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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 09-01-2016 , and ending 08-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☐ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

THE WHAS CRUSADE FOR CHILDREN INC

Doing business as

Number and street (or P O box if mail is not delivered to street address)

520 W CHESTNUT ST

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

LOUISVILLE, KY 40202

F Name and address of principal officer

DAWN LEE

520 W CHESTNUT ST

LOUISVILLE, KY 40202

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

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

H(c) Group exemption number ▶

I Tax-exempt status

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

J Website: ▶

WWW.WHASCUSADE.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1980

M State of legal domicile

KY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO PROVIDE MEDICAL AND EDUCATIONAL SUPPORT TO SPECIAL NEEDS CHILDREN

2 Check this box ☐ 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 2016 (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

7b Net unrelated business taxable income from Form 990-T, line 34

7b

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

5,692,586

7,140,322

9 Program service revenue (Part VIII, line 2g)

0

0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

1,111,614

1,719,475

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)

6,804,200

8,859,797

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

5,465,933

5,500,000

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)

10,926

9,766

16b Total fundraising expenses (Part IX, column (D), line 25) ▶304,923

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

918,843

911,446

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

6,395,702

6,421,212

19 Revenue less expenses Subtract line 18 from line 12

408,498

2,438,585

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

27,327,807

30,548,240

21 Total liabilities (Part X, line 26)

7,202,780

7,136,498

22 Net assets or fund balances Subtract line 21 from line 20

20,125,027

23,411,742

Part II Signature Block

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

Sign Here

Signature of officer

2018-07-09

Date

DAWN LEE CEO & PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

REBECCA L PHILLIPS CPA

Preparer's signature

REBECCA L PHILLIPS CPA

Date

Check ☐ if self-employed

PTIN

P00024055

Firm's name ▶ MCM CPAS & ADVISORS LLP

Firm's EIN ▶ 27-1235638

Firm's address ▶ 462 S FOURTH ST SUITE 2600

Phone no (502) 749-1900

LOUISVILLE, KY 402023445

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

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 \$ 5,500,000 including grants of \$ 5,500,000) (Revenue \$)
See Additional Data

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 ▶ 5,500,000

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	No
9 Did the organization report an amount in Part X, line 21 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? <i>If "Yes," complete Schedule D, Part IV</i>	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	No
15 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.	11	
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?	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.	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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.		
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)?		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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. 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
1a	Enter the number of voting members of the governing body at the end of the tax year	16	
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	Enter the number of voting members included in line 1a, above, who are independent	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: 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) JENNIFER ERHARD BOARD MEMBER	0 10	X						0	0	0
(6) BILL GODFREY BOARD MEMBER	0 10	X						0	0	0
(7) KELLY GRANGIER BOARD MEMBER	0 10	X						0	0	0
(8) JOE GRAFFIS BOARD MEMBER BEGAN 3/2017	0 10	X						0	0	0
(9) KEVIN HUGHES BOARD MEMBER	0 10	X						0	0	0
(10) TOM MOBLEY BOARD MEMBER TIL 3/2017	0 10	X						0	0	0
(11) VINCENT SMITH BOARD MEMBER	0 10	X						0	0	0
(12) PAMELA STEPHENS BOARD MEMBER	0 10	X						0	0	0
(13) GARY STEWART BOARD MEMBER	0 10	X						0	0	0
(14) JOHN WALLING BOARD MEMBER TIL 3/2017	0 10	X						0	0	0
(15) LINDA DANNA BOARD MEMBER	0 10 40 00	X						0	309,769	19,833
(16) SHAWN KAELEN BOARD MEMBER	0 10 40 00	X						0	67,090	3,806
(17) LISA COLUMBIA BOARD MEMBER	0 10 40 00	X						0	181,043	14,922

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			
(18) JEAN O'BRIEN BOARD MEMBER AS OF 3/2017	0 10	X						0	0	0
(19) TOM HOY SECRETARY	0 10			X				0	0	0
(20) DAWN LEE PRESIDENT & CEO	40 00			X				0	125,230	9,514
(21) JOHN BLIM VICE-PRESIDENT	40 00			X				0	105,611	22,607
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	788,743	70,682

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 ► **4**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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	7,140,322			
	g Noncash contributions included in lines 1a-1f \$	58,875				
	h Total. Add lines 1a-1f		7,140,322			
	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)		598,320			598,320
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
			(i) Real	(ii) Personal		
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory		21,880,720			
	b Less cost or other basis and sales expenses		20,759,565			
	c Gain or (loss)		1,121,155			
	d Net gain or (loss)		1,121,155			1,121,155
	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			8,859,797	0	0	1,719,475

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	5,500,000	5,500,000		
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, line 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.	18,668		18,668	
c Accounting.	13,952		13,952	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	9,766			9,766
f Investment management fees.	55,381		55,381	
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.	74,297		35,217	39,080
14 Information technology.				
15 Royalties.				
16 Occupancy.				
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	39,066		34,102	4,964
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	11,159		11,159	
23 Insurance.				
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	597,358		399,781	197,577
b MISCELLANEOUS	48,918		44,656	4,262
c PRODUCTION & ENGINEERIN	37,902		3,373	34,529
d FOOD	13,095			13,095
e All other expenses	1,650			1,650
25 Total functional expenses. Add lines 1 through 24e.	6,421,212	5,500,000	616,289	304,923
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,873,445	1	3,089,231
	2	Savings and temporary cash investments		1,253,140	2	350,652
	3	Pledges and grants receivable, net		196,838	3	228,834
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	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.			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		11,611	9	7,381
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	261,875		
	b	Less: accumulated depreciation	10b	204,228		
				68,806	10c	57,647
	11	Investments—publicly traded securities		22,275,372	11	24,068,498
	12	Investments—other securities. See Part IV, line 11		16,385	12	16,265
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		1,632,210	15	2,729,732	
16	Total assets. Add lines 1 through 15 (must equal line 34)		27,327,807	16	30,548,240	
Liabilities	17	Accounts payable and accrued expenses		59,245	17	68,103
	18	Grants payable		7,143,535	18	7,068,395
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.			25	
	26	Total liabilities. Add lines 17 through 25		7,202,780	26	7,136,498
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		16,713,516	27	19,043,087
	28	Temporarily restricted net assets		671,001	28	562,263
	29	Permanently restricted net assets		2,740,510	29	3,806,392
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		20,125,027	33	23,411,742	
34	Total liabilities and net assets/fund balances		27,327,807	34	30,548,240	

Part XI Reconciliation of Net AssetsCheck 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	8,859,797
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,421,212
3	Revenue less expenses Subtract line 2 from line 1	3	2,438,585
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,125,027
5	Net unrealized gains (losses) on investments	5	463,924
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	384,206
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	23,411,742

Part XII Financial Statements and ReportingCheck 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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		

Additional Data

Software ID:

Software Version:

EIN: 23-7075524

Name: THE WHAS CRUSADE FOR CHILDREN INC

Form 990 (2016)

Form 990, Part III, Line 4a:

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

SCHEDULE A (Form 990 or 990-EZ)	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 .	OMB No 1545-0047 2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization THE WHAS CRUSADE FOR CHILDREN INC		Employer identification number 23-7075524

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is (For lines 1 through 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ 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)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	7,316,775	7,450,172	6,654,570	5,692,586	7,120,727	34,234,830
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	7,316,775	7,450,172	6,654,570	5,692,586	7,120,727	34,234,830
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						247,256
6	Public support. Subtract line 5 from line 4						33,987,574

Section B. Total Support								
Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total	
7	Amounts from line 4	7,316,775	7,450,172	6,654,570	5,692,586	7,120,727	34,234,830	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	323,619	314,132	445,352	518,862	598,320	2,200,285	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
11	Total support. Add lines 7 through 10						36,435,115	
12	Gross receipts from related activities, etc (see instructions)						12	5,478
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>							

