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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public. 1709

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10/1/2016 , and ending 9/30/2017

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: KOSAIR CHARITIES COMMITTEE, INC.

Doing business as:

Number and street (or P O box if mail is not delivered to street address): PO BOX 37370

Room/suite:

City or town: LOUISVILLE

State: KY

ZIP code: 40233

Foreign country name / Foreign province/state/county / Foreign postal code:

D Employer identification number: 61-0514703

E Telephone number: (502) 637-7696

G Gross receipts $: 141,500,182

F Name and address of principal officer: KEITH INMAN 982 EASTERN PKWY, LOUISVILLE, KY 40217

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

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

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.KOSAIR.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1923

M State of legal domicile: KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROTECT THE HEALTH & WELL-BEING OF CHILDREN IN KENTUCKY AND SOUTHERN INDIANA BY PROVIDING FINANCIAL SUPPORT FOR CLINICAL SERVICES, RESEARCH, PEDIATRIC HEALTHCARE, AND CHILD ADVOCACY.

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	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	25
6	Total number of volunteers (estimate if necessary)	6	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,366,327	3,776,713
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,423,873	23,257,243
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50,766,260	483,864
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	66,556,460	27,517,820
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,866,933	16,718,360
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)	1,618,843	1,458,543
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 717,657		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,764,821	3,795,178
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	21,250,597	21,972,081
19	Revenue less expenses. Subtract line 18 from line 12	45,305,863	5,545,739

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	258,556,129	265,043,214
21	Total liabilities (Part X, line 26)	25,894,115	16,711,191
22	Net assets or fund balances. Subtract line 21 from line 20	232,662,014	248,332,023

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: Keith Inman — Date: 4/25/18

KEITH INMAN — PRESIDENT & CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Jimmie L. Noe, CPA	Jimmie L. Noe, CPA	4/10/18		P00074256

Firm's name ▶ — Firm's EIN ▶

Firm's address ▶ — Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate Instructions.

HTA

Form **990** (2016)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
KOSAIR CHARITIES' MISSION IS TO PROTECT THE HEALTH & WELL-BEING OF CHILDREN IN KENTUCKY AND SOUTHERN INDIANA BY PROVIDING FINANCIAL SUPPORT FOR CLINICAL SERVICES, RESEARCH, PEDIATRIC HEALTHCARE, EDUCATION, AND CHILD ADVOCACY

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 [X] 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 [X] 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 $ 1,352,000 including grants of $ 1,352,000) (Revenue $)
UNIVERSITY OF LOUISVILLE PEDIATRICS, LOUISVILLE, KY FUNDS PROVIDED FOR, BUT NOT LIMITED TO THE FOLLOWING PEDIATRIC FORENSIC MEDICINE KOSAIR CHARITIES HAS TAKEN A LEADERSHIP ROLE TO ADDRESS THE PROBLEM OF CHILD ABUSE IN THE COMMONWEALTH OF KENTUCKY WITH THIS SUPPORT, U OF L HAS TWO BOARD-CERTIFIED CHILD ABUSE PEDIATICIANS. U OF L AUTISM CENTER: CONTINUED SUPPORT WILL HELP THE CENTER EXPAND SERVICES TO ADDITIONAL CHILDREN AND FAMILIES WHO STRUGGLE WITH MEDICAL PROBLEMS RELATED TO AUTISM SPECTRUM DISORDER PEDIATRIC INFECTIOUS DISEASE FELLOWSHIP THIS FELLOWSHIP HAS PROVIDED TRAINING TO AN ACCOMPLISHED GROUP OF PHYSICIANS IN THIS CRITICAL SUBSPECIALTY OF PEDIATRICS

4b (Code) (Expenses $ 1,301,000 including grants of $ 1,301,000) (Revenue $)
CRUSADE FOR CHILDREN, LOUISVILLE, KY FUNDS ARE PROVIDED TO ESTABLISH THE MILTON METZ SCHOLARSHIP FUND, WHICH WILL FUND TUITION ASSISTANCE PROGRAMS FOR SPECIAL EDUCATION TEACHERS ADDITIONAL FUNDS WERE PROVIDED TO ASSIST THE CRUSADE IN THEIR GENERAL MISSON TO RAISE MONEY FOR AGENCIES, SCHOOLS, AND HOSPITALS TO MAKE LIFE BETTER FOR CHILDREN WITH SPECIAL NEEDS

4c (Code) (Expenses $ 1,218,626 including grants of $ 1,218,626) (Revenue $)
KENTUCKY YOUTH ADVOCATES FUNDS PROVIDED TO ASSIST THE KYA'S MISSION TO IMPROVE A CHILD'S WELL BEING AND TO PURSUE PUBLIC POLICIES THAT INFLUENCE THE LIVES OF CHILDREN ADDITIONAL FUNDING WAS PROVIDED TO SUPPORT THE FACE IT CAMPAIGN, AN INITIATIVE LED BY KOSAIR CHARITIES FACE IT DIRECTLY ADDRESSES THE UNACCEPTABLE INCIDENCES OF CHILD ABUSE AND NEGLECT IN KENTUCKY WITH THE PROMOTION C BEST PRACTICES IN CHILD ABUSE PREVENTION AND INTERVENTION.

