


<div> <div>Form <b>990</b></div> <div>  </div> <div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> </div> </div>	<div> <div>Return of Organization Exempt From Income Tax</div> <div>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</div> <div> <div>▶ Do not enter social security numbers on this form as it may be made public</div> <div>▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></div> </div> </div>	<div> <div>OMB No 1545-0047</div> <div><b>2015</b></div> <div>Open to Public Inspection</div> </div>
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<b>A For the 2015 calendar year, or tax year beginning 09-01-2015 , and ending 08-31-2016</b>			
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization THE WHAS CRUSADE FOR CHILDREN INC		<b>D</b> Employer identification number  23-7075524
	Doing business as		<b>E</b> Telephone number  (502) 582-7706
	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 province, country, and ZIP or foreign postal code LOUISVILLE, KY 40202		<b>G</b> Gross receipts \$ 7,707,951
	<b>F</b> Name and address of principal officer DAWN LEE 520 W CHESTNUT ST LOUISVILLE, KY 40202		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a){1} or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>J</b> Website: ▶ WWW.WHASCUSADE.ORG		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>H(c)</b> Group exemption number ▶	
		<b>L</b> Year of formation 1980	<b>M</b> State of legal domicile KY

<b>Part I</b>	<b>Summary</b>
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE MEDICAL AND EDUCATIONAL SUPPORT TO SPECIAL NEEDS CHILDREN		
	2 Check this box <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	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	500	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	6,654,570	5,692,586
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,789,588	1,111,614
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,444,158	6,804,200
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,674,721	5,465,933
	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)	11,773	10,926
	b Total fundraising expenses (Part IX, column (D), line 25) <u>▶304,376</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	863,387	918,843
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,549,881	6,395,702
	19 Revenue less expenses Subtract line 18 from line 12	1,894,277	408,498
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		26,039,162	27,327,807
21 Total liabilities (Part X, line 26)		6,810,504	7,202,780
22 Net assets or fund balances Subtract line 21 from line 20		19,228,658	20,125,027

<b>Part II</b>	<b>Signature Block</b>
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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.

<b>Sign Here</b>	*****	2017-02-21
	Signature of officer	Date
	DAWN LEE CEO & PRESIDENT	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name REBECCA L PHILLIPS CPA	Preparer's signature REBECCA L PHILLIPS CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00024055
	Firm's name ► MOUNTJOY CHILTON MEDLEY LLP			Firm's EIN ► 27-1235638	
	Firm's address ► 462 S FOURTH ST SUITE 2600 LOUISVILLE, KY 402023445			Phone no (502) 749-1900	

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

THE WHAS CRUSADE FOR CHILDREN IS A COMMUNITY SUPPORTED CHARITABLE ORGANIZATION WHOSE MISSION IS TO GRANT DONATED FUNDS TO AGENCIES, SCHOOLS AND HOSPITALS THAT 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 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 \$ 5,465,933 including grants of \$ 5,465,933 ) (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 ▶ 5,465,933

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	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), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .			
25a		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? If "Yes," complete Schedule L, Part I . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27		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? If "Yes," complete Schedule L, Part IV . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32		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? If "Yes," complete Schedule R, Part I . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	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? If "Yes," complete Schedule R, Part VI . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	9	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	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? <b>Note.</b> 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" to line 3b, provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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 as charitable contributions?	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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring 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? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	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 or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	<b>1a</b> 16		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 13		
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</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?	<b>16b</b>	

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed **KY**

**18** Section 6104 requires an organization to make its 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.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**DAWN LEE 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 or note to any line in this Part VII

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) BRENNEN LAWRENCE CHAIRMAN	0 10	X		X				0	0	0
(2) JEFF NELSON VICE CHAIRMAN	0 10	X		X				0	0	0
(3) ANGELICA WILLIAMS TREASURER	0 10	X		X				0	0	0
(4) DON ALLEN BOARD MEMBER	0 10	X						0	0	0
(5) LYNN ASHTON BOARD MEMBER TILL 3/2016	0 10	X						0	0	0
(6) JENNIFER ERHARD BOARD MEMBER	0 10	X						0	0	0
(7) BILL GODFREY BOARD MEMBER AS OF 3/2016	0 10	X						0	0	0
(8) KELLY GRANGIER BOARD MEMBER	0 10	X						0	0	0
(9) JOE GRAFFIS BOARD MEMBER TILL 3/2016	0 10	X						0	0	0
(10) KEVIN HUGHES BOARD MEMBER AS OF 3/2016	0 10	X						0	0	0
(11) TOM MOBLEY BOARD MEMBER	0 10	X						0	0	0
(12) VINCENT SMITH BOARD MEMBER	0 10	X						0	0	0
(13) PAMELA STEPHENS BOARD MEMBER	0 10	X						0	0	0
(14) GARY STEWART BOARD MEMBER AS OF 3/2016	0 10	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
(15) JOHN WALLING ..... BOARD MEMBER	0 10 .....	X						0	0	0
(16) DOUG WETHINGTON ..... BOARD MEMBER TILL 3/2016	0 10 .....	X						0	0	0
(17) LINDA DANNA ..... BOARD MEMBER	0 10 40 00	X						0	290,000	17,000
(18) SHAWN KAE LIN ..... BOARD MEMBER	0 10 40 00	X						0	65,813	10,032
(19) LISA COLUMBIA ..... BOARD MEMBER	0 10 40 00	X						0	154,091	15,730
(20) TOM HOY ..... SECRETARY	0 10 .....			X				0	0	0
(21) DAWN LEE ..... PRESIDENT & CEO	40 00 .....			X				0	120,348	14,188
(22) JOHN BLIM ..... VICE-PRESIDENT	40 00 .....			X				0	101,670	29,158
<b>1b Sub-Total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .								0	731,922	86,108

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 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> . . . . .	3		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> . . . . .	4	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> . . . . .	5		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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	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	5,692,586				
	g	Noncash contributions included in lines 1a-1f \$		78,894				
	h	Total. Add lines 1a-1f . . . . .			5,692,586			
Program Service Revenue			Business Code					
	2a							
	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) . . . . .		518,862			518,862	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties . . . . .						
	6a	(i) Real		(ii) Personal				
		Gross rents						
		b	Less rental expenses					
		c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . .						
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory		1,496,503				
		b	Less cost or other basis and sales expenses	903,751				
		c	Gain or (loss)	592,752				
	d	Net gain or (loss) . . . . .		592,752			592,752	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .		a				
		b	Less direct expenses . . . . .	b				
		c	Net income or (loss) from fundraising events . . .					
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .		a				
		b	Less direct expenses . . . . .	b				
		c	Net income or (loss) from gaming activities . . . .					
	10a	Gross sales of inventory, less returns and allowances . .		a				
		b	Less cost of goods sold . . . . .	b				
c		Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .							
12	Total revenue. See Instructions . . . . .			6,804,200	0	0	1,111,614	

Part IX Statement of Functional Expenses

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

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

☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	5,465,933	5,465,933		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.				
10	Payroll taxes.				
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	9,634		9,634	
c	Accounting.	12,800		12,800	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.	10,926			10,926
f	Investment management fees.	77,730		77,730	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion.				
13	Office expenses.	89,228		42,245	46,983
14	Information technology.	8,556		8,556	
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.	35,565		31,492	4,073
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	11,774		11,774	
23	Insurance.	6,293		6,293	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	REIMBURSED SALARIES & B	610,803		418,337	192,466
b	PRODUCTION & ENGINEERIN	36,489		3,764	32,725
c	FOOD	12,320			12,320
d	MISCELLANEOUS	4,617			4,617
e	All other expenses	3,034		2,768	266
25	Total functional expenses. Add lines 1 through 24e.	6,395,702	5,465,933	625,393	304,376
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		1,273,943	<b>1</b>	1,873,445
	<b>2</b>	Savings and temporary cash investments . . . . .		1,712,513	<b>2</b>	1,253,140
	<b>3</b>	Pledges and grants receivable, net . . . . .		354,766	<b>3</b>	196,838
	<b>4</b>	Accounts receivable, net . . . . .			<b>4</b>	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .			<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		11,796	<b>9</b>	11,611
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	261,875		
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	193,069	80,581	<b>10c</b> 68,806
	<b>11</b>	Investments—publicly traded securities . . . . .		20,945,762	<b>11</b>	22,275,372
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		16,522	<b>12</b>	16,385
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>	
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		1,643,279	<b>15</b>	1,632,210
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		26,039,162	<b>16</b>	27,327,807	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		62,464	<b>17</b>	59,245
	<b>18</b>	Grants payable . . . . .		6,748,040	<b>18</b>	7,143,535
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	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 . . . . .			<b>25</b>	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		6,810,504	<b>26</b>	7,202,780
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		15,830,246	<b>27</b>	16,713,516
	<b>28</b>	Temporarily restricted net assets . . . . .		654,406	<b>28</b>	671,001
	<b>29</b>	Permanently restricted net assets . . . . .		2,744,006	<b>29</b>	2,740,510
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances . . . . .</b>		19,228,658	<b>33</b>	20,125,027
	<b>34</b>	<b>Total liabilities and net assets/fund balances . . . . .</b>		26,039,162	<b>34</b>	27,327,807

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,804,200
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,395,702
3	Revenue less expenses Subtract line 2 from line 1	3	408,498
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,228,658
5	Net unrealized gains (losses) on investments	5	252,239
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	235,632
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	20,125,027

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		No
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	Yes	
	<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c	If "Yes," to line 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	
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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization THE WHAS CRUSADE FOR CHILDREN INC	Employer identification number 23-7075524
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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 described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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 See **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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations . . . . .