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14 93.280 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15 93.900 %
16a	33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>	
b	33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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 Part VI 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>		
1		
2 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 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 Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a 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 Part VI 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>		
2a		
b 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 Part VI 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>		
2b		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a 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>		
3a		
b 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>		
3b		

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 Adjusted Net Income (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 Total (add lines 1a, 1b, and 1c)	1d	
e Discount 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 Minimum Asset Amount (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 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493194000218	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization THE WHAS CRUSADE FOR CHILDREN INC				Employer identification number 23-7075524	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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?				<input type="checkbox"/> Yes <input type="checkbox"/> No
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?				<input type="checkbox"/> Yes <input type="checkbox"/> No
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) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space				
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	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		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?				<input type="checkbox"/> Yes <input type="checkbox"/> No
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)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
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				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	19,436,054	18,556,280	18,446,315	14,494,421	12,676,500
b Contributions	1,942,331	226,382	627,639	2,053,528	1,448,863
c Net investment earnings, gains, and losses	2,165,981	1,255,550	-97,000	2,675,192	1,061,766
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	683,959	602,158	420,674	776,826	692,708
g End of year balance	22,860,407	19,436,054	18,556,280	18,446,315	14,494,421

2

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

a

Board designated or quasi-endowment ▶ 87 410 %

b

Permanent endowment ▶ 12 590 %

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

(ii) related organizations

b

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

	Yes	No
3a(i)	Yes	
3a(ii)		No
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' on 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	75,284	55,650
d Equipment		130,941	128,944	1,997
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				57,647

Schedule D (Form 990) 2016

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) INTEREST RECEIVABLE	5,899
(2) CASH SURRENDER VALUE OF LIFE INSURANCE	24,380
(3) BENEFICIAL INTEREST IN CHARITABLE TRUSTS	1,670,553
(4) BENEFICIAL INTEREST BY OTHERS	1,028,900
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	2,729,732

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶		

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☒

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	10,010,982
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	463,924
b	Donated services and use of facilities	2b	629,289
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	113,353
e	Add lines 2a through 2d	2e	1,206,566
3	Subtract line 2e from line 1	3	8,804,416
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	55,381
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	55,381
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	8,859,797

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	6,724,267
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	629,289
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	629,289
3	Subtract line 2e from line 1	3	6,094,978
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	55,381
b	Other (Describe in Part XIII)	4b	270,853
c	Add lines 4a and 4b	4c	326,234
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	6,421,212

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental 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 ENABL E THE ENDOWMENT TO COVER THE CRUSADE'S OPERATING COSTS, WHILE MAKING MORE GRANTS TO SUPPOR T CHILDREN WITH SPECIAL NEEDS IN THE REGION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE CRUSADE IS EXEMPT FROM FEDERAL TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE FINANCIAL STATEMENTS THE CRUSADE EVALUATES THE RECOGNITION AND MEASUREMENT OF UNCERTAIN INCOME TAX POSITIONS USING A "MORE-LIKELY-THAN-NOT" APPROACH AS DEFINED IN THE ASC NO LIABILITY FOR UNCERTAIN INCOME TAX POSITIONS HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN BENEFICIAL INTEREST IN CHARITABLE TRUSTS 84,453 CHANGE IN BENEFICIAL INTEREST HELD BY OTHERS 28,900

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	RECOVERIES OF PRIOR YEAR GRANTS 270,853

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Schedule I
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
THE WHAS CRUSADE FOR CHILDREN INC