4d Other program services (Describe in Schedule O)
(Expenses $ 16,493,183 including grants of $ 13,778,885) (Revenue $ 0)

4e Total program service expenses ▶ 20,364,809

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
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? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
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? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
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? *If "Yes," complete Schedule D, Part VIII.*	11c		X
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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
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? *If "Yes," complete Schedule F, Parts II and IV*	15		X
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? *If "Yes," complete Schedule F, Parts III and IV*	16		X
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? *If "Yes," complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
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	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	60			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country ▶ ---------- See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	X	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		X
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		X
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?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O					
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		X
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 line 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 . [X]

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 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	1a	26		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
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			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b			X
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			X

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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [X] Another's website [X] 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 ▶

KEITH INMAN (502) 637-7696

982 EASTERN PKWY, LOUISVILLE, KY 40217

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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ 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) JERRY WARD CHAIRMAN	3 00 0.00	X		X				0	0	0
(2) JEFF SCHILFFARTH BOARD MEMBER	3 00 0 00	X						0	0	0
(3) RICHARD LAIRD BOARD MEMBER	3 00 0 00	X						0	0	0
(4) ROBERT FLOWERS BOARD MEMBER	3 00 0 00	X						0	0	0
(5) C BROWN ALLEN BOARD MEMBER EMERITUS	3 00 0 00	X						0	0	0
(6) KIRK CARTER TREASURER	3 00 0 00	X		X				0	0	0
(7) HARRY LUSK BOARD MEMBER	3 00 0 00	X						0	0	0
(8) JOHN B HITT SECRETARY	3 00 0 00	X		X				0	0	0
(9) V TOM LARIMORE BOARD MEMBER	3.00 0 00	X						0	0	0
(10) PATRICK MILLER BOARD MEMBER	3 00 0 00	X						0	0	0
(11) SHAWN WARREN BOARD MEMBER	3 00 0 00	X						0	0	0
(12) DAVID OWEN TRUSTEE	3 00 0 00	X						0	0	0
(13) KENNETH REISS BOARD MEMBER	3 00 0 00	X						0	0	0
(14) GLEN STUCKEL BOARD MEMBER	3 00 0 00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) H I STROTH	3 00									
VICE CHAIRMAN	0 00	X		X				15,680	0	0
(16) MATT BROTZKE	3 00									
BOARD MEMBER	0 00	X						0	0	0
(17) DAVID NICHOLSON	3 00									
BOARD MEMBER	0 00	X						0	0	0
(18) MARTIN WALTERS	3 00									
BOARD MEMBER	0 00	X						0	0	0
(19) LARRY CRAIG	3 00									
BOARD MEMBER	0 00	X						0	0	0
(20) FRANK TEXAS	3 00									
BOARD MEMBER	0 00	X						0	0	0
(21) STEVE HUESTON	3 00									
BOARD MEMBER	0 00	X						0	0	0
(22) BARRY DUNN	3 00									
BOARD MEMBER	0 00	X						0	0	0
(23) GARY MORGAN	3 00									
BOARD MEMBER	0 00	X						0	0	0
(24) JIM SZOFER	3 00									
BOARD MEMBER	0 00	X						0	0	0
(25) DWIGHT MADDOX	3 00									
BOARD MEMBER	0 00	X						0	0	0
1b Sub-total							▶	15,680	0	0
c Total from continuation sheets to Part VII, Section A							▶	427,823	0	72,061
d Total (add lines 1b and 1c)							▶	443,503	0	72,061

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 ▶ 3

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
LYNCH, COX, GILMAN & GOOD	500 W JEFFERSON STREET LOUISVILLE, KY 40	LEGAL SERVICES	1,341,713
PRICEWATERHOUSECOOPER	PO BOX 75647 CHICAGO, IL 60675	SPECIALTY ACCOUNTING	547,322
MASTERS, MULLINS, & ARRIN(	1012 S 4TH STREET LOUISVILLE, KY 40203	LEGAL SERVICES	257,416
THE GREENWOOD COMPANY	ONE MARKET STREET, SPEAR TOWER SAN FR	SPECIALTY ENDOWMENT	155,319
			0

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 ▶ 4

Continuation Sheet for Form 990

Name of the Organization	Employer identification number
KOSAIR CHARITIES COMMITTEE, INC	61-0514703

Part VII Section A **Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) WALTER R COE	40 00									
PRESIDENT	0 00			X				180,720	0	40,533
(27) RONALD MILLER	40 00									
SR VICE PRESIDENT, CFO	0 00			X				127,470	0	3,343
(28) KEITH INMAN	40 00									
PRESIDENT	0 00			X				0	0	0
(29) AIMEE SAPP	40 00									
SR VICE PRESIDENT, CFO	0 00			X				8,452	0	7,60[illegible]
(30) VICKY WEBER	40 00									
SR VP- BUSINESS RELATIONS	0 00					X		111,181	0	20,583
(31)										
(32)										
(33)										
(34)										
(35)										
(36)										
(37)										
(38)										
(39)										
(40)										
(41)										
(42)										
(43)										
(44)										
(45)										
(46)										