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )	6,294,209	7,316,775	7,450,172	6,654,570	5,692,586	33,408,312
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	6,294,209	7,316,775	7,450,172	6,654,570	5,692,586	33,408,312
<b>5</b> 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)						232,857
<b>6 Public support.</b> Subtract line 5 from line 4						33,175,455

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>7</b> Amounts from line 4	6,294,209	7,316,775	7,450,172	6,654,570	5,692,586	33,408,312
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	319,074	323,619	314,132	445,352	518,862	1,921,039
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11 Total support.</b> Add lines 7 through 10						35,329,351
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	19,148
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .					<input type="checkbox"/>	

Section C. Computation of Public Support Percentage			
<b>14</b>	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	93.900 %
<b>15</b>	Public support percentage for 2014 Schedule A, Part II, line 14	<b>15</b>	95.170 %
<b>16a</b>	<b>33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input checked="" type="checkbox"/></span>		
<b>b</b>	<b>33 1/3% support test—2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>		
<b>b</b>	<b>10%-facts-and-circumstances test—2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>▶ <input type="checkbox"/></span>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2015.** 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—2014.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	



Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div>		
<div>2</div> <div>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?</div>		
<div>2</div> <div>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<b>see instructions</b>)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div><div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div><div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div></div></div>		
<div>2</div> <div>Activities Test. <b>Answer (a) and (b) below.</b></div>		
<div>a</div> <div>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div>		
<div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. <b>Answer (a) and (b) below.</b></div>		
<div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i></div>		
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization THE WHAS CRUSADE FOR CHILDREN INC	Employer identification number 23-7075524
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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 <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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 <input type="checkbox"/> No</div>	

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)<div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div>	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
9	In Part XIII, 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" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), 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)	Revenue included on 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 (ASC 958) relating to these items	
a	Revenue included on Form 990, Part VIII, line 1	► \$
b	Assets included in Form 990, Part X	► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

Using the organization's acquisition, 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 XIII

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" on 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 XIII 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, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back	
1a	Beginning of year balance	18,556,280	18,446,315	14,494,421	12,676,500	11,105,624
b	Contributions	226,382	627,639	2,053,528	1,448,863	839,089
c	Net investment earnings, gains, and losses	1,255,550	-97,000	2,675,192	1,061,766	1,216,068
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses	602,158	420,674	776,826	692,708	484,281
g	End of year balance	19,436,054	18,556,280	18,446,315	14,494,421	12,676,500

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

85 890 %

b

Permanent endowment

14 110 %

c

Temporarily restricted endowment

0 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

Yes

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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	68,737	62,197
d	Equipment	130,941	124,332	6,609
e	Other			
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			68,806



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .			1	7,591,820
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments . . . . .	2a	252,239		
b	Donated services and use of facilities . . . . .	2b	628,167		
c	Recoveries of prior year grants . . . . .	2c			
d	Other (Describe in Part XIII ) . . . . .	2d	-15,056		
e	Add lines 2a through 2d . . . . .			2e	865,350
3	Subtract line 2e from line 1 . . . . .			3	6,726,470
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	77,730		
b	Other (Describe in Part XIII ) . . . . .	4b			
c	Add lines 4a and 4b . . . . .			4c	77,730
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12 ) . . . . .			5	6,804,200

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .			1	6,695,451
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities . . . . .	2a	628,167		
b	Prior year adjustments . . . . .	2b			
c	Other losses . . . . .	2c			
d	Other (Describe in Part XIII ) . . . . .	2d			
e	Add lines 2a through 2d . . . . .			2e	628,167
3	Subtract line 2e from line 1 . . . . .			3	6,067,284
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	77,730		
b	Other (Describe in Part XIII ) . . . . .	4b	250,688		
c	Add lines 4a and 4b . . . . .			4c	328,418
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18 ) . . . . .			5	6,395,702

Part XIII

Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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



**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN BENEFICIAL INTEREST IN CHARITABLE TRUSTS -15,056
PART XII, LINE 4B - OTHER ADJUSTMENTS	RECOVERIES OF PRIOR YEAR GRANTS 250,688

# 2015

**Open to Public  
Inspection**

23-7075524

☒ Yes      ☐ No

### (h) Purpose of grant or assistance

Schedule I (Form 990) 2015

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed

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

Part IV

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

Return Reference	Explanation
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

**Additional Data**

**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 Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC 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
ADAIR COUNTY BOARD OF EDUCATION 1204 GREENSBURG ST COLUMBIA, KY 42728	61-6001263	GOVERNMENT ENTITY	30,000				PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
ALLEGRO DANCE PROJECT 315 SIERRA DRIVE LEXINGTON, KY 40505	46-4066462	501(C )3	5,172				DANCE PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
AMERICAN PRINTING HOUSE FOR THE BLIND 1839 FRANKFORT AVENUE LOUISVILLE, KY 40206	61-0444640	501(C )3	6,000				BRAILLE BOOK PROGRAM FOR VISUALLY IMPAIRED PRESCHOOLERS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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AMERICAN RED CROSS - KENTUCKY REGION 510 EAST CHESTNUT ST LOUISVILLE, KY 40201	53-0196605	501(C )3	20,000				HOME FIRE EDUCATION FOR CHILDREN WITH HEARING LOSS
AMERICANA COMMUNITY CENTER INC 4801 SOUTHSIDE DRIVE LOUISVILLE, KY 40214	61-1251306	501(C )3	6,400				ARTS PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
ANCHORAGE INDEPENDENT SCHOOL DISTRICT 11400 RIDGE ROAD ANCHORAGE, KY 40223	61-6000099	GOVERNMENT ENTITY	43,174				EDUCATION PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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APPALACHIAN REGIONAL HEALTHCARE INC 2260 EXECUTIVE DRIVE LEXINGTON, KY 40505	52-0795508	501(C )3	10,000				REHABILITATION EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
ARCHDIOCESE OF LOUISVILLE 1935 LEWISTON DRIVE LOUISVILLE, KY 40216	61-0447247	501(C )3	45,244				INSTRUCTIONAL NEEDS FOR CHILDREN WITH DISABILITIES
ASBURY UNIVERSITY - SCHOLARSHIPS ONE MACKLEM DRIVE WILMORE, KY 40390	61-0458355	501(C )3	23,000				SCHOLARSHIPS FOR STUDENTS MAJORING IN SPECIAL EDUCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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ASBURY UNIVERSITY - VIRTUAL LEARNING LABORATORY ONE MACKLEM DRIVE WILMORE, KY 40390	61-0458355	501(C )3	4,000				VIRTUAL LEARNING LABORATORY FOR CHILDREN WITH SPECIAL NEEDS
AUTISM SPEAKS INC PO BOX 196 BARGERSVILLE, IN 46106	20-2329938	501(C )3	9,000				CAMP FOR CHILDREN WITH AUTISM
BAPTIST HEALTH FOUNDATION GREATER LOUISVILLE INC 4000 KRESGE WAY LOUISVILLE, KY 40207	20-0292291	501(C )3	75,000				EQUIPMENT FOR NEWLY BORN NEONATE CARE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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BARDSTOWN INDEPENDENT SCHOOLS 308 NORTH 5TH ST BARDSTOWN, KY 40004	61-6001009	GOVERNMENT ENTITY	33,000				PLAYGROUND EQUIPMENT AND MATERIALS FOR CHILDREN WITH SPECIAL NEEDS
BARREN RIVER AREA CHILD ADVOCACY CENTER INC 103 E 12TH STREET BOWLING GREEN, KY 42101	61-1337449	501(C )3	10,000				FORENSIC INTERVIEWS WITH CHILDREN OF SEXUAL ABUSE
BATH COUNTY SCHOOLS 405 WEST MAIN ST OWINGSVILLE, KY 40351	61-6001341	GOVERNMENT ENTITY	10,000				TECHNOLOGY FOR STUDENTS WITH SPECIAL NEEDS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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BELL CO SCHOOL SYSTEM PO BOX 340 211 VIRGINIA AVENUE PINEVILLE, KY 40977	61-6001346	GOVERNMENT ENTITY	25,000				MENTAL AND BEHAVIORAL TREATMENT FOR CHILDREN WITH SPECIAL NEEDS
BELLARMINE UNIVERSITY - PHYSICAL THERAPY 2001 NEWBURG ROAD LOUISVILLE, KY 40205	61-0482955	501(C )3	38,672				PHYSICAL THERAPY PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
BELLARMINE UNIVERSITY - SCHOLARSHIPS 2001 NEWBURG ROAD LOUISVILLE, KY 40205	61-0482955	501(C )3	10,000				SCHOLARSHIPS FOR STUDENTS MAJORING IN SPECIAL EDUCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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BEST BUDDIES KENTUCKY 1911A BARDSTOWN RD LOUISVILLE, KY 40205	52-1614576	501(C)3	10,250				MENTORING PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
BIG BROTHERS BIG SISTERS OF KENTUCKIANA INC 1519 GARDINER LANE LOUISVILLE, KY 40218	61-6057856	501(C)3	6,000				MENTORING PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
BLUEGRASS CENTER FOR AUTISM 1250 BARDSTOWN RD SUITE 15 LOUISVILLE, KY 40204	27-2279128	501(C)3	25,000				BEHAVIORAL PROGRAMS FOR CHILDREN WITH AUTISM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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BOYS & GIRLS CLUB OF BOWLING GREEN KY - WAR MEMORIAL UNIT 260 SCOTT WAY PO BOX 872 BOWLING GREEN, KY 42102	61-0482974	501(C )3	10,000				PROGRAM TO HELP YOUTH WITH DISABILITIES
BOYS & GIRLS CLUBS INC 3900 CRITTENDEN DRIVE LOUISVILLE, KY 40209	61-0568789	501(C )3	10,000				SUPPORT FOR HEALTHY LIFESTYLES PROGRAM
BOYS & GIRLS HAVEN 2301 GOLDSMITH LANE LOUISVILLE, KY 40218	61-0479621	501(C )3	95,000				THERAPEUTIC RESIDENTIAL TREATMENT PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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BRECKINRIDGE COUNTY BOARD OF EDUCATION 86 AIRPORT ROAD HARDINSBURG, KY 40143	61-6001288	GOVERNMENT ENTITY	40,000				PHYSICAL THERAPY AND RESOURCE CENTER FOR CHILDREN WITH SPECIAL NEEDS
BULLITT COUNTY BOARD OF EDUCATION 1040 HIGHWAY 44 EAST SHEPHERDSVILLE, KY 40165	61-6001357	GOVERNMENT ENTITY	50,000				TECHNOLOGY FOR STUDENTS WITH SPECIAL NEEDS
BULLITT COUNTY YMCA OF GREATER LOUISVILLE 409 JOE B HALL AVENUE SHEPHERDSVILLE, KY 40165	61-0444843	501(C )3	7,000				PROGRAM ACTIVITIES FOR CHILDREN WITH SPECIAL NEEDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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BURGIN INDEPENDENT SCHOOLS 440 EAST MAIN ST BURGIN, KY 40310	61-6001391	GOVERNMENT ENTITY	25,000				VECHICLE TO TRANSPORT CHILDREN WITH SPECIAL NEEDS
CAMP TESSA OF MEADE COUNTY 465 SPRINGDALE ROAD GUSTON, KY 40142	46-1042442	501(C)3	6,500				CAMP FOR CHILDREN WITH AUTISM
CAMP TESSA INC 177 STARKEY LANE CECILIA, KY 42724	20-2632503	501(C)3	7,000				CAMP FOR CHILDREN WITH AUTISM