Employer identification number
23-7075524

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 224

3 Enter total number of other organizations listed in the line 1 table 0

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADAIR COUNTY BOARD OF EDUCATION 1204 GREENSBURG ST COLUMBIA, KY 42728	61-6001263	GOVERNMENT ENTITY	49,000				VEHICLE TO TRANSPORT STUDENTS WITH SPECIAL NEEDS
ALLEGRO DANCE PROJECT INC 315 SIERRA DRIVE LEXINGTON, KY 40505	46-4066462	501(C) 3	5,000				DANCE CLASSES FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN NATIONAL RED CROSS 510 EAST CHESTNUT STREET LOUISVILLE, KY 40202	53-0196605	501(C) 3	20,000				HOME FIRE AND EMERGENCY PREPAREDNESS EDUCATION FOR CHILDREN WITH HEARING LOSS
AMERICAN PRINTING HOUSE FOR THE BLIND 1839 FRANKFORT AVE LOUISVILLE, KY 40206	61-0444640	501(C) 3	6,000				BRAILLE BOOKS FOR VISUALLY IMPAIRED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICANA COMMUNITY CENTER INC 4801 SOUTHSIDE DRIVE LOUISVILLE, KY 40214	61-1251306	501(C) 3	9,750				ARTS PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
ANCHORAGE INDEPENDENT SCHOOL DISTRICT 11400 RIDGE ROAD ANCHORAGE, KY 40223	61-6000099	GOVERNMENT ENTITY	40,000				EDUCATION PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPALACHIAN REGIONAL HEALTHCARE INC 2260 EXECUTIVE DRIVE LEXINGTON, KY 40505	52-0795508	501(C) 3	7,811				REHABILITATION FOR CHILDREN WITH SPECIAL NEEDS
ARCHDIOCESE OF LOUISVILLE 3940 POPLAR LEVEL ROAD LOUISVILLE, KY 40213	61-0447247	501(C) 3	48,000				MATERIALS AND TECHNOLOGY FOR STUDENTS WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARHHC INC PO BOX 2013 225 COLLEGE ST ELIZABETHTOWN, KY 42701	61-6030361	501(C) 3	6,500				SUMMER PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
ASBURY UNIVERSITY ONE MACKLEM DRIVE WILMORE, KY 40390	61-0458355	501(C) 3	20,000				SCHOLARSHIPS FOR TEACHER CANDIDATES FOR SPECIAL EDUCATION SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST HEALTH FOUNDATION GREATER LOUISVILLE INC 4000 KRESGE WAY LOUISVILLE, KY 40207	20-0292291	501(C) 3	78,000				EQUIPMENT FOR NICU
BARDSTOWN INDEPENDENT SCHOOLS 308 NORTH 5TH ST BARDSTOWN, KY 40004	61-6001009	GOVERNMENT ENTITY	32,739				INDOOR PLAYGROUND FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARREN RIVER AREA CHILD ADVOCACY CENTER 103 E 12TH ST BOWLING GREEN, KY 42101	61-1337449	501(C) 3	10,000				FORENSIC INTERVIEWS FOR SPECIAL NEEDS CHILDREN
BATH COUNTY BOARD OF EDUCATION 405 WEST MAIN ST OWINGSVILLE, KY 40360	61-6001341	GOVERNMENT ENTITY	8,000				PLAYGROUND FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELLARMINE UNIVERSITY PHYSICAL THERAPY PROGRAM 2001 NEWBURG ROAD LOUISVILLE, KY 40205	61-0482955	501(C) 3	40,000				PHYSICAL THERAPY PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
BELLARMINE UNIVERSITY SCHOLARSHIPS 2001 NEWBURG ROAD LOUISVILLE, KY 40205	61-0482955	501(C) 3	12,000				SCHOLARSHIPS FOR TEACHER CANDIDATES FOR SPECIAL EDUCATION SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEST BUDDIES KENTUCKY 1911A BARDSTOWN ROAD LOUISVILLE, KY 40205	52-1614576	501(C) 3	10,500				FRIENDSHIP 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 CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BINGHAM CHILD GUIDANCE CLINIC INC 200 E CHESTNUT ST LOUISVILLE, KY 40202	61-0445838	501(C) 3	50,000				MENTAL HEALTH SERVICES TO CHILDREN WITH SPECIAL NEEDS
BLUEGRASS CENTER FOR AUTISM 1250 BARDSTOWN RD SUITE 15 LOUISVILLE, KY 40204	27-2279128	501(C) 3	25,000				SPEECH THERAPY PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUEGRASS CHAPTER OF NATIONAL AMBUCS PO BOX 23072 LEXINGTON, KY 40523	61-1792619	501(C) 3	1,200				EQUIPMENT FOR CHILDREN WITH DISABILITIES
BOYS & GIRLS CLUBS OF KENTUCKIANA 3900 CRITTENDEN DRIVE LOUISVILLE, KY 40209	61-0568789	501(C) 3	12,000				PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS HAVEN 2301 GOLDSMITH LANE LOUISVILLE, KY 40218	61-0479621	501(C) 3	95,000				THERAPEUTIC TREATMENT SERVICES FOR CHILDREN WITH SPECIAL NEEDS
BRECKINRIDGE COUNTY BOARD OF EDUCATION 86 AIRPORT ROAD HARDINSBURG, KY 40143	61-6001288	GOVERNMENT ENTITY	38,000				PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BULLITT COUNTY BOARD OF EDUCATION 1040 HIGHWAY 44 EAST SHEPHERDSVILLE, KY 40165	61-6001357	GOVERNMENT ENTITY	50,000				TECHNOLOGY AND MATERIALS FOR STUDENTS WITH SPECIAL NEEDS
BULLITT COUNTY FAMILY YMCA BRANCH 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.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BURGIN INDEPENDENT SCHOOLS 440 EAST MAIN ST BURGIN, KY 40310	61-6001391	GOVERNMENT ENTITY	5,000				MATERIALS FOR CHILDREN WITH SPECIAL NEEDS
CAMP TESSA OF MEADE COUNTY 465 SPRINGDALE ROAD GUSTON, KY 40142	46-1042442	501(C) 3	5,200				CAMP FOR CHILDREN WITH AUTISM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP TESSA INC 177 STARKEY LANE CECILIA, KY 42724	20-2632503	501(C) 3	7,000				CAMP FOR CHILDREN WITH SPECIAL NEEDS
CAMPBELLSVILLE BOARD OF EDUCATION 136 SOUTH COLUMBIA AVENUE CAMPBELLSVILLE, KY 42718	61-6001031	GOVERNMENT ENTITY	18,000				TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANAAN COMMUNITY ACADEMY 8775 N CANAAN MAIN ST PO BOX 20 CANAAN, IN 47224	30-0627217	501(C) 3	10,000				THERAPY AND COUNSELING SALARY SUPPORT FOR CHILDREN WITH SPECIAL NEEDS
CARROLL COUNTY PUBLIC SCHOOLS 813 HAWKINS ST CARROLL, KY 41008	61-6001259	GOVERNMENT ENTITY	6,000				MATERIALS FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA AT WOODLAWN PO BOX 45 DANVILLE, KY 40423	26-1841458	501(C) 3	4,100				COURT ADVOCACY SERVICES FOR ABUSED/NEGLECTED VICTIMS
CASA OF LEXINGTON 1155 RED MILE PLACE LEXINGTON, KY 40504	61-1339185	501(C) 3	17,000				ADVOCATE FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF SOUTH CENTRAL KY INC PO BOX 867 316 EAST 10TH ST BOWLING GREEN, KY 42102	61-1334266	501(C) 3	7,500				ADVOCATE FOR CHILDREN WITH SPECIAL NEEDS
CASA OF THE HEARTLAND INC PO BOX 6065 ELIZABETHTOWN, KY 42702	26-0876943	501(C) 3	11,250				ADVOCATE FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF THE RIVER REGION 982 EASTERN PARKWAY BOX 9 LOUISVILLE, KY 40217	61-1066568	501(C) 3	6,500				ADVOCACY ACADEMY \$7,000
CASA PROGRAM FOR BULLITT COUNTY INC PO BOX 1025 SHEPHERDSVILLE, KY 40165	61-1454102	501(C) 3	15,000				ADVOCATE FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAVERNA BOARD OF EDUCATION 1106 NORTH DIXIE HWY CAVE CITY, KY 42127	61-6002422	GOVERNMENT ENTITY	8,400				TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS
CENTER FOR WOMEN & INFANTS AT UNIVERSITY OF LOUISVILLE HOSPITAL 530 SOUTH JACKSON ST LOUISVILLE, KY 40202	61-1293786	501(C) 3	46,377				EQUIPMENT FOR NEONATAL UNIT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTERSTONE KENTUCKY 10101 LINN STATION RD SUITE 600 LOUISVILLE, KY 40223	31-0939757	501(C) 3	34,000				PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS
CENTRAL KENTUCKY EDUCATION COOPERATIVE 2331 FORTUNE DRIVE SUITE 110 LEXINGTON, KY 40509	61-1204854	501(C) 3	30,000				PROGRAMS FOR STUDENTS WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEREBRAL PALSY KIDS CENTER INC DBA KID'S CENTER FOR PEDIATRIC THERAPIES P O BOX 17630 LOUISVILLE, KY 40217	61-0492378	501(C) 3	30,000				THERAPY FOR CHILDREN WITH SPECIAL NEEDS
CHILD DEVELOPMENT CENTER OF THE BLUEGRASS 290 ALUMNI DR LEXINGTON, KY 40503	61-0543376	501(C) 3	10,000				SALARY SUPPORT TO BENEFIT CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S LAW CENTER INC 1002 RUSSELL ST COVINGTON, KY 41011	61-1167352	501(C) 3	12,500				EDUCATION ADVOCACY FOR CHILDREN WITH SPECIAL NEEDS
CLARK COUNTY YOUTH SHELTER AND FAMILY SERVICES INC P O BOX 886/118 E CHESTNUT ST JEFFERSONVILLE, IN 47131	31-1126065	501(C) 3	11,000				RESIDENTIAL LIVING PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARKSVILLE COMMUNITY SCHOOLS 200 ETTTEL LANE CLARKSVILLE, IN 47129	35-6002244	GOVERNMENT ENTITY	13,800				EQUIPMENT FOR STUDENTS WITH SPECIAL NEEDS
CLOVERPORT INDEPENDENT SCHOOLS 214 WEST MAIN ST CLOVERPORT, KY 40111	61-6001396	GOVERNMENT ENTITY	38,000				PROJECT TO ASSIST CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF CLARK COUNTY INC 1406 FREDERICK AVE JEFFERSONVILLE, IN 47130	32-0015379	501(C) 3	10,000				THERAPY FOR CHILDREN WITH SPECIAL NEEDS
COMMUNITY ACTION OF SO INDIANA HEAD START 1613 EAST 8TH ST JEFFERSONVILLE, IN 47130	02-0591170	501(C) 3	12,000				EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION OF SO KENTUCKY INC 921 BEAUTY AVE BOWLING GREEN, KY 42101	61-0660969	501(C) 3	10,000				EARLY INTERVENTION SERVICES FOR CHILDREN WITH SPECIAL NEEDS
CUMBERLAND COUNTY BOARD OF EDUCATION 810 NORTH MAIN ST BURKESVILLE, KY 42717	61-6001251	GOVERNMENT ENTITY	6,190				TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CYSTIC FIBROSIS FOUNDATION 1941 BISHOP LANE SUITE 108 LOUISVILLE, KY 40218	13-1930701	501(C) 3	8,000				THERAPY FOR CHILDREN WITH CYSTIC FIBROSIS
DORMAN PRESCHOOL PO BOX 853 SHELBYVILLE, KY 40065	61-0620554	501(C) 3	28,000				EARLY INTERVENTION SERVICES FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWN SYNDROME ASSOCIATION OF CENTRAL KENTUCKY 1050 CHINOE RD SUITE 204 LEXINGTON, KY 40502	38-3682694	501(C) 3	3,000				THERAPY FOR CHILDREN WITH DOWN SYNDROME
DOWN SYNDROME OF LOUISVILLE INC 5001 S HURSTBOURNE PARKWAY LOUISVILLE, KY 40291	61-1214126	501(C) 3	15,000				PROGRAM FOR CHILDREN WITH DOWN SYNDROME

