001298	GOVERNMENT ENTITY	17,000				SALARY SUPPORT FOR READING/MATH RESOURCE PERSONNEL TO WORK WITH SPECIAL NEEDS STUDENTS

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LEARNING DISABILITIES ASSOCIATION OF KENTUCKY INC2210 GOLDSMITH LANE 118 LOUISVILLE,KY 40218	61-1103968	501(C )(3)	5,000				MATERIALS AND TECHNOLOGY TO SERVE CHILDREN WHO NEED TO WORK ON MATH, READING AND WRITING
LIFESPRING INC460 SPRING STREET JEFFERSONVILLE,IN 47130	35-1097350	501(C )(3)	2,500				PROVIDE CHILDREN WITH INTERVENTION FOR BEHAVIORAL AND EMOTIONAL DISTURBANCES

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LIGHTHOUSE PROMISE5312 OLD SHEPHERDSVILLE RD LOUISVILLE, KY 40228	61-1362760	501(3)	10,000				WORK WITH "AT RISK" CHILDREN IN AFTER SCHOOL AND SUMMER PROGRAMS
LINCOLN HERITAGE COUNCIL BOY SCOUTS OF AMERICAPO BOX 36273 LOUISVILLE, KY 402336273	61-0445839	501(C )(3)	17,000				SUPPLIES AND TRANSPORTATION FOR ADVENTURE CAMP FOR SPECIAL NEED CHILDREN

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LINCOLN TRAIL DISTRICT FIRST STEPS108 NEW GLENDALE RD PO BOX 2609 ELIZABETHTOWN, KY 42702	61-1010363	GOVERNMENT ENTITY	7,000				ITEMS TO ASSIST WITH THERAPY SERVICES FOR INFANTS AND TODDLERS WITH SPECIAL NEEDS
MADISON AREA EDUCATIONAL SPECIAL SERVICES UNIT702 ELM STREET MADISON, IN 47250	35-1371543	GOVERNMENT ENTITY	17,000				EQUIPMENT FOR STUDENTS WITH SPECIAL NEEDS

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MARION COUNTY BOARD OF EDUCATION755 EAST MAIN STREET MARION, KY 40033	61-6001309	GOVERNMENT ENTITY	11,500				READING AND MATH MATERIALS FOR STUDENTS WITH SPECIAL NEEDS
MARYHURST INC 1015 DORSEY LANE LOUISVILLE, KY 40223	31-1542209	501(C )(3)	25,000				SERVICES FOR GIRLS WITH MRDD AND SED

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MCLEAN COUNTY PUBLIC SCHOOLS PO BOX 245 283 MAIN ST CALHOUN, KY 42327	61-6001255	GOVERNMENT ENTITY	10,000				TECHNOLOGY FOR USE WITH CHILDREN WITH DISABILITIES
MEADE CO SCHOOL DISTRICT COMMUNICATION & AUGMENTATIVE DEVICES 1155 OLD EKRON ROAD BRANDENBURG, KY 40108	61-6001248	GOVERNMENT ENTITY	31,776				AUGMENTATIVE AND COMMUNICATION DEVICES FOR STUDENTS WITH SPECIAL NEEDS



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MEADE COUNTY BOARD OF EDUCATION1155 OLD EKRON ROAD BRANDENBURG, KY 40108	61-6001248	GOVERNMENT ENTITY	12,000				MEMORY TRAINING PROGRAM FOR STUDENTS WITH DISABILITIES
MEREDITH-DUNN SCHOOL3023 MELBOURNE AVE LOUISVILLE, KY 40220	23-7339248	501(C )(3)	20,000				TECHNOLOGY FOR MIDDLE SCHOOL STUDENTS WITH DISABILITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MUSCULAR DYSTROPHY ASSOCIATION1941 BISHOP LANE SUITE 511 LOUISVILLE,KY 40218	13-1665552	501(C )(3)	13,600				CAMP SPONSORSHIPS FOR CHILDREN WITH MUSCULAR DYSTROPHY
NELSON CO SCHOOLSARDSTOWN INDEPENDENT SCHOOLS288 WILDCAT LANE NELSON CO AND 308 NORTH FIFTH STREET BARDSTOWN BARDSTOWN,KY 40004	61-6001240	GOVERNMENT ENTITY	50,000				SNOEZELEN ROOM AND PLAYGROUND FOR CHILDREN WITH DISABILITIES