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CAMPBELLSVILLE BOARD OF EDUCATION 136 SOUTH COLUMBIA AVENUE CAMPBELLSVILLE, KY 42718	61-6001031	GOVERNMENT ENTITY	17,000				EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
CANAAN COMMUNITY ACADEMY 8775 NORTH CANAAN MAIN ST BOX 20 CANAAN, IN 47224	30-0627217	501(C )3	10,000				EDUCATION PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
CAPITAL CITY PREP 328 SHELBY ST SUITE 2 FRANKFORT, KY 40601	61-6001407	GOVERNMENT ENTITY	15,000				EDUCATION PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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CARROLL COUNTY PUBLIC SCHOOLS 813 HAWKINS ST CARROLLTON, KY 41008	61-6001259	GOVERNMENT ENTITY	7,715				PROJECT DISCOVERY PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
CASA OF LEXINGTON 1155 RED MILE PLACE LEXINGTON, KY 40504	61-1339185	501(C )3	11,500				ADVOCACY FOR CHILDREN OF ABUSE
CASA OF OHIO VALLEY INC 415 ST ANN ST OWENSBORO, KY 42303	61-1303511	501(C )3	8,486				ADVOCACY FOR CHILDREN OF ABUSE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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CASA OF SOUTH CENTRAL KENTUCKY PO BOX 867 316 EAST 10TH AVENUE BOWLING GREEN, KY 42102	61-1334266	501(C )3	7,000				ADVOCACY FOR CHILDREN OF ABUSE
CASA OF THE BLUEGRASS 1153 PERRYVILLE RD DANVILLE, KY 40422	26-1841458	501(C )3	4,100				ADVOCACY FOR CHILDREN OF ABUSE
CASA OF THE HEARTLAND PO BOX 6065 ELIZABETHTOWN, KY 42701	26-0876943	501(C )3	11,250				ADVOCACY FOR CHILDREN OF ABUSE



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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CASA OF THE RIVER REGION 982 EASTERN PARKWAY BOX 9 LOUISVILLE, KY 40217	61-1066568	501(C)3	6,500				ADVOCACY FOR CHILDREN OF ABUSE
CASA PROGRAM FOR BULLITT COUNTY INC PO BOX 1025 SHEPHERDSVILLE, KY 40165	61-1454102	501(C)3	14,000				ADVOCACY FOR CHILDREN OF ABUSE
CAVERNA BOARD OF EDUCATION 1102 NORTH DIXIE HWY CAVE CITY, KY 42127	61-6002422	GOVERNMENT ENTITY	8,500				TEACHING STRATEGIES FOR CHILDREN WITH SPECIAL NEEDS

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CENTER FOR WOMEN AND FAMILIES PO BOX 2048 LOUISVILLE, KY 40201	61-0444846	501(C )3	12,000				HEALING GARDEN FOR CHILDREN WITH SPECIAL NEEDS
CENTRAL KENTUCKY EDUCATION COOPERATIVE 2331 FORTUNE DRIVE SUITE 110 LEXINGTON, KY 40509	61-1204854	501(C )3	31,750				MATERIALS FOR CHILDREN WITH SPECIAL NEEDS
CHILD DEVELOPMENT OF THE BLUEGRASS 290 ALUMNI DRIVE LEXINGTON, KY 40503	61-0543376	501(C )3	3,408				THERAPY ITEMS FOR CHILDREN WITH SPECIAL NEEDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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CHILDPLACE INC 2420 EAST 10TH STREET JEFFERSONVILLE, IN 47130	35-1129180	501(C )3	16,000				VECHICLE TO TRANSPORT CHILDREN WITH SPECIAL NEEDS
CHILDREN'S LAW CENTER 1002 RUSSELL ST COVINGTON, KY 41011	61-1167352	501(C )3	12,500				EDUCATION ADVOCACY FOR CHILDREN WITH SPECIAL NEEDS
CLARK COUNTY SPECIAL EDUCATION COOP 2112 UTICA SELLERSBURG ROAD JEFFERSONVILLE, IN 47130	35-1151414	GOVERNMENT ENTITY	18,000				SALARY SUPPORT FOR PERSONNEL TO ASSIST SPECIAL NEEDS STUDENTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC 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
CLARK COUNTY YOUTH SHELTER AND FAMILY SERVICES 118 EAST CHESTNUT ST JEFFERSONVILLE, IN 47130	31-1126065	501(C )3	4,500				RESIDENTIAL LIVING PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
CLIFF HAGAN'S BOYS & GIRLS CLUB 3415 BUCKLAND SQUARE OWENSBORO, KY 42301	61-0663746	501(C )3	6,500				ACTIVITIES FOR CHILDREN WITH SPECIAL NEEDS
CLOVERPORT INDEPENDENT SCHOOLS 214 WEST MAIN ST CLOVERPORT, KY 40111	61-6001396	GOVERNMENT ENTITY	55,000				SALARY SUPPORT FOR PERSONNEL TO ASSIST SPECIAL NEEDS STUDENTS

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COMMUNITIES IN SCHOOLS OF CLARK CO 1406 FREDERICK AVE JEFFERSONVILLE, IN 47130	32-0015379	501(C )3	11,000				THERAPY FOR CHILDREN WITH SPECIAL NEEDS
COMMUNITY ACTION OF SOUTHERN INDIANA HEAD START 1613 EAST 8TH ST JEFFERSONVILLE, IN 47130	02-0591170	501(C )3	15,000				EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
COMMUNITY ACTION OF SOUTHERN KENTUCKY 921 BEAUTY AVE BOWLING GREEN, KY 42102	61-0660969	501(C )3	4,200				MATERIALS FOR EARLY CHILDHOOD ASSESSMENT

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CUMBERLAND COUNTY BOARD OF EDUCATION PO BOX 420 BURKESVILLE,KY 42717	61-6001251	GOVERNMENT ENTITY	5,000				FIELD TRIPS FOR CHILDREN WITH SPECIAL NEEDS
DORMAN PRESCHOOL CENTER PO BOX 853 SHELBYVILLE,KY 40066	61-0620554	501(C )3	28,000				EARLY INTERVENTION PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
DOWN SYNDROME OF LOUISVILLE INC 5001 SOUTH HURSTBOURNE PARKWAY LOUISVILLE,KY 40291	61-1214126	501(C )3	15,000				THERAPY FOR CHILDREN WITH DOWN SYNDROME