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DREAM RIDERS OF KENTUCKY INC PO BOX 172 PHILPOT, KY 42366	01-0802015	501(C) 3	7,000				THERAPEUTIC RIDING THERAPY FOR CHILDREN WITH SPECIAL NEEDS
DREAMS WITH WINGS INC 1579 BARDSTOWN ROAD LOUISVILLE, KY 40205	61-1371540	501(C) 3	10,000				SALARY SUPPORT FOR STAFF TO WORK WITH CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEALS WEST KENTUCKY 801 NORTH 29TH ST PADUCAH, KY 42001	31-1572931	501(C) 3	9,000				FLOORING FOR OUTDOOR PLAY AREA FOR CHILDREN WITH SPECIAL NEEDS
EASTERN KENTUCKY UNIVERSITYAUTISM SPECTRUM DISORDERS 521 LANCASTER AVE DEPT OF PSYCHOLOG RICHMOND, KY 40475	61-1011211	GOVERNMENT ENTITY	5,000				PROGRAM FOR CHILDREN WITH AUTISM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERN KENTUCKY UNIVERSITYDEPARTMENT OF SPECIAL EDUCATION 521 LANCASTER AVE RICHMOND, KY 40475	61-1011211	GOVERNMENT ENTITY	17,841				TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS
EASTERN KENTUCKY UNIVERSITYSCHOLARSHIPS 521 LANCASTER AVE RICHMOND, KY 40475	61-1011211	GOVERNMENT ENTITY	15,000				SCHOLARSHIPS FOR TEACHER CANDIDATES FOR SPECIAL EDUCATION SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELIZABETHTOWN INDEPENDENT SCHOOLS 219 HELM STREET ELIZABETHTOWN, KY 42749	61-6001403	GOVERNMENT ENTITY	16,000				ITEMS TO BENEFIT STUDENTS WITH SPECIAL NEEDS
EMINENCE INDEPENDENT SCHOOLS 254 WEST BROADWAY EMINENCE, KY 40019	61-6001055	GOVERNMENT ENTITY	23,000				EQUIPMENT AND TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENGLISHTON PARK PRESBYTERIAN MINISTRIES PO BOX 240 LEXINGTON, IN 47138	23-7378186	501(C) 3	3,000				OUTDOOR EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
EXCEPTIONAL EQUITATION 2107 MASSIE SCHOOL RD LAGRANGE, KY 40031	31-0951588	501(C) 3	3,500				EQUINE ACTIVITIES FOR CHILDREN WITH DISABILITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY & CHILDREN'S PLACE 525 ZANE ST LOUISVILLE, KY 40203	61-0549561	501(C) 3	26,500				SUPPORT FOR MENTAL HEALTH PROGRAM FOR VICTIMS OF SEXUAL ABUSE
FAMILY ARK 101 NOAHS LANE JEFFERSONVILLE, IN 47130	35-1292608	501(C) 3	17,650				THERAPY FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY ENRICHMENT CENTER 1133 ADAMS ST BOWLING GREEN, KY 42101	61-0956466	501(C) 3	10,000				IN-HOME EDUCATION TO CHILDREN WITH SPECIAL NEEDS
FAMILY SCHOLAR HOUSE INC 403 REG SMITH CIRCLE LOUISVILLE, KY 40208	61-1285124	501(C) 3	20,000				PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAYETTE COUNTY PUBLIC SCHOOL DISTRICT 701 EAST MAIN ST LEXINGTON, KY 40502	61-6001059	GOVERNMENT ENTITY	17,000				TECHNOLOGY FOR STUDENTS WITH SPECIAL NEEDS
FEAT OF LOUISVILLE INC 1100 E MARKET ST LOUISVILLE, KY 40206	61-1374663	501(C) 3	13,000				PROGRAMS FOR CHILDREN WITH AUTISM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLAGET MEMORIAL HOSPITAL FOUNDATION 250 E LIBERTY ST STE 602 LOUISVILLE, KY 40202	61-1029768	501(C) 3	10,000				EQUIPMENT FOR INFANTS WITH SPECIAL NEEDS
FLOYD MEMORIAL FOUNDATIONBAPTIST HEALTH FLOYD 1850 STATE ST NEW ALBANY, IN 47150	31-0933781	501(C) 3	22,689				EQUIPMENT FOR INFANTS WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANKFORT INDEPENDENT SCHOOL DISTRICT CAPITAL CITY PREP 959 LEESTOWN LANE FRANKFORT, KY 40601	61-6001407	GOVERNMENT ENTITY	17,500				PROGRAMS AND ITEMS FOR CHILDREN WITH SPECIAL NEEDS
FRANKLIN COUNTY BOARD OF EDUCATION 190 KINGS DAUGHTERS DRIVE FRANKFORT, KY 40601	61-6001280	GOVERNMENT ENTITY	30,000				PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRAZIER REHAB INSTITUTE 250 E LIBERTY ST STE 602 LOUISVILLE, KY 40202	61-1029768	501(C) 3	8,000				EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
FRIENDS SCHOOL INC 901 BRECKENRIDGE LANE LOUISVILLE, KY 40207	61-1213141	501(C) 3	20,000				PROGRAM TO SERVE STUDENTS WITH DISABILITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUND FOR THE ARTS 623 WEST MAIN ST LOUISVILLE, KY 40202	61-0479626	501(C) 3	7,500				ARTS PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
GATEWAY COMMUNITY ACTION 151 UNIVERSITY DRIVE WEST LIBERTY, KY 41472	61-0865874	501(C) 3	2,000				BUILDING REPAIR FOR HEAD START PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GILDA'S CLUB LOUISVILLE 633 BAXTER AVE LOUISVILLE, KY 40204	20-1635170	501(C) 3	20,000				CHILDREN IN YOUTH PROGRAM WHO HAVE BEEN DIAGNOSED WITH CANCER
GRAVES COUNTY BOARD OF EDUCATION 2290 STATE ROUTE 121 N MAYFIELD, KY 42066	61-6001322	GOVERNMENT ENTITY	10,000				EQUIPMENT AND TECHNOLOGY FOR STUDENTS WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAYSON COUNTY SCHOOLS 790 SHAW STATION ROAD LEITCHFIELD, KY 42754	61-6001310	GOVERNMENT ENTITY	20,058				SENSORY ROOMS FOR CHILDREN WITH SPECIAL NEEDS
GREATER CLARK COUNTY SCHOOLS 2112 UTICA SELLERSBURG RD JEFFERSONVILLE, IN 47130	35-1151414	GOVERNMENT ENTITY	36,500				TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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	18,000				HIPPOTHERAPY FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HANCOCK COUNTY PUBLIC SCHOOLS 83 STATE ROUTE 3543 HAWESVILLE, KY 42348	61-6001293	GOVERNMENT ENTITY	4,000				RESOURCES FOR CHILDREN WITH SPECIAL NEEDS
HARDIN COUNTY BOARD OF EDUCATION 521 CHARLEMAGNE BLVD STE 100 ELIZABETHTOWN, KY 42701	61-6001274	GOVERNMENT ENTITY	44,000				TECHNOLOGY AND MATERIALS FOR STUDENTS WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARDIN MEMORIAL HOSPITAL FOUNDATION 913 NORTH DIXIE AVE ELIZABETHTOWN, KY 42701	61-1251585	501(C) 3	90,000				ACUTE CARE EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
HARRISON COUNTY EXCEPTIONAL LEARNERS COOPERATIVE 121 HIGH SCHOOL ROAD CORYDON, IN 47112	35-1172509	GOVERNMENT ENTITY	20,728				ITEMS TO BENEFIT STUDENTS WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRISON COUNTY HOSPITAL 1141 HOSPITAL DRIVE NW CORYDON, IN 47112	35-1180407	501(C) 3	4,144				EQUIPMENT TO MONITOR INFANTS WITH SPECIAL NEEDS
HART COUNTY SCHOOL 25 QUALITY STREET MUNFORDVILLE, KY 42765	61-6001333	GOVERNMENT ENTITY	14,000				TECHNOLOGY 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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HENRY COUNTY PUBLIC SCHOOLS 326 SOUTH MAIN ST EMINENCE, KY 40050	61-6001335	GOVERNMENT ENTITY	22,500				SALARY SUPPORT FOR MENTAL HEALTH COUNSELOR
HEUSER HEARING & LANGUAGE ACADEMY DBA LOUISVILLE DEAF ORAL SCHOOL 111 E KENTUCKY STREET LOUISVILLE, KY 40203	61-0492369	501(C) 3	75,687				AUDIOLOGY CARE FOR CHILDREN WITH HEARING LOSS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HINDMAN SETTLEMENT SCHOOL INC PO BOX 844 56 EDUCATION LANE HINDMAN, KY 41822	61-0447248	501(C) 3	12,500				READING TUTORS FOR CHILDREN WITH SPECIAL NEEDS
HOME OF THE INNOCENTSEQUIPMENT 1100 E MARKET ST LOUISVILLE, KY 40206	61-0445834	501(C) 3	105,000				SERVICES FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOME OF THE INNOCENTS CAPITAL 1100 E MARKET ST LOUISVILLE, KY 40206	61-0445834	501(C) 3	125,000				SERVICES FOR CHILDREN WITH SPECIAL NEEDS
HOPE HILL YOUTH SERVICES PO BOX 257 MOUNT STERLING, KY 40353	35-1870499	501(C) 3	4,000				SENSORY PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPARUS HEALTH 3532 EPHRAIM MCDOWELL DRIVE LOUISVILLE, KY 40205	61-0921718	501(C) 3	42,000				GRIEF COUNSELING PROGRAMS FOR CHILDREN WITH TERMINAL ILLNESSES