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NEW ALBANY-FLOYD CO CONSOLIDATED SCHOOL2801 GRANT LINE ROAD NEW ALBANY, IN 47150	35- 6005953	GOVERNMENT ENTITY	40,000				TECHNOLOGY AND EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
NEW HOPE SERVICES INC725 WALL STREET JEFFERSONVILLE, IN 47130	35- 1022158	501(C )(3)	6,250				FURNISHINGS FOR CHILDREN WITH SPECIAL NEEDS

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NORTHERN KY COOPERATIVE FOR EDUCATIONAL SERVICES5516 EAST ALEXANDRIA PIKE COLD SPRING, KY 41076	61-1106680	501(C )(3)	3,500				TECHNOLOGY FOR SPECIAL NEEDS STUDENTS
NORTON SUBURBAN HOSPITAL4001 DUTCHMANS LANE LOUISVILLE, KY 40207	31-0914919	501(C )(3)	162,992				EQUIPMENT FOR NEONATAL INTENSIVE CARE UNIT

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OLDHAM COUNTY BOARD OF EDUCATION1900 BUTTON LANE LAGRANGE, KY 40031	61-6001306	GOVERNMENT ENTITY	60,000				TECHNOLOGY AND MATERIALS STUDENTS WITH SPECIAL NEEDS
ORANGE CO REHABILITATIVE AND DEVELOPMENTAL SERVICESPO BOX 267 PAOLI, IN 47454	35-1160833	501(C ) (3)	25,000				EARLY INTERVENTION SERVICES IN ORANGE COUNTY

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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ORANGE CO REHABILITATIVE AND DEVELOPMENTAL SERVICES2020 NEWBURG RD LOUISVILLE,KY 40205	61- 1029768	501(C )(3)	32,400				PLAYGROUND EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
OUR LADY OF PROVIDENCE JR-SR HIGH SCHOOL707 PROVIDENCE WAY CLARKSVILLE,IN 47129	53- 0196617	501(C )(3)	14,429				SALARY SUPPORT TO PROVIDE INSTRUCTION FOR STUDENTS WITH LEARNING DIFFICULTIES

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OWEN COUNTY SCHOOL DISTRICT 1600 HIGHWAY 22 EAST OWENTON, KY 40359	61-6001340	GOVERNMENT ENTITY	6,250				TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS
PERSONAL COUNSELING SERVICE INC1205 APPLGATE LANE CLARKSVILLE, IN 47129	31-0919635	501(C )(3)	45,000				PROVIDE MENTAL HEALTH SERVICES TO CHILDREN WITH PSYCHIATRIC EVALUATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PITT ACADEMY 6010 PRESTON HIGHWAY LOUISVILLE, KY 40219	23- 7066205	501(C )(3)	30,000				ASSISTIVE TECHNOLOGY AND ITEMS FOR SENSORY ROOM
PROVIDENCE SELF SUFFICIENCY MINISTRIES8037 UNRUH DRIVE GEORGETOWN, IN 47122	35- 1947580	501(C )(3)	17,500				TREATMENT PROGRAM FOR ABUSED AND NEGLECTED CHILDREN