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC 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
DREAM RIDERS OF KENTUCKY INC PO BOX 172 PHILPOT, KY 42366	01-0802025	501(C)3	3,000				THERAPEUTIC RIDING PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
DREAMS WITH WINGS INC 1579 BARDSTOWN RD LOUISVILLE, KY 40205	61-1371540	501(C)3	10,000				PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS
DYSLEXIA ASSOCIATION OF THE PENNYRILE 538A NOEL AVENUE HOPKINSVILLE, KY 42240	61-1227318	501(C)3	3,200				PROGRAMS TO HELP CHILDREN WITH DYSLEXIA

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EASTER SEALS WEST KENTUCKY INC 801 N 29TH ST PADUCAH, KY 42001	31-1572921	501(C )3	4,004				MUSIC PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
EASTERN KENTUCKY UNIVERSITY - ECU DEVELOPMENTAL DISABILITIES CLINIC 521 LANCASTER AVE DEPT OF PSYCHOLOG LOUISVILLE, KY 40475	61-1011211	GOVERNMENT ENTITY	4,500				SOCIAL GROUPS FOR CHILDREN WITH AUTISM
EASTERN KENTUCKY UNIVERSITY COLLEGE OF EDUCATION 521 LANCASTER AVE RICHMOND, KY 40475	61-1011211	GOVERNMENT ENTITY	17,000				SCHOLARSHIPS FOR STUDENTS MAJORING IN SPECIAL EDUCATION



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ELIZABETHTOWN INDEPENDENT SCHOOLS 219 HELM ST ELIZABETHTOWN, KY 42701	61-6001403	GOVERNMENT ENTITY	14,000				TECHNOLOGY AND PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS
EMINENCE INDEPENDENT SCHOOLS 245 WEST BROADWAY EMINENCE, KY 40019	61-6001055	GOVERNMENT ENTITY	40,000				EQUIPMENT AND TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS
ENGLISHTON PARK PRESBYTERIAN MINISTRIES PO BOX 240 LEXINGTON, IN 47138	23-7378186	501(C )3	4,000				CAMP FOR CHILDEN WITH SPECIAL NEEDS

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EXCEPTIONAL EQUITATION 2107 MASSIE SCHOOL ROAD LAGRANGE, KY 40031	31-0951588	501(C)3	4,000				VOCATIONAL TRAINING FOR CHILDREN WITH SPECICAL NEEDS
FAMILY & CHILDREN'S PLACE 525 ZANE ST LOUISVILLE, KY 40203	61-0549561	501(C)3	20,000				SERVICES TO CHILD VICTIMS OF SEXUAL ABUSE
FAMILY ARK INC 101 NOAHS LANE JEFFERSONVILLE, IN 47130	35-1292608	501(C)3	10,000				TRANSPORTATION TO SUPPORT CHILDREN WITH SPECIAL NEEDS

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FAMILY ENRICHMENT CENTER 1133 ADAMS ST BOWLING GREEN, KY 42101	61-0956466	501(C )3	10,000				IN-HOME EDUCATION FOR CHILDREN WITH SPECIAL NEEDS
FAMILY SCHOLAR HOUSE INC 403 REG SMITH CIRCLE LOUISVILLE, KY 40208	61-1285124	501(C )3	20,000				ART THERAPY PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
FAYETTE COUNTY PUBLIC SCHOOL DISTRICT 701 EAST MAIN ST LEXINGTON, KY 40502	61-6001059	GOVERNMENT ENTITY	25,000				COMPUTERS AND SOFTWARE FOR CHILDREN WITH SPECIAL NEEDS

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FEAT OF LOUISVILLE INC 1100 EAST MARKET ST LOUISVILLE, KY 40206	61-1374663	501(C )3	13,000				CAMP FOR CHILDREN WITH AUTISM
FLAGET MEMORIAL HOSPITAL FOUNDATION 4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004	56-2351341	501(C )3	10,000				EQUIPMENT TO PROVIDE HEALTH SERVICES FOR CHILDREN WITH SPECIAL NEEDS
FLOYD MEMORIAL FOUNDATION 1850 STATE ST NEW ALBANY, IN 47150	31-0933781	501(C )3	20,000				EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS

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FRANKLIN COUNTY BOARD OF EDUCATION 190 DOCTORS DRIVE FRANKFORT, KY 40601	61-6001280	GOVERNMENT ENTITY	25,000				SPEECH THERAPIST TO WORK WITH CHILDREN WITH SPECIAL NEEDS
FRAZIER REHAB INSTITUTE 220 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202	61-1029768	501(C )3	30,000				EQUIPMENT FOR PEDIATRIC REHAB
FRIENDS SCHOOL INC 901 BRECKENRIDGE LANE LOUISVILLE, KY 40207	61-1213141	501(C )3	20,000				PROGRAM TO SERVE STUDENTS WITH DISABILITES

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FUND FOR THE ARTS 623 WEST MAIN ST LOUISVILLE, KY 40202	61-0479626	501(C)3	7,500				ARTS ENRICHED EDUCATION FOR CHILDREN WITH SPECIAL NEEDS
GATEWAY COMMUNICATION SERVICES ORGANIZATION INC 151 UNIVERSITY DRIVE WEST LIBERTY, KY 40387	61-0865874	501(C)3	8,000				EDUCATIONAL SERVICES FOR CHILDREN WITH SPECIAL NEEDS
GILDA'S CLUB LOUISVILLE 633 BAXTER AVE LOUISVILLE, KY 40204	20-1635170	501(C)3	17,000				SUPPORT GROUPS FOR CHILDREN IMPACTED BY CANCER

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GRAYSON COUNTY SCHOOLS 790 SHAW STATION RD LEITCHFIELD, KY 42754	61-6001310	GOVERNMENT ENTITY	20,000				EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
GREATER CLARK COUNTY SCHOOLS 2112 UTICA SELLERSBURG ROAD JEFFERSONVILLE, IN 47130	35-1151414	GOVERNMENT ENTITY	12,000				TECHNOLOGY FOR STUDENTS WITH SPECIAL NEEDS
GREATER LOUISVILLE ROWING FOUNDATION 6511 GLENRIDGE PARK PLACE 2 LOUISVILLE, KY 40165	61-1208989	501(C )3	4,915				ROWING PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

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GREEN COUNTY BOARD OF EDUCATION 402 EAST HODGENVILLE AVE GREENSBURG, KY 42743	61-6001285	GOVERNMENT ENTITY	16,000				TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS
GREEN HILL THERAPY INC 1410 LONG RUN ROAD LOUISVILLE, KY 40245	61-1378588	501(C )3	18,000				THERAPY SERVICES FOR CHILDREN WITH SPECIAL NEEDS
GREEN RIVER AREA DOWN SYNDROME PO BOX 2031 OWENSBORO, KY 42302	61-1312541	501(C )3	5,770				ENHANCE COMMUNICATION SKILLS IN CHILDREN WITH DOWN SYNDROME



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HANCOCK COUNTY PUBLIC SCHOOLS 83 STATE ROUTE 3543 HAWESVILLE, KY 42348	61-6001292	GOVERNMENT ENTITY	4,254				MATERIALS FOR STUDENTS WITH SPECIAL NEEDS
HARDIN COUNTY BOARD OF EDUCATION 114 S MULBERRY ST ELIZABETHTOWN, KY 42701	61-6001274	GOVERNMENT ENTITY	50,000				TECHNOLOGY AND MATERIALS FOR STUDENTS WITH SPECIAL NEEDS
HARDIN MEMORIAL HOSPITAL 913 NORTH DIXIE AVENUE ELIZABETHTOWN, KY 42701	61-1022426	GOVERNMENT ENTITY	90,000				EQUIPMENT FOR NEWBORN AND PEDIATRIC SERVICES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HARRISON COUNTY EXCEPTIONAL LEARNERS COOPERATIVE 121 HIGH SCHOOL ROAD CORYDON, IN 47112	35-1172509	GOVERNMENT ENTITY	9,360				MATERIALS FOR STUDENTS WITH SPECIAL NEEDS
HARRISON COUNTY HOSPITAL 1141 HOSPITAL DRIVE NW CORYDON, IN 47112	35-1180407	501(C )3	3,412				EQUIPMENT FOR USE IN THE NEONATAL CARE UNIT
HART COUNTY SCHOOLS 25 QUALITY STREET MUNFORDVILLE, KY 42765	61-6001333	GOVERNMENT ENTITY	16,000				PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

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HENRY CO PUBLIC SCHOOLS 326 SOUTH MAIN ST NEW CASTLE, KY 40050	61-6001335	GOVERNMENT ENTITY	27,120				LITERACY PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
HEUSER HEARING & LANGUAGE ACADEMY 111 E KENTUCKY ST LOUISVILLE, KY 40203	61-0492369	501(C )3	45,000				AUDIOLOGY CARE FOR CHILDREN WITH HEARING LOSS
HINDMAN SETTLEMENT SCHOOL 56 EDUCATION LN PO BOX 844 HINDMAN, KY 41822	61-0447248	501(C )3	12,500				TUTORING PROGRAM FOR CHILDREN WITH DYSLEXIA