INDIAN SUMMER CAMP 607 W MAIN ST SUITE 200 LOUISVILLE, KY 40202	61-1256743	501(C) 3	20,000				CAMPERSHIPS FOR CHILDREN WITH CANCER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFERSON COUNTY BOARD OF EDUCATION AUTISM 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT ENTITY	21,000				PROGRAMS FOR STUDENTS WITH AUTISM
JEFFERSON COUNTY BOARD OF EDUCATION ASSISTIVE TECHNOLOGY PROGRAM 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT ENTITY	60,000				ASSISTIVE TECHNOLOGY FOR STUDENTS WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFERSON COUNTY BOARD OF EDUCATIONCOMMUNICATION DISORDERS 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT ENTITY	18,700				TECHNOLOGY FOR STUDENTS WITH SPECIAL NEEDS
JEFFERSON COUNTY BOARD OF EDUCATIONDEAF & HARD OF HEARING PROGRAM 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT ENTITY	18,000				EQUIPMENT FOR DEAF/HARD OF HEARING STUDENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFERSON COUNTY BOARD OF EDUCATIONEARLY CHILDHOOD 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT ENTITY	7,000				TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS
JEFFERSON COUNTY BOARD OF EDUCATIONMODERATE TO SEVERE DISABILITIES 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT ENTITY	32,000				ITEMS TO BENEFIT STUDENTS WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFERSON COUNTY BOARD OF EDUCATIONOTPT PROGRAM 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT ENTITY	40,000				OCCUPATIONS AND PHYSICAL THERAPY EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
JEFFERSON COUNTY BOARD OF EDUCATIONVISION PROGRAM 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT ENTITY	10,000				MATERIALS FOR CHILDREN ARE VISUALLY IMPAIRED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY CENTER 3600 DUTCHMANS LANE LOUISVILLE, KY 40205	61-0444765	501(C) 3	5,000				CAMPERSHIPS AND THERAPY FOR CHILDREN WITH SPECIAL NEEDS
JUNIOR ACHIEVEMENT OF KENTUCKIANA INC 1401 W MUHAMMAD ALI BLVD LOUISVILLE, KY 40203	61-0476694	501(C) 3	4,100				CAREER PLANNING 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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KENTUCKIANA CHILDREN'S CENTER 1810 BROWNSBORO RD LOUISVILLE, KY 40206	61-6014488	501(C) 3	22,000				THERAPEUTIC TREATMENT SERVICES FOR CHILDREN WITH SPECIAL NEEDS
KENTUCKY CENTER FOR SPECIAL CHILDREN'S SERVICES CARRIAGE HOUSE 13101 EASTPOINT PARK BLVD LOUISVILLE, KY 40223	61-0680753	501(C) 3	62,800				EDUCATIONAL SERVICES FOR CHILDREN WITH DISABILITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KENTUCKY CENTER FOR THE ARTS FOUNDATION INC 501 W MAIN ST LOUISVILLE, KY 40202	31-0999046	501(C) 3	25,000				ARTS PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
KENTUCKY CHILDREN'S HOSPITAL 138 LEADER AVE LEXINGTON, KY 40508	61-6001218	501(C) 3	5,625				COPING 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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KENTUCKY EASTER SEAL SOCIETYCREATIVE BEGINNINGS CHILD DEVELOPMENT CENTER 2050 VERSAILLES RD LEXINGTON, KY 40504	61-0444712	501(C) 3	2,420				PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
KENTUCKY EDUCATIONAL DEVELOPMENT CORPORATION 904 ROSE ROAD ASHLAND, KY 41102	61-0659010	501(C) 3	15,000				CURRICULUM FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY HEMOPHILIA FOUNDATION INC 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	5,000				THERAPY FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY LIONS EYE FOUNDATION INC 301 E MUHAMMAD ALI BLVD LOUISVILLE, KY 40202	61-0516171	501(C) 3	15,575				VISION SCREENING FOR CHILDREN WITH SPECIAL NEEDS
KENTUCKY SCHOOL FOR DEAF 303 S SECOND ST PO BOX 27 DANVILLE, KY 40423	61-1091577	501(C) 3	35,000				PROGRAM FOR CHILDREN THAT ARE DEAF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KORE ACADEMY INC 4300 NICHOLASVILLE ROAD LEXINGTON, KY 40515	20-1530223	501(C) 3	6,000				READING PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
LAKE CUMBERLAND COMMUNITY ACTION AGENCY P O BOX 830 JAMESTOWN, KY 42629	61-0855431	501(C) 3	1,711				LEARNING MATERIALS 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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LARUE COUNTY PUBLIC SCHOOLS 208 COLLEGE ST HODGENVILLE, KY 42748	61-6001298	GOVERNMENT ENTITY	12,000				CONVERSION OF VEHICLE TO MAKE WHEELCHAIR ACCESSIBLE
LAWRENCE COUNTY SCHOOLS 50 BULLDOG LANE LOUISA, KY 41230	61-6001315	GOVERNMENT ENTITY	20,000				MATERIALS 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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LEARNING DISABILITIES ASSOCIATION OF KENTUCKY 2210 GOLDSMITH LANE 118 LOUISVILLE, KY 40218	61-1103968	501(C) 3	1,210				TUTORING PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
LEARNING FOR LIFEBOY SCOUTS OF AMERICA 12001 SYCAMORE STATION PLACE LOUISVILLE, KY 40299	75-2396057	501(C) 3	18,000				CAMP FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEXINGTON HEARING & SPEECH CENTER INC 350 HENRY CLAY BLVD LEXINGTON, KY 40502	61-0593951	501(C) 3	10,000				HEARING AND SPEECH PROGRAM DIRECTOR SALARY SUPPORT
LIFESPRING HEALTH SYSTEMS 460 SPRING ST JEFFERSONVILLE, IN 47130	35-1097350	501(C) 3	3,000				THERAPEUTIC RESOURCES FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIGHTHOUSE PROMISE INC 5312 SHEPHERDSVILLE RD LOUISVILLE, KY 40228	61-1362760	501(C) 3	5,500				PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS
LINCOLN COUNTY SCHOOL DISTRICT 305 DANVILLE ST STANFORD, KY 40484	61-6001365	GOVERNMENT ENTITY	18,500				MATERIALS FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MADISON AREA EDUCATIONAL SPECIAL SERVICES UNIT 702 ELM STREET MADISON, IN 47250	35-1371543	GOVERNMENT ENTITY	8,500				ACADEMIC SUPPORT FOR CHILDREN WITH SPECIAL NEEDS
MADISON CONSOLIDATED SCHOOLS 2421 WILSON AVE MADISON, IN 47250	35-6002609	GOVERNMENT ENTITY	20,000				EQUIPMENT TO BENEFIT CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARION COUNTY BOARD OF EDUCATION 755 EAST MAIN ST LEBANON, KY 40033	61-6001309	GOVERNMENT ENTITY	11,995				MATERIALS FOR STUDENTS WITH SPECIAL NEEDS
MARYHURST INC 1015 DORSEY LANE LOUISVILLE, KY 40223	31-1542209	501(C) 3	20,000				THERAPEUTIC NEEDS FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEADE COUNTY BOARD OF EDUCATION 1155 OLD EKRON RD BRANDENBURG, KY 40108	61-6001248	GOVERNMENT ENTITY	25,000				SENSORY ROOMS FOR CHILDREN WITH SPECIAL NEEDS
MEREDITH-DUNN SCHOOL 3023 MELBOURNE AVE LOUISVILLE, KY 40220	23-7339248	501(C) 3	19,000				TECHNOLOGY TO BENEFIT CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIRACLE DANCER SCHOLARSHIP FOUNDATION 9013 GALENE DRIVE LOUISVILLE, KY 40299	26-3653751	501(C) 3	3,080				DANCE PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
MIRACLE LEAGUE OF LOUISVILLE 800 LILLY CREEK ROAD SUITE 102 LOUISVILLE, KY 40243	61-1740095	501(C) 3	55,000				BASEBALL PROGRAM FOR CHILDREN WITH DISABILITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNTAIN COMPREHENSIVE CARE CENTER INC 104 SOUTH FRONT AVE PRESTONBURG, KY 41653	61-0663787	501(C) 3	17,000				THERAPY FOR CHILDREN WITH SEVERE EMOTIONAL DISABILITIES
MUSCULAR DYSTROPHY ASSOCIATION 909 LILY CREEK RD SUITE 201 LOUISVILLE, KY 40243	13-1665552	501(C) 3	12,000				CAMP FOR CHILDREN WITH MUSCULAR DRYSTROPHY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIVITY ACADEMY AT ST BONIFACE 529 E LIBERTY ST LOUISVILLE, KY 40202	51-0450314	501(C) 3	22,000				TECHNOLOGY TO BENEFIT STUDENTS WITH SPECIAL NEEDS