**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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PUZZLE PIECES INC2835 HILLSIDE DRIVE OWENSBORO, KY 42303	45-3042804	501(C )(3)	13,000				SALARY SUPPORT TO PROVIDE PROPER CARE OF CHILDREN WITH DISABILITIES
RAUCH INC845 PARK PLACE NEW ALBANY, IN 47150	35-1011521	501(C )(3)	20,000				SALARY SUPPORT TO PROVIDE PEDIATRIC EARLY INTERVENTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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RAY OF HOPE (CHILDREN'S ADVOCACY CENTER OF BELL COUNTY) PO BOX 722 PINEVILLE, KY 40977	45-2518707	501(C )(3)	3,200				THERAPEUTIC EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
REGIONAL CHILD DEVELOPMENT CLINICS1600 SCOTTSVILLE RD SUITE 300 BOWLING GREEN, KY 42104	61-1142151	501(C )(3)	12,000				"FAMILY SHARE PROGRAM" FOR EVALUATION AND THERAPY SERVICES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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REGIONAL YOUTH SERVICES INC224 EAST COURT AVENUE JEFFERSONVILLE, IN 47130	35-1292608	501(C )(3)	19,000				SALARY SUPPORT FOR SPECIALIZED FOSTER CARE AND HOME BASED SERVICES
ROCKCASTLE REGIONAL HOSPITAL PO BOX 1310 MT VERNON, KY 40456	61-0523304	501(C )(3)	17,100				EQUIPMENT AND MATERIALS FOR CHILDREN WITH SPECIAL NEEDS

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RUSSELL COUNTY SCHOOLS404 SOUTH MAIN ST JAMESTOWN, KY 42728	61-6001305	GOVERNMENT ENTITY	18,000				INTERVENTIONISTS SALARY SUPPORT TO WORK WITH STUDENTS WITH DISABILITIES
SCOTT COUNTY SCHOOLS2168 FRANKFORT RD GEORGETOWN, KY 40324	61-6001282	GOVERNMENT ENTITY	20,000				READING AND MATH PROGRAMS FOR STUDENTS WITH SPECIAL NEEDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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SEVEN COUNTIES SERVICES INC3717 TAYLORSVILLE ROAD LOUISVILLE, KY 40220	31-0939757	501(C )(3)	80,000				FUNDING SUPPORT FOR AUTISM CIRCLES OF TREATMENT PROGRAM
SHELBY COUNTY PUBLIC SCHOOLS 1155 MAIN ST SHELBYVILLE, KY 40065	61-6001356	GOVERNMENT ENTITY	75,000				TECHNOLOGY AND SALARY SUPPORT TO ASSIST SPECIAL NEEDS CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SOUTH CENTRAL AREA SPECIAL EDUCATION COOPERATIVE600 ELM STREET SUITE 2 PAOLI,IN 47454	31-0986767	GOVERNMENT ENTITY	28,500				TECHNOLOGY FOR STUDENTS WITH DISABILITIES
SOUTH CENTRAL KY KIDS ON THE BLOCK2465 RUSSELLVILLE RD BOWLING GREEN, KY 42101	61-1164527	501(C )(3)	2,000				EDUCATIONAL SUPPORT FOR CHILDREN WITH SPECIAL NEEDS

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SOUTHERN HILLS COUNSELING CENTER INCPO BOX 769 JASPER, IN 475470769	35-1148518	501(C )(3)	10,000				BEHAVIORAL HEALTH AND SERVICES FOR CHILDREN WITH EMOTIONAL DISTURBANCES
SOUTHERN INDIANA REHAB HOSPITAL3104 BLACKISTON BLVD NEW ALBANY, IN 47150	35-1903507	501(C )(3)	2,720				DEVICE TO ENHANCE THE COMMUNICATION OF CHILDREN WITH AUTISM AND OTHER DISORDERS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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SOUTHWESTERN JEFFERSON CO SCHOOL CORP273 MAIN CROSS ST HANOVER, IN 47243	35-6006827	GOVERNMENT ENTITY	8,500				TECHNOLOGY FOR USE WITH CHILDREN WITH DISABILITIES
SPALDING UNIVERSITY- COLLEGE OF ED845 S 3RD STREET LOUISVILLE, KY 40203	61-0444780	501(C )(3)	20,000				SCHOLARSHIPS FOR THE PREPARATION OF SPECIAL EDUCATORS