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HOME OF THE INNOCENTS - CAPITAL 1100 E MARKET ST LOUISVILLE, KY 40206	61-0445834	501(C )3	250,000				EXPANSION OF THIRD FLOOR OF OPEN ARMS CHILDREN'S HEALTH
HOME OF THE INNOCENTS - EQUIPMENT 1100 E MARKET ST LOUISVILLE, KY 40206	61-0445834	501(C )3	150,000				EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
HOSPARUS INC 3532 EPHRAIM MCDOWELL DRIVE LOUISVILLE, KY 40205	61-0921718	501(C )3	45,000				STAFF TO CARE FOR CRITICALLY ILL CHILDREN

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INDIAN SUMMER CAMP 607 W MAIN ST SUITE 200 LOUISVILLE, KY 40202	61-1256743	501(C)3	12,000				SUMMER CAMP FOR CHILDREN WITH CANCER
INDIANA UNIVERSITY 509 E 3RD ST BLOOMINGTON, IN 47401	35-6001673	501(C)3	5,000				SCHOLARSHIPS FOR STUDENTS MAJORING IN SPECIAL EDUCATION
JEFFERSON COUNTY PUBLIC SCHOOLS ASSISTIVE TECHNOLOGY 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT ENTITY	75,000				TECHNOLOGY TO HELP STUDENTS WITH SPECIAL NEEDS

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JEFFERSON COUNTY PUBLIC SCHOOLS AUTISM PROGRAM 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT ENTITY	20,000				MATERIALS FOR STUDENTS WITH AUTISM
JEFFERSON COUNTY PUBLIC SCHOOLS COMMUNICATION DISORDERS 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT ENTITY	7,000				TOOLS TO HELP SPECIAL NEEDS STUDENTS OVERCOME THEIR CHALLENGES
JEFFERSON COUNTY PUBLIC SCHOOLS DEAF/HARD OF HEARING PROGRAM 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT ENTITY	17,000				TECHNOLOGY FOR CHILDREN WITH HEARING LOSS

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JEFFERSON COUNTY PUBLIC SCHOOLS MODERATE TO SEVERE DISABILITIES 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT ENTITY	30,000				MATERIALS FOR CHILDREN WITH SPECIAL NEEDS
JEFFERSON COUNTY PUBLIC SCHOOLS OT/PT PROGRAM 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT ENTITY	40,000				PHYSICAL AND OCCUPATIONAL THERAPY FOR CHILDREN WITH SPECIAL NEEDS
JEFFERSON COUNTY PUBLIC SCHOOLS EARLY CHILDHOOD SPECIAL SERVICES 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT ENTITY	6,129				EARLY CHILDHOOD SERVICES FOR STUDENTS WITH SPECIAL NEEDS

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JEFFERSON COUNTY PUBLIC SCHOOLS VISUALLY IMPAIRED PROGRAM 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT ENTITY	9,000				VISUAL AIDS FOR STUDENTS WITH SPECIAL NEEDS
JEFFERSON COUNTY YOUTH SHELTER INC 212 EAST ST PO BOX 444 MADISON, IN 47250	35-1606865	501(C)3	5,000				SALARY SUPPORT FOR A SOCIAL WORKER TO ASSIST CHILDREN WITH SPECIAL NEEDS
JEWISH COMMUNITY OF LOUISVILLE INC 3600 DUTCHMANS LANE LOUISVILLE, KY 40205	61-0444765	501(C)3	4,200				CAMP FOR CHILDREN WITH SPECIAL NEEDS



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JUNIOR ACHIEVEMENT OF KENTUCKIANA INC 1401 W MUHAMMAD ALI BLVD LOUISVILLE, KY 40203	61-0476694	501(C )3	4,500				LITERACY AND WORKFORCE PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
KENTUCKIANA CHILDREN'S CENTER 1810 BROWNSBORO RD LOUISVILLE, KY 40206	61-6014488	501(C )3	20,000				THERAPEUTIC INTERVENTIONS FOR CHILDREN WITH SPECIAL NEEDS
KENTUCKY CENTER FOR THE ARTS FOUNDATION INC 501 WEST MAIN ST LOUISVILLE, KY 40202	31-0999046	501(C )3	34,000				ARTS PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

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KENTUCKY CHILDREN'S HOSPITAL 138 LEADER AVE LEXINGTON, KY 40508	61-6001218	GOVERNMENT ENTITY	5,000				READING PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
KENTUCKY CTR FOR SPECIAL CHILDREN'S SERVICES CARRIAGE HOUSE 13101 EASTPOINT PARK BLVD LOUISVILLE, KY 40223	61-0680753	501(C )3	62,000				THERAPY FOR CHILDREN WITH SPECIAL NEEDS
KENTUCKY DIABETES CAMP FOR CHILDREN CAMP HENDON 1613 FOREST HILL RD LOUISVILLE, KY 40205	27-3619275	501(C )3	1,500				CAMP FOR CHILDREN WITH DIABETES

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KENTUCKY EDUCATIONAL DEVELOPMENT CORPORATION 904 ROSE ROAD ASHLAND, KY 41102	61-0659010	501(C )3	11,500				EDUCATIONAL PLANS FOR CHILDREN WITH SPECIAL NEEDS
KENTUCKY HEMOPHILIA FOUNDATION 1850 TAYLOR AVENUE SUITE 2 LOUISVILLE, KY 40213	61-0656750	501(C )3	6,000				CAMP FOR CHILDREN WITH BLEEDING DISORDERS
KENTUCKY HORSE PARK FOUNDATION INC 4089 IRON WORKS PARKWAY LEXINGTON, KY 40511	62-1257717	501(C )3	5,852				TRANSPORTATION FOR CHILDREN WITH DISABILITIES

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KENTUCKY LIONS EYE FOUNDATION 301 EAST MUHAMMAD ALI BLVD LOUISVILLE, KY 40202	61-0516171	501(C )3	6,000				VISION SCREENING FOR CHILDREN
KENTUCKY SCHOOL FOR THE DEAF CHARITABLE FOUNDATION INC 303 S SECOND ST PO BOX 27 DANVILLE, KY 40423	61-1091577	501(C )3	54,280				PROVIDE SERVICES AND MATERIALS FOR STUDENTS WITH HEARING ISSUES
KIDS CENTER FOR PEDIATRIC THERAPIES 982 EASTERN PARKWAY SUITE 6 LOUISVILLE, KY 40217	61-0492378	501(C )3	27,000				FEEDING CLINIC FOR CHILDREN WITH SPECIAL NEEDS

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KORE ACADEMY INC 4300 NICHOLASVILLE RD LEXINGTON, KY 40515	20-1530223	501(C )3	5,200				READING PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
KOSAIR CHILDREN'S HOSPITAL - RADIOLOGY PO BOX 35070 LOUISVILLE, KY 40232	61-0703799	501(C )3	235,000				RADIOLOGY EQUIPMENT FOR PEDIATRIC PATIENTS
KOSAIR CHILDREN'S HOSPITALOR - ASPIRATOR PO BOX 35070 LOUISVILLE, KY 40232	61-0703799	501(C )3	50,000				EQUIPMENT FOR INFANTS AND CHILDREN

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KOSAIR CHILDREN'S HOSPITALOR - GASTRIC STIMULATOR PO BOX 35070 LOUISVILLE,KY 40232	61-0703799	501(C )3	20,000				EQUIPMENT FOR ADVANCED THERAPY TREATMENT OF GASTROPARESIS
KY EASTER SEAL SOCIETYCREATIVE BEGINNINGS CHILD DEVELOPMENT CENTER 2050 VERSAILLES ROAD LEXINGTON,KY 40504	61-0444712	501(C )3	2,637				EQUIPMENT FOR PRESCHOOL DEVELOPMENT INTERVENTION
LAKE CUMBERLAND COMMUNITY ACTION AGENCY PO BOX 830 JAMESTOWN,KY 42629	61-0855431	501(C )3	4,500				VISION SCREENING IN CHILDREN WITH SPECIAL NEEDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC 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
LARUE COUNTY PUBLIC SCHOOLS 208 COLLEGE ST HODGENVILLE,KY 42748	61-6001298	GOVERNMENT ENTITY	17,500				TECHNOLOGY FOR STUDENTS WITH SPECIAL NEEDS
LEARNING DISABILITIES 2210 GOLDSMITH LANE 118 LOUISVILLE,KY 40218	61-1103968	501(C )3	2,450				TUTORING PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
LEARNING FOR LIFEBOY SCOUTS OF AMERICA 12001 SYCAMORE STATION PL SUITE A LOUISVILLE,KY 40299	75-2396057	501(C )3	18,000				CAMP FOR CHILDREN WITH SPECIAL NEEDS

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LIFESPRING HEALTH SYSTEMS 460 SPRING STREET JEFFERSONVILLE, IN 47130	35-1097350	501(C )3	3,000				MATERIALS AND EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
LIGHTHOUSE PROMISE INC 5312 SHEPHERDSVILLE ROAD LOUISVILLE, KY 40228	61-1362760	501(C )3	6,000				PROGRAMS FOR "AT RISK" CHILDREN
LINCOLN COUNTY SCHOOL DISTRICT 305 DANVILLE ST STANFORD, KY 40484	61-6001365	GOVERNMENT ENTITY	14,000				TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS



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LOUISVILLE PEDIATRIC THERAPY CENTER 9810 BLUEGRASS PARKWAY LOUISVILLE, KY 40299	46-2804147	501(C )3	10,000				THERAPY FOR CHILDREN WITH SPECIAL NEEDS
MADISON AREA EDUCATIONAL SPECIAL SERVICES UNIT 702 ELM ST JEFFERSONVILLE, IN 47250	35-1371543	GOVERNMENT ENTITY	10,000				EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
MADISON CONSOLIDATED SCHOOLS 2421 WILSON AVE MADISON, IN 47250	35-6002609	GOVERNMENT ENTITY	15,000				THERAPEUTIC EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS

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MARION COUNTY BOARD OF EDUCATION 755 EAST MAIN ST LEBANON, KY 40033	61-6001309	GOVERNMENT ENTITY	40,000				BUS TO TRANSPORT CHILDREN WITH SPECIAL NEEDS
MARYHURST 1015 DORSEY LANE LOUISVILLE, KY 40223	31-1542209	501(C )3	23,500				THERAPIST TO WORK WITH CHILDREN WITH SPECIAL NEEDS
MEADE COUNTY BOARD OF EDUCATION 1155 OLD EKRON ROAD BRANDENBURG, KY 40108	61-6001248	GOVERNMENT ENTITY	22,000				SENSORY EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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MERCER COUNTY SCHOOLS 371 EAST LEXINGTON ST HARRODSBURG, KY 40330	61-6001291	GOVERNMENT ENTITY	5,985				SENSORY ROOM FOR CHILDREN WITH DISABILITIES
MEREDITH-DUNN SCHOOL 3023 MELBOURNE AVE LOUISVILLE, KY 40220	23-7339248	501(C )3	22,455				TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS
MIDDLESBORO INDEPENDENT SCHOOLS 3400 WEST CUMBERLAND AVE MIDDLESBORO, KY 40965	61-6001325	GOVERNMENT ENTITY	12,500				SOUNDS SYSTEMS TO BENEFIT CHILDREN WITH SPECIAL NEEDS

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MIRACLE DANCER SCHOLARSHIP FOUNDATION 9013 GALENE DRIVE LOUISVILLE, KY 40299	26-3653751	501(C)3	2,312				DANCE PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
MONTGOMERY COUNTY SCHOOL DISTRICT 640 WOODFORD DRIVE MT STERLING, KY 40353	61-6001331	GOVERNMENT ENTITY	25,392				SENSORY PLAYGROUND FOR CHILDREN WITH SPECIAL NEEDS
MOUNTAIN COMPREHENSIVE CARE CENTER INC 104 SOUTH FRONT AVE PRESTONBURG, KY 41653	61-0663787	501(C)3	13,500				THERAPY FOR CHILDREN WITH SEVERE EMOTIONAL DISABILITIES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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MUSCULAR DYSTROPHY ASSOCIATION 909 LILY CREEK RD SUITE 201 LOUISVILLE, KY 40243	13-1665552	501(C)3	12,000				CAMP FOR CHILDREN WITH MUSCULAR DYSTROPHY
NATIVITY ACADEMY 529 EAST LIBERTY ST LOUISVILLE, KY 40205	51-0450314	501(C)3	15,000				EDUCATION PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
NELSON COUNTY SCHOOLS 288 WILDCAT LANE BARDSTOWN, KY 40004	61-6001240	GOVERNMENT ENTITY	19,840				MATERIALS FOR CHILDREN WITH SPECIAL NEEDS

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NEW ALBANY-FLOYD COUNTY CONSOLIDATED SCHOOL CORP 2801 GRANT LINE ROAD NEW ALBANY, IN 47150	35-6005953	GOVERNMENT ENTITY	60,000				MATERIALS FOR CHILDREN WITH SPECIAL NEEDS
NEWPORT INDEPENDENT SCHOOLS 30 WEST 8TH ST NEWPORT, KY 41071	61-6001336	GOVERNMENT ENTITY	14,000				FIELD TRIPS FOR CHILDREN WITH SPECIAL NEEDS
NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES 5516 EAST ALEXANDRIA PIKE COLD SPRING, KY 41076	61-1106680	501(C )3	5,268				TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS

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OLDHAM COUNTY BOARD OF EDUCATION 1900 BUTTON LANE LAGRANGE, KY 40031	61-6001306	GOVERNMENT ENTITY	40,000				PROGRAM FOR STUDENTS WITH SPECIAL NEEDS
ORANGE CO REHABILITATIVE AND DEVELOPMENTAL SERVICES PO BOX 267 PAOLI, IN 47454	35-1160833	501(C )3	25,000				PLAYGROUP FOR CHILDREN WITH SPECIAL NEEDS
OUR LADY OF BELLEFONTE HOSPITAL 1000 SAINT CHRISTOPHER DR ASHLAND, KY 41101	61-1356023	501(C )3	20,800				BEHAVIORAL SUPPORT PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

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OUR LADY OF PEACE 2020 NEWBURG RD LOUISVILLE, KY 40205	61-1029768	501(C )3	15,300				THERAPY PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS
OUR LADY OF PROVIDENCE JR-SR HIGH SCHOOL 707 PROVIDENCE WAY CLARKSVILLE, IN 47129	35-0894977	501(C )3	10,000				LEARNING SUPPORT PROGRAM FOR STUDENTS WITH SPECIAL NEEDS
OWEN COUNTY SCHOOL DISTRICT 1600 HIGHWAY 22 EAST OWENTON, KY 40359	61-6001340	GOVERNMENT ENTITY	5,000				SPEECH PROGRAM FOR CHILDREN WITH SPECIAL NEEDS



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OWENSBORO DANCE THEATRE INC 2705 BRECKENRIDGE ST OWENSBORO, KY 42303	61-1040701	501(C)3	10,000				DANCE PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
OWENSBORO HEALTH FOUNDATION INC PO BOX 22505 OWENSBORO, KY 42304	61-1251763	501(C)3	30,000				DEVELOPMENTAL CARE PROGRAM WITHIN THE HOSPITALS NICU
PAWS WITH PURPOSE INC PO BOX 5458 LOUISVILLE, KY 40255	20-0681397	501(C)3	10,000				TRAINING AND PLACEMENT OF ASSISTANCE DOGS FOR CHILDREN WITH SPECIAL NEEDS

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PERSONAL COUNSELING SERVICE INC 1205 APPLGATE LANE CLARKSVILLE, IN 47129	31-0919635	501(C )3	40,000				MENTAL HEALTH SERVICES FOR CHILDREN WITH SPECIAL NEEDS
PITT ACADEMY 7515 WESTPORT RD LOUISVILLE, KY 40222	23-7066205	501(C )3	25,000				EDUCATIONAL PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
PROVIDENCE SELF SUFFICIENCY MINISTRIES INC 8037 UNRUH DRIVE GEORGETOWN, IN 47122	35-1947580	501(C )3	15,000				ASSESSMENT AND INTERVENTION SERVICES FOR ABUSED/NEGLECTED CHILDREN

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PUZZLE PIECES INC 1512 FREDERICA ST OWENSBORO, KY 42301	45-3042804	501(C)3	18,000				SALARY SUPPORT TO PROVIDE PROPER CARE OF CHILDREN WITH DISABILITIES
RACHEL'S FUN FOR EVERYONE PROJECT 118 PIEDMONT DRIVE VINE GROVE, KY 40175	46-3267962	501(C)3	12,000				PLAYGROUND EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
RAUCH INC 845 PARK PLACE NEW ALBANY, IN 47150	35-1011521	501(C)3	15,000				EARLY INTERVENTION PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

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RILEY CHILDREN'S FOUNDATION 30 SOUTH MERIDIAN ST SUITE 200 INDIANAPOLIS, IN 46204	35-0868147	501(C )3	8,000				CAMP FOR CHILDREN WITH SPECIAL NEEDS
ROCKCASTLE REGIONAL HOSPITAL & RESPIRATORY CARE CTR INC PO BOX 1310 145 NEWCOMB AVE MOUNT VERNON, KY 40456	61-0523304	501(C )3	9,000				EQUIPMENT AND MATERIALS FOR CHILDREN WITH SPECIAL NEEDS
SAFY 1169 EASTERN PKWY 3364 LOUISVILLE, KY 40207	26-1641642	501(C )3	3,750				TRAUMA THERAPY FOR CHILDREN WITH SPECIAL NEEDS

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SEVEN COUNTIES 101 W MUHAMMAD ALI BLVD LOUISVILLE, KY 40202	31-0939757	501(C )3	40,000				PROGRAM FOR CHILDREN WITH AUTISM AND BEHAVIORAL HEALTH NEEDS
SHELBY COUNTY PUBLIC SCHOOLS 1155 WEST MAIN ST SHELBYVILLE, KY 40065	61-6001356	GOVERNMENT ENTITY	80,000				INSTRUCTION AND EQUIPMENT FOR STUDENTS WITH SPECIAL NEEDS
SHRINERS HOSPITALS FOR CHILDREN 1900 RICHMOND RD LEXINGTON, KY 40502	36-2193608	501(C )3	35,000				EQUIPMENT TO DIAGNOSIS AND TREAT CHILD PATIENTS