NELCASA INC 860 W STEPHEN FOSTER AVE BARDSTOWN, KY 40004	61-1101749	501(C) 3	3,000				ADVOCATE FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NELSON COUNTY SCHOOLS 288 WILDCAT LANE BARDSTOWN, KY 40004	61-6001240	GOVERNMENT ENTITY	20,000				MATERIALS FOR CHILDREN WITH SPECIAL NEEDS
NEW ALBANY-FLOYD CO CONSOLIDATED SCHOOL CORP 2801 GRANT LINE RD NEW ALBANY, IN 47150	35-6005953	GOVERNMENT ENTITY	62,098				ITEMS FOR STUDENTS WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES 5516 EAST ALEXANDRIA PIKE COLD SPRING, KY 41076	61-1106680	501(C) 3	3,000				TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS
NORTON CHILDREN'S HOSPITAL 234 E GRAY ST SUITE 450 LOUISVILLE, KY 40202	61-6027530	501(C) 3	450,000				OPERATING ROOM EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLDHAM COUNTY BOARD OF EDUCATION 1900 BUTTON LANE LAGRANGE, KY 40031	61-6001306	GOVERNMENT ENTITY	50,000				TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS
OPEN DOOR YOUTH SERVICES 2524 CORYDON PIKE SUITE 108 NEW ALBANY, IN 47150	35-6000144	GOVERNMENT ENTITY	9,000				RESOURCES FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORANGE CO REHAB & DEVELOP SERVICESFIRST CHANCE CENTER PO BOX 267 PAOLI, IN 47454	35-1160833	501(C) 3	36,000				EARLY INTERVENTION SERVICES FOR CHILDREN WITH SPECIAL NEEDS
OUR LADY OF PEACE 250 E LIBERTY ST STE 602 LOUISVILLE, KY 40202	61-1029768	501(C) 3	27,000				HEALING ARTS PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR LADY OF PROVIDENCE JR-SR HIGH SCHOOL 707 PROVIDENCE WAY CLARKSVILLE, IN 47129	35-0894977	501(C) 3	14,000				PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
OWEN COUNTY SCHOOLS 1600 HWY 22 EAST OWENTON, KY 40359	61-6001340	GOVERNMENT ENTITY	5,000				CURRICULUM FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OWENSBORO DANCE THEATRE INC 2705 BRECKENRIDGE ST OWENSBORO, KY 42303	61-1040701	501(C) 3	13,000				DANCE PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
OWENSBORO HEALTH FOUNDATION INC PO BOX 22505 OWENSBORO, KY 42304	61-1251763	501(C) 3	18,013				EQUIPMENT FOR NEWBORN BABIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAWS WITH PURPOSE PO BOX 5458 LOUISVILLE, KY 40255	20-0681397	501(C) 3	20,000				TRAINING AND PLACEMENT OF ASSISTANCE DOGS FOR CHILDREN WITH SPECIAL NEEDS
PEOPLE & ANIMAL LEARNING SERVICES PO BOX 1033 BLOOMINGTON, IN 47402	35-2107038	501(C) 3	2,000				RIDE SCHOLARSHIPS FOR THERAPEUTIC THERAPY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PERSONAL COUNSELING SERVICE INC 1205 APPLGATE LANE CLARKSVILLE, IN 47129	31-0919635	501(C) 3	40,000				COUNSELING PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
PITT ACADEMY 7515 WESTPORT ROAD LOUISVILLE, KY 40222	23-7066205	501(C) 3	25,000				TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROVIDENCE SELF SUFFICIENCY MINISTRIES INC 8037 UNRUH DRIVE GEORGETOWN, IN 47122	35-1947580	501(C) 3	15,000				THERAPY FOR CHILDREN WITH SPECIAL NEEDS
PUZZLE PIECES INC 1512 FREDERICA ST OWENSBORO, KY 42301	45-3042804	501(C) 3	18,000				SUMMER PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAUCH INC 845 PARK PLACE NEW ALBANY, IN 47150	35-1011521	501(C) 3	15,000				INTERVENTION STRATEGIES FOR YOUNG CHILDREN WITH SPECIAL NEEDS
RILEY CHILDREN'S FOUNDATION 30 S MERIDIAN ST STE 200 INDIANAPOLIS, IN 46204	35-0868147	501(C) 3	8,000				CAMPERSHIPS FOR CHILDREN WITH DISABILITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKCASTLE REGIONAL HOSPITAL PO BOX 1310 145 NEWCOMB AVE MOUNT VERNON, KY 40456	61-0523304	501(C) 3	20,000				EQUIPMENT TO PROVIDE QUALITY FOR CHILDREN WITH SPECIAL NEEDS
SAFY 1169 EAST PKWY SUITE 3364 LOUISVILLE, KY 40217	26-1641642	501(C) 3	4,000				TUTORING FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCOTT COUNTY SCHOOL DISTRICT 2 145 SOUTH THIRD ST SCOTTSBURG, IN 47170	35-1101018	GOVERNMENT ENTITY	10,000				SUPPLIES FOR CHILDREN WITH SPECIAL NEEDS
SHELBY COUNTY PUBLIC SCHOOLS 1155 WEST MAIN ST SHELBYVILLE, KY 40065	61-6001356	GOVERNMENT ENTITY	80,000				TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH CENTRAL AREA SPECIAL EDUCATION COOPERATIVE 600 ELM STREET SUITE 2 PAOLI, IN 47454	31-0986767	GOVERNMENT ENTITY	20,000				CURRICULUM FOR CHILDREN WITH SPECIAL NEEDS
SOUTH CENTRAL KENTUCKY KIDS ON THE BLOCK 958 COLLETT AVENUE SUITE 100 BOWLING GREEN, KY 42101	61-1164527	501(C) 3	3,500				EDUCATIONAL PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN HILLS COUNSELING CENTER INC 480 EVERS MAN DRIVE PO BOX 769 JASPER, IN 47546	35-1148518	501(C) 3	13,000				BEHAVIORAL HEALTH SERVICES TO CHILDREN WITH SPECIAL NEEDS
SOUTHERN INDIANA REHAB HOSPITAL 250 E LIBERTY ST STE 602 LOUISVILLE, KY 40202	61-1029768	501(C) 3	10,000				PEDIATRIC THERAPY CLINIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPALDING UNIVERSITY INCENABLING TECHNOLOGIES 812 S SECOND STREET LOUISVILLE, KY 40203	61-0444780	501(C) 3	7,500				LOAN LIBRARY FOR CHILDREN WITH SPECIAL NEEDS
SPALDING UNIVERSITY INCSCHOLARSHIPS 901 SOUTH 4TH STREET LOUISVILLE, KY 40203	61-0444780	501(C) 3	12,000				SCHOLARSHIPS FOR TEACHER CANDIDATES FOR SPECIAL EDUCATION SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SPECIAL OLYMPICS OF KENTUCKY INC 1230 LIBERTY BANK LN SUITE 140 LOUISVILLE, KY 40222	61-0954571	501(C) 3	17,000				HEALTHY ATHLETES PROGRAM FOR CHILDREN WITH DISABILITIES
SPENCER COUNTY PUBLIC SCHOOLS 207 W MAIN ST TAYLORSVILLE, KY 40071	61-6011367	GOVERNMENT ENTITY	28,000				TECHNOLOGY AND THERAPY 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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SPINA BIFIDA ASSOCIATION OF KENTUCKY 982 EASTERN PARKWAY BOX 18 LOUISVILLE, KY 40217	31-1081176	501(C) 3	23,000				PROGRAMS FOR CHILDREN WITH SPINA BIFIDA
SPROUTLINGS PEDIATRIC DAY CARE AND PRESCHOOL 3761 JOHNSON HALL DR MASONIC HOME, KY 40041	61-0458374	501(C) 3	10,115				TECHNOLOGY 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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ST FRANCIS SCHOOL 233 W BROADWAY LOUISVILLE, KY 40204	31-0896538	501(C) 3	15,000				LEARNING CENTER FOR CHILDREN WITH SPECIAL NEEDS
ST JOSEPH LONDON HOSPITAL FOUNDATION 250 E LIBERTY ST STE 602 LOUISVILLE, KY 40202	61-1029768	501(C) 3	20,000				EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPHS CHILDREN'S HOME 2823 FRANKFORT AVE LOUISVILLE, KY 40206	61-0475286	501(C) 3	20,000				PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS
ST VINCENT DE PAUL LOUISVILLE 1015-C S PRESTON ST LOUISVILLE, KY 40203	61-0727110	501(C) 3	10,000				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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STAGEONE FAMILY THEATRE 315 W MARKET ST SUITE 2S LOUISVILLE, KY 40202	61-0466715	501(C) 3	5,000				TICKETS TO PRODUCTION FOR 250 CHILDREN WITH AUTISM
SUMMIT ACADEMY OF GREATER LOUISVILLE INC 11508 MAIN ST LOUISVILLE, KY 40243	61-1214457	501(C) 3	12,500				SALARY SUPPORT FOR HIGH SCHOOL TEACHER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNRISE CHILDREN'S SERVICES INC 300 HOPE STREET MT WASHINGTON, KY 40047	61-0597273	501(C) 3	20,000				VEHICLES TO TRANSPORT CHILDREN WITH SPECIAL NEEDS