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SPALDING UNIVERSITY'S ENABLING TECHNOLOGIES OF KENTUCKIANA845 SOUTH THIRD ST LOUISVILLE, KY 40203	61-0444780	501(C )(3)	8,200				TECHNOLOGY LOAN PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
SPECIAL NEEDS ASSISTANCE PROGRAM9400 OBRYAN LANE OWENSBORO, KY 42301	45-2913906	501(C )(3)	12,000				FINANCIAL SUPPORT FOR CHILDREN WITH SPECIAL NEEDS TO ATTEND PUZZLE PIECES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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SPECIAL OLYMPICS OF KENTUCKY1230 LIBERTY BANK LN SUITE 140 LOUISVILLE, KY 40222	61-0954571	501(C )(3)	12,000				PROGRAM TO PROVIDE FREE SPORTS PHYSICALS TO CHILDREN WITH SPECIAL NEEDS
SPENCER COUNTY SCHOOLS207 WEST MAIN ST TAYLORSVILLE, KY 40468	61-6001367	GOVERNMENT ENTITY	32,000				TECHNOLOGY FOR STUDENTS WITH SPECIAL NEEDS

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SPINA BIFIDA ASSOC OF KY KOSAIR CHARITIES CENTRE 982 EASTERN PKWY BOX 18 LOUISVILLE, KY 40217	31-1081176	501(C )(3)	23,000				SUPPORT FOR PHYSICAL, MENTAL AND MEDICAL NEEDS OF CHILDREN WITH SPINA BIFIDA
ST JOSEPH CHILDREN'S HOME 2823 FRANKFORT AVE LOUISVILLE, KY 40206	61-0475286	501(C )(3)	25,000				PROVIDE SERVICES FOR SPECIAL NEEDS CHILDREN

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SUMMIT ACADEMY OF GREATER LOUISVILLE INC 11508 MAIN STREET LOUISVILLE, KY 40243	61-1214457	GOVERNMENT ENTITY	20,000				SALARY SUPPORT FOR SPEECH AND OCCUPATIONAL THERAPISTS
SUNRISE CHILDREN'S SERVICES INC PO BOX 1429 MT WASHINGTON, KY 400471429	61-0597273	501(C )(3)	20,000				VANS TO TRANSPORT BOYS TO APPOINTMENTS AND ACTIVITIES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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TAYLOR COUNTY BOARD OF EDUCATION1209 EAST BROADWAY CAMPBELLSVILLE, KY 42718	61-6001256	GOVERNMENT ENTITY	20,000				TECHNOLOGY AND MATERIALS FOR SPECIAL NEEDS STUDENTS
TELFORD COMMUNITY YMCA 1100 E MAIN ST RICHMOND, KY 40475	61-6000619	501(C )(3)	10,000				EQUIPMENT FOR CHILDREN WITH DISABILITIES

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THE ACADEMY OF SAINT ANDREWS 2233 WOODBOURNE AVE LOUISVILLE, KY 40205	27-2279128	501(C )(3)	20,000				SALARY SUPPORT FOR BEHAVIORAL PROGRAMS FOR CHILDREN WITH AUTISM
THE CARING PLACE INCPO BOX 945 LEBANON, KY 40033	61-1242828	501(C )(3)	15,000				SALARY SUPPORT AND FUNDING FOR "CHILDREN AT RISK" PROGRAM

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THE CENTER FOR COURAGEOUS KIDS 1501 BURNLEY ROAD SCOTTSVILLE, KY 42164	20-1789905	501(C )(3)	18,000				SPONSORSHIP FOR THE 2013 PHYSICAL DISABILITIES WEEK OF SUMMER WEEK
THE CENTER FOR WOMEN AND FAMILIESPO BOX 2048 LOUISVILLE, KY 402012048	61-0444846	501(C )(3)	14,000				PROVIDE THERAPY FOR CHILDREN WHO HAVE EXPERIENCED DOMESTIC VIOLENCE OR SEXUAL ASSAULT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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THE DE PAUL SCHOOL1925 DUKER AVENUE LOUISVILLE, KY 40205	61-0711082	501(C )(3)	17,000				ASSISTIVE TECHNOLOGY TO HELP STUDENTS WITH LEARNING DIFFERENCES
THE REATH CENTER 55 HERITAGE DR CAMPBELLSVILLE, KY 42718	20-4464384	501(C )(3)	3,000				HORSE-RIDING THERAPY FOR CHILDREN WITH SPECIAL NEEDS