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SOUTH CENTRAL AREA SPECIAL EDUCATION COOPERATIVE 600 ELM STREET SUITE 2 PAOLI, IN 47454	31-0986767	501(C )3	10,000				SPECIAL EDUCATION SERVICES FOR STUDENTS WITH SPECIAL NEEDS
SOUTH CENTRAL KENTUCKY KIDS ON THE BLOCK 958 COLLETT AVENUE SUITE 100 BOWLING GREEN, KY 42101	61-1164527	501(C )3	2,000				EDUCATIONAL PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
SOUTHERN HILLS COUNSELING CENTER INC PO BOX 769 JASPER, IN 47547	35-1148518	501(C )3	10,000				BEHAVIORAL SERVICES TO CHILDREN WITH SPECIAL NEEDS

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SOUTHERN INDIANA REHAB HOSPITAL 3104 BLACKISTON BLVD NEW ALBANY, IN 47150	61-1029768	501(C)3	8,000				ASSESSMENT TOOLS AND EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
SPALDING UNIVERSITY - ENABLING TECHNOLOGIES OF KENTUCKIANA 901 SOUTH THIRD ST LOUISVILLE, KY 40203	61-0444780	501(C)3	7,000				ASSISTIVE TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS
SPALDING UNIVERSITY - SCHOLARSHIPS 901 SOUTH THIRD ST LOUISVILLE, KY 40203	61-0444780	501(C)3	15,000				SCHOLARSHIPS FOR STUDENTS MAJORING IN SPECIAL EDUCATION

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SPECIAL OLYMPICS KENTUCKY INC 1230 LIBERTY BANK LANE SUITE 140 LOUISVILLE, KY 40222	61-0954571	501(C )3	17,000				SPORTS PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
SPENCER COUNTY PUBLIC SCHOOLS 207 W MAIN ST TAYLORSVILLE, KY 40071	61-6001367	GOVERNMENT ENTITY	30,000				THERAPY AND VEHICLES TO TRANSPORT CHILDREN WITH SPECIAL NEEDS
SPINA BIFIDA ASSOCIATION OF KENTUCKY 982 EASTERN PARKWAY BOX 18 LOUISVILLE, KY 40217	31-1081176	501(C )3	23,500				PROGRAMS FOR CHILDREN WITH SPINA BIFIDA



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ST FRANCIS SCHOOL 233 W BROADWAY LOUISVILLE, KY 40202	31-0896538	501(C)3	15,000				LEARNING CENTER FOR CHILDREN WITH SPECIAL NEEDS
ST JOSEPH CHILDREN'S HOME 2823 FRANKFORT AVE LOUISVILLE, KY 40206	61-0475286	501(C)3	19,000				RESIDENTIAL AND THERAPEUTIC CARE FOR CHILDREN WITH SPECIAL NEEDS
STAGEONE FAMILY THEATRE 315 W MARKET ST S2 LOUISVILLE, KY 40202	61-0466715	501(C)3	2,700				THEATRE EXPERIENCES FOR CHILDREN WITH AUTISM

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SUMMIT ACADEMY OF GREATER LOUISVILLE 11508 MAIN ST LOUISVILLE, KY 40243	61-1214457	501(C )3	8,000				PROGRAM FOR HIGH SCHOOLS STUDENTS WITH SPECIAL NEEDS
SUNRISE CHILDREN'S SERVICES INC 300 HOPE ST MT WASHINGTON, KY 40047	61-0597273	501(C )3	20,000				TRANSPORTATION FOR CHILDREN WITH SPECIAL NEEDS
TAYLOR COUNTY BOARD OF EDUCATION 1209 EAST BROADWAY CAMPBELLSVILLE, KY 42718	61-6001256	GOVERNMENT ENTITY	12,000				TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS

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TELFORD COMMUNITY YMCA 1100 EAST MAIN ST RICHMOND, KY 40475	61-6000619	501(C )3	10,800				SPORTS PROGRAMS FOR CHILDREN WITH DISABILITIES
THE CENTER FOR COURAGEOUS KIDS 1501 BURNLEY ROAD SCOTTSVILLE, KY 42164	20-1789905	501(C )3	40,000				CAMP FOR CHILDREN WITH SPECIAL NEEDS
THE DE PAUL SCHOOL 1925 DUKER AVENUE LOUISVILLE, KY 40205	61-0711082	501(C )3	20,000				EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS

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THE DEAF YOUTH SPORTS FESTIVAL INC PO BOX 17565 LOUISVILLE, KY 40217	01-0702831	501(C )3	25,000				SPORTS PROGRAM FOR CHILDREN WITH HEARING LOSS
THE MORTON CENTER INC 1028 BARRET AVENUE LOUISVILLE, KY 40204	31-1068020	501(C )3	30,000				SUBSTANCE ABUSE PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
THE REATH CENTER 55 HERITAGE DR CAMPBELLSVILLE, KY 42718	20-4464384	501(C )3	3,500				HORSE-RIDING THERAPY FOR CHILDREN WITH SPECIAL NEEDS

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THE WOMEN'S HOSPITAL AT SAINT JOSEPH EAST ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504	61-1159649	501(C )3	50,000				EQUIPMENT FOR USE IN THE NEONATAL CARE UNIT
U OF L - APE PROGRAM 300 E MARKET ST SUITE 300 LOUISVILLE, KY 40292	61-1029626	501(C )3	10,000				PHYSICAL THERAPY PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
U OF L - CAPITAL 571 S FLOYD ST STE 432 LOUISVILLE, KY 40202	61-1029626	501(C )3	238,000				SPECIALIZED MEDICAL CLINIC FOR CHILDREN WITH SPECIAL NEEDS