TAYLOR COUNTY BOARD OF EDUCATION 1209 EAST BROADWAY CAMPBELLSVILLE, KY 42718	61-6001256	GOVERNMENT ENTITY	12,000				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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TELFORD YMCA 1100 EAST MAIN ST RICHMOND, KY 40475	61-6000619	501(C) 3	10,000				EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
THE BOYS & GIRLS CLUB OF BOWLING GREEN KENTUCKY - WAR MEMORIAL UNIT INC 260 SCOTT WAY PO BOX 872 BOWLING GREEN, KY 42102	61-0482974	501(C) 3	8,000				TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CENTER FOR COURAGEOUS KIDS 1501 BURNLEY ROAD SCOTTSVILLE, KY 42164	20-1789905	501(C) 3	40,000				CAMP FOR CHILDREN WITH ILLNESSES
THE CENTER FOR WOMEN AND FAMILIES INC P O BOX 2048 LOUISVILLE, KY 40201	61-0444846	501(C) 3	17,000				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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THE DE PAUL SCHOOL 1925 DUKER AVENUE LOUISVILLE, KY 40205	61-0711082	501(C) 3	80,000				RENOVATIONS TO BUILDING
THE MORTON CENTER INC 1028 BARRET AVENUE LOUISVILLE, KY 40202	31-1068020	501(C) 3	24,000				SUBSTANCE ABUSE PROGRAM FOR CHILDREN WITH DISABILITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THE REATH CENTER 55 HERITAGE DR CAMPBELLSVILLE, KY 42718	20-4464384	501(C) 3	4,000				THERAPY FOR CHILDREN WITH SPECIAL NEEDS
THE WOMEN'S HOSPITAL AT SAINT JOSEPH EAST 250 E LIBERTY ST STE 602 LOUISVILLE, KY 40202	61-1029768	501(C) 3	30,000				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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UNIVERSITY OF KENTUCKY RESEARCH FOUNDATIONPACCK 109 KINKEAD HALL LEXINGTON, KY 40506	61-6033693	501(C) 3	6,000				TECHNOLOGY FOR COMMUNICATION DISORDERS CLINIC
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATIONCAPITAL 571 S FLOYD ST STE 432 LOUISVILLE, KY 40202	61-1029626	501(C) 3	238,000				CONSTRUCTIONS OF CLINICAL SUITE FOR PEDIATRICS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATIONCHILD NEUROLOGY PROGRAM 571 S FLOYD ST STE 432 LOUISVILLE, KY 40202	61-1029626	501(C) 3	150,000				CHILD NEUROLOGY PROGRAM
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATIONCYSTIC FIBROSIS CENTER 571 S FLOYD ST STE 432 LOUISVILLE, KY 40202	61-1029626	501(C) 3	20,000				CYSTIC FIBROSIS CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATIONENDOCRINOLOGY INFUSION CTR 571 S FLOYD ST STE 432 LOUISVILLE, KY 40202	61-1029626	501(C) 3	14,000				PEDIATRIC ENDOCRINOLOGY INFUSION CENTER
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATIONLEARNING DISORDERS 571 S FLOYD ST STE 432 LOUISVILLE, KY 40202	61-1029626	501(C) 3	60,000				CHILDRENS LEARNING DISORDERS CLINIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATIONPEDIATRIC CLINIC 982 EASTERN PKWY LOUISVILLE, KY 40217	61-1029626	501(C) 3	12,000				PEDIATRIC CLINIC FOR CHILDREN WITH SPECIAL NEEDS
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATIONPEDIATRIC NUTRITION PROGRAM 571 S FLOYD ST STE 432 LOUISVILLE, KY 40202	61-1029626	501(C) 3	60,000				PEDIATRIC NUTRITION PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATIONSCHOLARSHIPS 300 E MARKET ST 3RD FLOOR LOUISVILLE, KY 40202	61-1029626	501(C) 3	20,000				SCHOLARSHIPS FOR TEACHER CANDIDATES FOR SPECIAL EDUCATION SERVICES
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATIONSCHOOL OF DENTISTRY 501 S PRESTON ST LOUISVILLE, KY 40202	61-1029626	501(C) 3	40,000				DENTISTRY PROGRAM FOR CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATIONSTAR PROGRAM 571 S FLOYD ST STE 432 LOUISVILLE, KY 40202	61-1029626	501(C) 3	103,000				PROGRAM FOR CHILDREN WITH AUTISM
USPIRITUS INC 3121 BROOKLAWN CAMPUS DRIVE LOUISVILLE, KY 40218	61-0471572	501(C) 3	80,000				EDUCATION PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISUALLY IMPAIRED PRESCHOOL SERVICES - INDIANAPOLIS 1100 WEST 42ND STREET SUITE 228 INDIANAPOLIS, IN 46208	61-1061973	501(C) 3	30,000				PROGRAMS FOR VISUALLY IMPAIRED CHILDREN
VISUALLY IMPAIRED PRESCHOOL SERVICES - LEXINGTON 350 HENRY CLARY BLVD LEXINGTON, KY 40502	61-1061973	501(C) 3	30,000				PROGRAMS FOR VISUALLY IMPAIRED CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISUALLY IMPAIRED PRESCHOOL SERVICES - LOUISVILLE 1906 GOLDSMITH LANE LOUISVILLE, KY 40218	61-1061973	501(C) 3	75,000				PROGRAMS FOR VISUALLY IMPAIRED CHILDREN
VOLUNTEERS OF AMERICA MID-STATES INC 570 SOUTH FOURTH ST SUITE 100 LOUISVILLE, KY 40202	61-0480950	501(C) 3	20,000				SPECIAL NEEDS SCREENING & CASE MANAGEMENT FOR CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VSA KENTUCKY PO BOX 3320 BOWLING GREEN, KY 42102	61-1133019	501(C) 3	10,000				ARTS PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
WASHINGTON COUNTY SCHOOLS 120 MACKVILLE HILL SPRINGFIELD, KY 40069	61-6001364	GOVERNMENT ENTITY	12,000				SPEECH PATHOLOGIST SALARY SUPPORT FOR STUDENTS WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WENDELL FOSTER'S CAMPUS FOR DEVELOPMENTAL DISABILITIES 815 TRIPLETT STREET OWENSBORO, KY 42303	61-0490868	501(C) 3	18,000				TECHNOLOGY TO BENEFIT CHILDREN WITH AUTISM
WEST CLARK COMMUNITY SCHOOLS 601 RENZ AVENUE SELLERSBURG, IN 47172	35-1146809	GOVERNMENT ENTITY	16,000				MATERIALS FOR STUDENTS WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST POINT INDEPENDENT BOARD OF EDUCATION 209 N 13TH ST WEST POINT, KY 40177	61-6001374	GOVERNMENT ENTITY	19,000				SALARY SUPPORT FOR SPECIAL EDUCATION TEACHERS
WESTERN KY UNIVERSITY RESEARCH FOUNDATION KELLY AUTISM PROGRAM 1906 COLLEGE HEIGHTS BLVD 11016 BOWLING GREEN, KY 42101	61-1358086	501(C) 3	20,000				PROGRAM FOR CHILDREN WITH AUTISM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN KY UNIVERSITY RESEARCH FOUNDATIONSCHOLARSHIPS 1906 COLLEGE HEIGHTS BLVD 11016 BOWLING GREEN, KY 42101	61-1358086	501(C) 3	20,370				SCHOLARSHIPS FOR TEACHER CANDIDATES FOR SPECIAL EDUCATION SERVICES
WESTERN KY UNIVERSITY RESEARCH FOUNDATIONVICKIE & DAN RENSHAW EARLY CHILD 1906 COLLEGE HEIGHTS BLVD 11016 BOWLING GREEN, KY 42101	61-1358086	501(C) 3	33,950				EARLY INTERVENTION SERVICES FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITLEY COUNTY BOARD OF EDUCATION 300 MAIN ST WILLIAMSBURG, KY 40769	61-6001378	GOVERNMENT ENTITY	7,624				TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS
WILDERNESS TRACE CHILD DEVELOPMENT CENTER 409 STEWARTS LANE DANVILLE, KY 40422	61-1230722	501(C) 3	10,000				THERAPEUTIC INTERVENTION FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODFORD COUNTY PUBLIC SCHOOL 330 PISGAH PIKE VERSAILLES, KY 40383	61-6001372	GOVERNMENT ENTITY	9,000				PLAYGROUND AND PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS
WORKING FOR PUZZLE FOR AUTISM 179 MEADOW LANE LEBANON, KY 40033	46-0588766	501(C) 3	6,000				THERAPY FOR CHILDREN WITH AUTISM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF GREATER LOUISVILLE 545 S 2ND STREET LOUISVILLE, KY 40202	61-0444843	501(C) 3	15,000				PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS
YMCA SAFE PLACE SERVICES 2400 CRITTENDEN DRIVE LOUISVILLE, KY 40217	61-0444843	501(C) 3	15,000				SALARY SUPPORT FOR STAFF TO WORK WITH CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG ADULT DEVELOPMENT IN ACTION INC DBA YOUTHBUILD LOUISVILLE 800 SOUTH PRESTON STREET LOUISVILLE, KY 40203	61-1374470	501(C) 3	2,000				SERVICES FOR CHILDREN WITH SPECIAL NEEDS
YOUTH ETHICS & SKILLS CENTER INC 3812 WEST BROADWAY LOUISVILLE, KY 40211	26-2737625	501(C) 3	8,000				ACADEMIC PROGRAM FOR STUDENTS WITH SPECIAL NEEDS