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THE REHABILITATION CENTER (EASTER SEALS REHAB CENTER)3701 BELLEMEADE AVE EVANSVILLE, IN 47714	35-1087526	501(C )(3)	1,200				TECHNOLOGY TO HELP CHILDREN LEARN TO SPEAK, UNDERSTAND AND COMMUNICATE
U OF L RESEARCH FOUNDATIONEARLY LEARNING CAMPUS 409 REG SMITH CIRCLE LOUISVILLE, KY 40208	61-1029626	501(C )(3)	10,000				SENSORY EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS

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U OF LDEPARTMENT OF SPECIAL EDUCATION COLLEGE OF EDUCATION HUMAN DEVELOPMENT LOUISVILLE,KY 40292	61-1029626	501(C )(3)	20,000				SCHOLARSHIPS FOR STUDENTS MAJORING IN SPECIAL EDUCATION
U OF LDEPT OF OBGYN550 S JACKSON ST LOUISVILLE,KY 40202	61-1029626	501(C )(3)	75,000				EQUIPMENT TO PROVIDE IMPROVED IMAGING FOR HIGH RISK PREGNANCIES

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U OF LDIVISION OF CHILD NEUROLOGY 601 S FLOYD ST STE 500 LOUISVILLE, KY 40202	61-1029626	501(C )(3)	130,000				SALARY SUPPORT FOR POSITIONS TO HELP IN DIAGNOSIS OF PATIENTS
U OF LOPHTHALMOLOGY 301 E MUHAMMAD ALI BLVD LOUISVILLE, KY 40202	61-1029626	501(C )(3)	25,000				EQUIPMENT FOR EARLY DETECTION AND DIAGNOSIS OF OCULAR DISORDERS

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U OF LPEDIATRIC DENTAL CLINIC 571 S FLOYD ST 4TH FLOOR LOUISVILLE, KY 40202	61-1029626	501(C)(3)	75,000				FUNDING FOR A PEDIATRIC-DENTAL CLINIC
U OF LSCHOOL OF MUSICSCHOOL OF MUSIC LOUISVILLE, KY 40292	61-1029626	501(C)(3)	25,000				MUSIC THERAPY CLINIC FOR CHILDREN WITH SPECIAL NEEDS

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U OF LWEISSKOPF-CYTOGENETICS LABORATORYDEPT OF PEDIATRICS 571 S FLOYD ST SUITE 300 LOUISVILLE, KY 40202	61-1029626	501(C )(3)	9,165				EQUIPMENT TO DETERMINE THE ETIOLOGY OF A CHILD'S BIRTH DEFECTS
U OF LWEISSKOPF-LEARNING DISORDERSDEPT OF PEDIATRICS 571 S FLOYD ST SUITE 300 LOUISVILLE, KY 40202	61-1029626	501(C )(3)	85,000				SALARY SUPPORT FOR LEARNING DISORDERS CLINIC

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U OF LWEISSKOPF-STAR PROGRAM DEPT OF PEDIATRICS 571 S FLOYD ST SUITE 300 LOUISVILLE, KY 40202	61-1029626	501(C )(3)	140,000				DIAGNOSTIC AND INTERVENTION SERVICES TO CHILDREN WITH AUTISM
UPSIDE THERAPEUTIC RIDING INC250 KENWOOD HILL ROAD LOUISVILLE, KY 40214	26-1841337	501(C )(3)	8,000				RIDING SCHOLARSHIPS TO PROVIDE THERAPY SERVICES