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U OF L - NEUROLOGY 601 S FLOYD ST SUITE 500 LOUISVILLE, KY 40202	61-1029626	501(C)3	160,000				SALARY SUPPORT FOR NEUROLOGY DIAGNOSIS
U OF L - OPHTHALMOLOGY 571 S FLOYD ST STE 432 LOUISVILLE, KY 40202	61-1029626	501(C)3	16,750				DIAGNOSIS AND MANAGEMENT OF EYE DISEASES IN CHILDREN
U OF L - PEDIATRIC ENDROCRINOLOGY 571 S FLOYD ST STE 432 LOUISVILLE, KY 40202	61-1029626	501(C)3	16,197				GLUCOSE TESTING PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC 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
U OF L - SCHOLARSHIPS 300 E MARKET ST SUITE 300 LOUISVILLE, KY 40292	61-1029626	501(C )3	20,000				SCHOLARSHIPS FOR STUDENTS MAJORING IN SPECIAL EDUCATION
U OF L - SCHOOL OF MUSIC 2301 S THIRD ST LOUISVILLE, KY 40208	61-1029626	501(C )3	13,000				MUSIC THERAPY CLINIC FOR CHILDREN WITH SPECIAL NEEDS
U OF L DEPT OF OB-GYN 550 S JACKSON ST RM A2U24-A LOUISVILLE, KY 40202	61-1029626	501(C )3	80,000				IMAGING EQUIPMENT FOR UNBORN BABIES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC 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
U OF LWEISSKOPF-CYTOGENETICS LAB 571 S FLOYD ST STE 432 LOUISVILLE, KY 40202	61-1029626	501(C)3	9,090				EQUIPMENT TO MAXIMIZE THE TREATMENT OF CHILDREN WITH SPECIAL NEEDS
U OF LWEISSKOPF-LEARNING DISORDERS 571 S FLOYD ST STE 432 LOUISVILLE, KY 40202	61-1029626	501(C)3	80,000				SALARY SUPPORT FOR LEARNING AND DEVELOPMENTAL DISORDERS CLINIC
U OF LWEISSKOPF-NUTRITION CLINIC 571 S FLOYD ST STE 432 LOUISVILLE, KY 40202	61-1029626	501(C)3	25,000				NUTRITION CLINIC FOR CHILDREN WITH SPECIAL NEEDS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC 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
U OF LWEISSKOPF-STAR AUTISM 571 S FLOYD ST STE 432 LOUISVILLE, KY 40202	61-1029626	501(C )3	115,000				INTERVENTION SERVICES TO CHILDREN WITH AUTISM
UNIVERSITY MEDICAL CENTER 530 SOUTH JACKSON ST LOUISVILLE, KY 40202	61-1293786	501(C )3	60,000				EQUIPMENT TO TREAT PREMATURE NEWBORNS
UPSIDE THERAPEUTIC RIDING 250 KENWOOD HILL ROAD LOUISVILLE, KY 40214	26-1841337	501(C )3	13,000				HORSE-RIDING THERAPY FOR CHILDREN WITH SPECIAL NEEDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC 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
USPIRITUS INC 3121 BROOKLAWN CAMPUS DRIVE LOUISVILLE, KY 40218	61-0471572	501(C )3	79,000				SALARY SUPPORT FOR EDUCATIONAL PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
VISUALLY IMPAIRED PRESCHOOL SERVICES - INDIANA 1100 WEST 42ND STREET SUITE 228 INDIANAPOLIS, IN 46208	61-1061972	501(C )3	15,000				SALARY SUPPORT TO PROVIDE SERVICES TO CHILDREN WITH VISION LOSS
VISUALLY IMPAIRED PRESCHOOL SERVICES - LEXINGTON PO BOX 23691 LEXINGTON, KY 40523	61-1061973	501(C )3	38,000				SALARY SUPPORT TO PROVIDE SERVICES TO CHILDREN WITH VISION LOSS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC 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
VISUALLY IMPAIRED PRESCHOOL SERVICES - LOUISVILLE 1906 GOLDSMITH LANE LOUISVILLE, KY 40218	61-1061973	501(C )3	75,000				SALARY SUPPORT TO PROVIDE SERVICES TO CHILDREN WITH VISION LOSS
VOLUNTEERS OF AMERICA OF KENTUCKY INC 570 SOUTH FOURTH ST SUITE 100 LOUISVILLE, KY 40202	61-0480950	501(C )3	20,000				SCREENING AND CASE MANAGEMENT FOR CHILDREN WITH SPECIAL NEEDS
VSA KENTUCKY PO BOX 3320 BOWLING GREEN, KY 42102	61-1133019	501(C )3	11,000				ARTS PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC 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
WASHINGTON COUNTY SCHOOLS PO BOX 72 120 MACKVILLE HILL SPRINGFIELD, KY 40069	61-6001364	GOVERNMENT ENTITY	12,000				SPEECH THERAPY PROGRAM FOR STUDENTS WITH SPECIAL NEEDS
WEST CLARK COMMUNITY SCHOOLS 601 RENZ AVENUE SELLERSBURG, IN 47172	35-1146809	GOVERNMENT ENTITY	18,500				EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
WEST POINT INDEPENDENT BOARD OF EDUCATION 209 N 13TH ST WEST POINT, KY 40177	61-6001374	GOVERNMENT ENTITY	19,000				EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC 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 KY UNIVERSITY RESEARCH FOUNDATIONKELLY AUTISM PROGRAM 1906 COLLEGE HEIGHTS BLVD 11016 BOWLING GREEN,KY 42101	61-1358086	501(C )3	17,000				SUPPORT FOR AUTISM PROGRAM
WESTERN KY UNIVERSITY RESEARCH FOUNDATIONSCHOLARSHIPS 1906 COLLEGE HEIGHTS BLVD 11016 BOWLING GREEN,KY 42101	61-1358086	501(C )3	20,000				SCHOLARSHIPS FOR STUDENTS MAJORING IN SPECIAL EDUCATION
WESTERN KY UNIVERSITY RESEARCH FOUNDATIONVICKIE & DAN RENSHAW EARLY CHILD 1906 COLLEGE HEIGHTS BLVD 11016 BOWLING GREEN,KY 42101	61-1358086	501(C )3	31,000				EARLY INTERVENTION FOR CHILDREN WITH SPECIAL NEEDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC 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
WILDERNESS CHILD DEVELOPMENT CENTER 409 NORTH STEWARTS LANE DANVILLE, KY 40422	61-1230722	501(C )3	8,483				THERAPY FOR CHILDREN WITH SPECIAL NEEDS
WINGS ON A PRAYER INC 1205 GIBSON ROAD FALLS OF ROUGH, KY 40119	30-0444221	501(C )3	4,000				HORSE-RIDING THERAPY FOR CHILDREN WITH SPECIAL NEEDS
WOODFORD COUNTY PUBLIC SCHOOLS 330 PISGAH PIKE WOODFORD, KY 40383	61-6001372	GOVERNMENT ENTITY	6,459				TECHNOLOGY AND CURRICULUM FOR CHILDREN WITH SPECIAL NEEDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC 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
WORKING THE PUZZLE FOR AUTISM 179 MEADOW LANE LEBANON, KY 40033	46-0588766	501(C )3	5,000				PROGRAMS FOR CHILDREN WITH AUTISM
YMCA OF GREATER LOUISVILLE 545 SOUND 2ND ST LOUISVILLE, KY 40202	61-0444843	501(C )3	15,000				CAMP FOR CHILDREN WITH SPECIAL NEEDS
YMCA SAFE PLACE SERVICES 2400 CRITTENDEN DR LOUISVILLE, KY 40217	61-0444843	501(C )3	15,000				EMERGENCY HOUSING FOR YOUTH WITH SPECIAL NEEDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC 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
YOUTH ETHICS & SKILLS CENTER 812 LYNDON LANE SUITE 210 LOUISVILLE, KY 40222	26-2737625	501(C)3	5,000				ACADEMIC PROGRAM FOR STUDENTS WITH SPECIAL NEEDS
YOUTHBUILD LOUISVILLE 800 S PRESTON ST LOUISVILLE, KY 40203	61-1374470	501(C)3	2,248				PROGRAM TO PROVIDE TEENS WITH PHYSICAL AND MENTAL SUPPORT
							DROTH - 12/29/16 01 12PM WORKSHEET SCHEDULE I



Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
THE WHAS CRUSADE FOR CHILDREN INC

Employer identification number  
23-7075524

Part I Questions Regarding Compensation

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<b>b</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 of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	Yes
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	Yes
<b>7</b> For persons listed on 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.	<b>7</b>	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LINDA DANNA BOARD MEMBER	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	237,848	50,000	2,152	0	17,000	307,000	0
2 LISA COLUMBIA BOARD MEMBER	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	100,806	52,620	665	0	15,730	169,821	0

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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 6	LINDA DANNA RECEIVED A PAYMENT OF \$50,000 FROM TEGNA COMPANY (FORMERLY GANNETT), THE RELATED ORGANIZATION. THIS COMPENSATION IS BASED UPON TEGNA COMPANY'S EARNINGS. THIS PAYMENT IS NOT DEPENDENT UPON WHAS CRUSADE FOR CHILDREN FINANCIAL RESULTS. ALSO, THIS COMPENSATION PAYMENT HAS NO FINANCIAL IMPACT ON THE CRUSADE. SHAWN KAELEN RECEIVED A PAYMENT OF \$400 FROM TEGNA COMPANY (FORMERLY GANNETT), THE RELATED ORGANIZATION. THIS COMPENSATION IS BASED UPON TEGNA COMPANY'S EARNINGS. THIS PAYMENT IS NOT DEPENDENT UPON WHAS CRUSADE FOR CHILDREN FINANCIAL RESULTS. ALSO, THIS COMPENSATION PAYMENT HAS NO FINANCIAL IMPACT ON THE CRUSADE. LISA COLUMBIA RECEIVED A PAYMENT OF \$52,620 FROM TEGNA COMPANY (FORMERLY GANNETT), THE RELATED ORGANIZATION. THIS COMPENSATION IS COMMISSION BASED UPON SALES OF ADVERTISING AIRTIME FOR TEGNA COMPANY. 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

2015

Open to Public Inspection

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Department of the Treasury  
Internal Revenue Service

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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	59,706	FAIR MARKET VALUE
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	21	12,320	DONOR ESTIMATE
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>SUPPLIES</u> ) . . . . .	X	2	6,868	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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

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?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

**Part II**

**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015****Open to Public  
Inspection**Name of the organization  
THE WHAS CRUSADE FOR CHILDREN INC**Employer identification number**

23-7075524

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS THREE MEMBERS AND ALL MEMBERS SHALL BE EMPLOYEES OF TEGNA INC THE GENERAL MANAGER OF WHAS-TV 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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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, THE TREASURER AND THE CEO REVIEW THE FORM 990 A COPY OF THE FORM 990 IS PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE PURPOSE OF THE CONFLICT OF INTEREST POLICY IS TO PROTECT THE INTERESTS OF WHAS CRUSADE FOR CHILDREN, INC (THE "CRUSADE") AS A TAX-EXEMPT ORGANIZATION WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF AN OFFICER OR DIRECTOR OF THE CRUSADE OR MIGHT RESULT IN A POSSIBLE EXCESS BENEFIT THE PRIVATE INTEREST OF AN OFFICER OR DIRECTOR OF THE CRUSADE OR MIGHT RESULT IN A POSSIBLE EXCESS BENEFIT TRANSACTION AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THE MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION 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</p>
FORM 990, PART VI, SECTION B, LINE 15	<p>THE CEO'S SALARY IS DETERMINED BY THE BOARD OF DIRECTORS USING COMPARABILITY DATA AND GUIDELINES ESTABLISHED BY THE HUMAN RESOURCES DEPARTMENT OF TEGNA, INC AND USED BY WHAS THE CEO DETERMINES SALARY INCREASES FOR EACH EMPLOYEE USING CRITERIA AND STANDARDS ESTABLISHED BY THE HUMAN RESOURCES DEPARTMENT OF TEGNA, INC AND USED BY WHAS</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 9	CHANGE IN BENEFICIAL INTEREST IN CHARITABLE TRUSTS -15,056 REVERSAL OF GRANT EXPENSE 250,688

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	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 990 PRIOR TO FILING THE PROCESS DID NOT CHANGE FROM THE PRIOR YEAR.

SCHEDULE R  
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 (if applicable) 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 entity?	
						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) Disproportionate 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1)TEGNA  7950 JONES BRANCH DRIVE MCLEAN, VA 221070150	MEDIA PRODUCTION (TELEVISION/CABLE)	DE		C					No

**Part V**

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

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

**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, or **(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** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

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

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

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

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

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

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

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

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

Yes

No

**1a**

No

**1b**

No

**1c**

No

**1d**

No

**1e**

No

**1f**

No

**1g**

No

**1h**

No

**1i**

No

**1j**

No

**1k**

No

**1l**

No

**1m**

No

**1n**

No

**1o**

No

**1p**

Yes

**1q**

No

**1r**

No

**1s**

No

<b>2</b> 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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