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.

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

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 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"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 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: a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 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: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 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: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 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.	7	No
8 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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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)	308,505	0	1,264	16,725	3,108	329,602	0
2 LISA COLUMBIA BOARD MEMBER	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	180,310	0	733	11,051	3,871	195,965	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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE WHAS CRUSADE FOR CHILDREN INC

Employer identification number
23-7075524

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions 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	3	39,280	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	19	13,095	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	6,500	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

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

33

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

Name of the organization
THE WHAS CRUSADE FOR CHILDREN INC

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.

OMB No 1545-0047

2016

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE CEO'S SALARY IS DETERMINED BY THE BOARD OF DIRECTORS USING COMPARABILITY DATA AND GUIDELINES ESTABLISHED BY THE HUMAN RESOURCES DEPARTMENT OF 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

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN BENEFICIAL INTEREST IN CHARITABLE TRUSTS 84,453 RETURN OF GRANT FUNDS PAID OUT IN PRIOR YEAR 270,853 CHANGE IN BENEFICIAL INTEREST IN FUNDS HELD BY OTHERS 28,900

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.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493194000218	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No 1545-0047
					2016
	▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.				Open to Public Inspection
▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at 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 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

1a

No

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

1b

No

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

1c

No

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

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

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

1j

No

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

1k

No

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

1l

No

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

1m

No

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

1n

No

o Sharing of paid employees with related organization(s)

1o

No

p Reimbursement paid to related organization(s) for expenses

1p

Yes

q Reimbursement paid by related organization(s) for expenses

1q

No

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

1r

No

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

1s

No

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

(a) Name of 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)