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VISUALLY IMPAIRED PRESCHOOL SERVICESLEXINGTON 161 BURT RD SUITE 4 LEXINGTON, KY 40503	61-1061973	501(C )(3)	20,000				SALARY SUPPORT FOR STAFF TO HELP CHILDREN WITH VISION LOSS
VISUALLY IMPAIRED PRESCHOOL SERVICESLOUISVILLE 1906 GOLDSMITH LANE LOUISVILLE, KY 40218	61-1061973	501(C )(3)	65,000				SALARY SUPPORT FOR STAFF TO HELP CHILDREN WITH VISION LOSS

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VOICES 4 YOUTH FLOYD COUNTY YOUTH SERVICES BUREAU 3005 GRANT LINE RD NEW ALBANY, IN 47150	27- 3032875	501(C )(3)	12,500				RENOVATION OF AREAS FOR COUNSELING AND EVALUATION
VOLUNTEERS OF AMERICA OF KENTUCKY INC 933 GOSS AVENUE LOUISVILLE, KY 40217	61- 0480950	501(C )(3)	25,000				SCREENING THAT IDENTIFIES PHYSICAL, MENTAL AND MEDICAL CHALLENGES OF HOMELESS CHILDREN



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VSA KENTUCKY515 EAST 10TH AVE BOWLING GREEN, KY 42101	61- 1133019	501(C )(3)	17,500				FUNDING OF SIDE BY SIDE ART PROGRAM
WASHINGTON CO SCHOOLSPO BOX 72 120 MACKVILLE HILL SPRINGFIELD,KY 40069	61- 6001364	GOVERNMENT ENTITY	9,951				MATERIALS FOR CHILDREN WITH SPECIAL NEEDS

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WENDELL FOSTER'S COMPREHENSIVE OUTPATIENT REHABILITATION FACILITYPO BOX 1668 815 TRIPLETT ST OWENSBORO, KY 423021668	61-0490868	501(C )(3)	3,462				KITCHEN EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS TO LEARN COOKING SKILLS
WENDELL FOSTER'S KELLY AUTISM PROGRAMPO BOX 1668 815 TRIPLETT ST OWENSBORO, KY 423021668	61-0490868	501(C )(3)	2,399				TECHNOLOGY TO WORK WITH CHILDREN WITH SPECIAL NEEDS

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WEST CLARK COMMUNITY SCHOOLS601 RENZ AVENUE SELLERSBURG, IN 47172	35-1146809	GOVERNMENT ENTITY	33,822				TECHNOLOGY AND PT EQUIPMENT FOR STUDENTS WITH SPECIAL NEEDS
WEST POINT IND BOARD OF EDUCATIONPO BOX 367 WEST POINT, KY 40177	61-6001374	GOVERNMENT ENTITY	30,000				SALARY SUPPORT AND TECHNOLOGY TO WORK WITH CHILDREN WITH SPECIAL NEEDS

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WEST WASHINGTON SCHOOL CORPORATION9699 W MT TABOR ROAD CAMPBELLSBURG,IN 47108	35-1067761	GOVERNMENT ENTITY	33,000				HANDICAPPED BUS TO TRANSPORT CHILDREN WITH SPECIAL NEEDS
WESTERN KENTUCKY ASSISTIVE TECHNOLOGY CENTERPO BOX 1668 815 TRIPLETT ST OWENSBORO ,KY 423021668	61-0490868	501(C )(3)	7,000				TECHNOLOGY FOR CHILDREN WITH DISABILITIES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WESTERN KENTUCKY UNIV RESEARCH FOUNDATION - SCHOLARSHIPS 1906 COLLEGE HEIGHTS BLVD 11016 BOWLING GREEN, KY 421011016	61-1358086	501(C )(3)	21,000				SCHOLARSHIPS FOR STUDENTS MASTER'S DEGREE PROGRAM IN SPECIAL EDUCATION
WESTERN KY UNIVERSITY RESEARCH FOUNDATION- EARLY CHILDHOOD 1906 COLLEGE HEIGHTS BLVD 11016 BOWLING GREEN, KY 421011016	61-1358086	501(C )(3)	30,000				FUNDING FOR EARLY CHILDHOOD SERVICES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WHAS CRUSADE FOR CHILDREN CAMP TESSA177 STARKEY LANE CECILIA, KY 42724	20-2632503	501(C )(3)	9,000				SUMMER CAMPS FOR CHILDREN WITH AUTISM SPECTRUM DISORDER
WILKINSON STREET SCHOOL 961 LEESTOWN ROAD FRANKFORT, KY 40601	61-6001407	GOVERNMENT ENTITY	13,000				SALARY SUPPORT AND TECHNOLOGY TO WORK WITH CHILDREN WITH SPECIAL NEEDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WINGS ON A PRAYER1205 GIBSON ROAD FALLS OF ROUGH, KY 40119	30-0444221	501(C )(3)	6,388				OUTSIDE ARENA TO PROVIDE HORSEBACK RIDING THERAPY
WOODFORD COUNTY PUBLIC SCHOOLS330 PISGAH PIKE VERSAILLES, KY 40383	61-6001372	GOVERNMENT ENTITY	10,000				TECHNOLOGY FOR STUDENTS WITH SPECIAL NEEDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YMCA OF GREATER LOUISVILLE545 SOUTH SECOND STREET LOUISVILLE, KY 40202	61-0444843	501(C )(3)	10,000				SALARY SUPPORT FOR CHILDCARE & TEEN PROGRAMS AND BUS TO TRANSPORT CHILDREN TO PROGRAMS
YMCA OF GREATER LOUISVILLEBULLITT CO409 JOE B HALL AVENUE SHEPHERDSVILLE, KY 40165	61-0444843	501(C )(3)	5,000				SALARY SUPPORT FOR STAFFS TO WORK WITH CHILDREN WITH SPECIAL NEEDS



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
YMCA SAFE PLACE SERVICES2400 CRITTENDEN DRIVE LOUISVILLE, KY 40217	61-0444843	501(C )(3)	10,000				SUPPORT FOR SPECIAL NEEDS TEENS IN SHELTER HOUSE PROGRAM
YOUNG ADULT DEVELOP IN ACTION INCDBA YOUTH BUILD LOUISVILLE812 PRESTON STREET LOUISVILLE, KY 40203	61-1374470	501(C )(3)	5,000				LIFT TO PROVIDE ACCESS TO 2ND FLOOR FOR HANDICAPPED STUDENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
RETURNED GRANTS			-131,340				RETURNED CHARITABLE GRANTS

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
THE WHAS CRUSADE FOR CHILDREN INC

Employer identification number  
23-7075524

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	Yes
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	Yes
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	Yes
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

[illegible]

**Part III**   **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 3	THE RELATED ORGANIZATION USED THE FOLLOWING METHODS IN ESTABLISHING THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT AND CEO - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
	PART I, LINE 4C	MARK PIMENTEL RECEIVED A PAYMENT OF \$39,169.63 FROM BELO, INC., THE RELATED ORGANIZATION. RESTRICTED STOCK UNITS ARE BASED UPON THE LENGTH OF SERVICE WITH BELO, INC. THIS PAYMENT IS NOT DEPENDENT UPON ANY WHAS CRUSADE FOR CHILDREN SERVICE. ALSO, THIS COMPENSATION PAYMENT HAS NO FINANCIAL IMPACT ON THE CRUSADE.
	PART I, LINE 5	MARK PIMENTEL AND TERRENCE SPENCE RECEIVED A PAYMENT OF \$1,170 AND \$525, RESPECTIVELY, FROM BELO, INC., THE RELATED ORGANIZATION. THIS COMPENSATION IS CONTINGENT UPON BELO, INC.'S ANNUAL INTERNET REVENUE AS COMPARED TO BUDGET. THIS PAYMENT IS NOT DEPENDENT UPON WHAS CRUSADE FOR CHILDREN FINANCIAL RESULTS. ALSO, THIS COMPENSATION PAYMENT HAS NO FINANCIAL IMPACT ON THE CRUSADE.
	PART I, LINE 6	MARK PIMENTEL AND TERRENCE SPENCE RECEIVED A PAYMENT OF \$6,630 AND \$2,975, RESPECTIVELY, FROM BELO, INC., THE RELATED ORGANIZATION. THIS COMPENSATION IS BASED UPON BELO, INC.'S ANNUAL EBITDA. THIS PAYMENT IS NOT DEPENDENT UPON WHAS CRUSADE FOR CHILDREN FINANCIAL RESULTS. ALSO, THIS COMPENSATION PAYMENT HAS NO FINANCIAL IMPACT ON THE CRUSADE.

SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

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 or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
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 . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	5	30,314	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	16	18,910	DONOR ESTIMATE
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( <u>SUPPLIES</u> ) . . . . .	X	3	15,725	DONOR ESTIMATE
26 Other ► ( <u>          </u> ) . . . . .				
27 Other ► ( <u>          </u> ) . . . . .				
28 Other ► ( <u>          </u> ) . . . . .				

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 Acknowledgement . . . . .

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? . . . . .		No
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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .	Yes	
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		

Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	THE ORGANIZATION'S INVESTMENT ADVISOR (PNC ) SELLS STOCK DONATIONS

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS THREE MEMBERS AND ALL MEMBERS SHALL BE EMPLOYEES OF BELO CORPORATION THE GENERAL MANAGER OF BELO CORPORATION SHALL BE A MEMBER AND SHALL APPOINT THE OTHER TWO MEMBERS
	FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS HAVE THE AUTHORITY TO ELECT THE BOARD OF DIRECTORS, HOWEVER, THE BOARD OF DIRECTORS ELECT THE OFFICERS
	FORM 990, PART VI, SECTION A, LINE 7B	ALL DECISIONS OF THE GOVERNING BODY MAY BE VOTED ON BY THE MEMBERS
	FORM 990, PART VI, SECTION B, LINE 11	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 12C	THE ORGANIZATION REQUIRES EACH VOTING OFFICER AND DIRECTOR TO ANNUALLY COMPLETE AND SIGN A QUESTIONNAIRE CONCERNING POTENTIAL CONFLICT OF INTERESTS THESE FORMS ARE THEN REVIEWED BY THE SECRETARY
	FORM 990, PART VI, SECTION B, LINE 15	THE CEO'S SALARY IS DETERMINED BY THE BOARD OF DIRECTORS USING COMPARABILITY DATA AND GUIDELINES ESTABLISHED BY THE HUMAN RESOURCES DEPARTMENT OF BELO CORPORATION AND USED BY WHAS THE CEO DETERMINES SALARY INCREASES FOR EACH EMPLOYEE USING CRITERIA AND STANDARDS ESTABLISHED BY THE HUMAN RESOURCES DEPARTMENT OF BELO CORPORATION AND USED BY WHAS
	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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 665,225 CHANGE IN BENEFICIAL INTEREST IN CHARITABLE TRUSTS 94,929 TOTAL TO FORM 990, PART XI, LINE 5 760,154
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR THE ORGANIZATION HAS A FINANCE COMMITTEE THAT IS RESPONSIBLE FOR SELECTION OF THE INDEPENDENT AUDITOR THE FINANCE COMMITTEE AND THE BOARD TREASURER RECEIVE A COPY OF THE AUDITED FINANCIAL STATEMENTS FOR REVIEW PRIOR TO THE CONCLUSION OF THE AUDIT AND THE FORM 990 PRIOR TO FILING



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
THE WHAS CRUSADE FOR CHILDREN INC

Employer identification number  
23-7075524

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispropportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) BELO CORPORATION 400 SOUTH RECORD STREET DALLAS, TX 75202	MEDIA PRODUCTION (TELEVISION/CABLE)	TX		C			

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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