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	0				
	b Membership dues	1b	0				
	c Fundraising events	1c	0				
	d Related organizations	1d	0				
	e Government grants (contributions)	1e	0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,776,713				
	g Noncash contributions included in lines 1a-1f.	$	259,317				
	h **Total.** Add lines 1a–1f		▶	3,776,713			
Program Service Revenue		Business Code					
	2a			0			
	b			0			
	c			0			
	d			0			
	e			0			
	f All other program service revenue			0			
	g **Total.** Add lines 2a–2f		▶	0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		▶	4,010,251			4,010,251
	4 Income from investment of tax-exempt bond proceeds		▶	0			
	5 Royalties		▶	0			
		(i) Real	(ii) Personal				
	6a Gross rents	1,015,860					
	b Less rental expenses	988,506					
	c Rental income or (loss)	27,354	0				
	d Net rental income or (loss)		▶	27,354			27,354
	7a Gross amount from sales of assets other than inventory	(i) Securities 131,860,094	(ii) Other 0				
	b Less cost or other basis and sales expenses	112,613,102	0				
	c Gain or (loss)	19,246,992	0				
	d Net gain or (loss)		▶	19,246,992			19,246,992
	8a Gross income from fundraising events (not including $ 135,414 of contributions reported on line 1c). See Part IV, line 18	a	487,629				
	b Less direct expenses	b	320,754				
	c Net income or (loss) from fundraising events		▶	166,875			166,875
	9a Gross income from gaming activities See Part IV, line 19	a	4,666				
	b Less direct expenses	b	0				
	c Net income or (loss) from gaming activities		▶	4,666			4,666
	10a Gross sales of inventory, less returns and allowances	a	44,941				
	b Less cost of goods sold	b	60,000				
	c Net income or (loss) from sales of inventory		▶	-15,059			-15,059
	Miscellaneous Revenue	Business Code					
	11a Insurance Settlement			300,028			300,028
	b			0			
	c			0			
	d All other revenue			0			
	e **Total.** Add lines 11a–11d		▶	300,028			
	12 **Total revenue.** See instructions		▶	27,517,820	0	0	23,741,107

Part IX Statement of Functional Expenses

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

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	16,230,076	16,230,076		
2	Grants and other assistance to domestic individuals See Part IV, line 22	488,284	488,284		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	355,907	89,185	266,722	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	801,516	297,935	188,649	314,932
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,806	30,501	1,818	40,487
9	Other employee benefits	144,086	49,243	39,200	55,643
10	Payroll taxes	84,228	26,040	33,310	24,878
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	937,319	937,319	0	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	871,384	679,567	60,877	130,940
13	Office expenses	28,238	2,558	19,299	6,381
14	Information technology	16,420	105	16,200	115
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	71,421	8,639	31,841	30,941
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	34,516	0	34,516	0
23	Insurance	40,832	23,954	16,878	0
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	Dues and Subscriptions	21,919	6,916	14,642	361
b	Professional Fees	568,768	389,153	100,057	79,558
c	Printing, Shipping, Postage	197,825	164,386	13,383	20,056
d	Community Awareness	932,161	932,161	0	0
e	All other expenses	74,375	8,787	52,151	13,437
25	**Total functional expenses.** Add lines 1 through 24e	21,972,081	20,364,809	889,543	717,729
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,523,179	1	1,619,807
	2	Savings and temporary cash investments		3,049,185	2	1,407,602
	3	Pledges and grants receivable, net		85,859	3	67,969
	4	Accounts receivable, net		208,937	4	174,732
	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		0	7	0
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		28,907	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 14,502,128			
	b	Less accumulated depreciation	10b 7,745,097	6,895,164	10c	6,757,031
	11	Investments—publicly traded securities		233,176,805	11	239,302,341
	12	Investments—other securities See Part IV, line 11		13,588,093	12	15,713,732
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		258,556,129	16	265,043,214
Liabilities	17	Accounts payable and accrued expenses		2,161,589	17	1,582,227
	18	Grants payable		23,389,745	18	14,840,121
	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		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		342,781	25	288,843
	26	**Total liabilities.** Add lines 17 through 25		25,894,115	26	16,711,191
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		94,002,521	27	103,541,599
	28	Temporarily restricted net assets		7,407,350	28	10,997,040
	29	Permanently restricted net assets		131,252,143	29	133,793,384
		Organizations that do not follow SFAS 117 (ASC958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		232,662,014	33	248,332,0??
	34	Total liabilities and net assets/fund balances		258,556,129	34	265,043,214

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,517,820
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,972,081
3	Revenue less expenses Subtract line 2 from line 1	3	5,545,739
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	232,662,014
5	Net unrealized gains (losses) on investments	5	10,124,270
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	248,332,023

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ 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?	2a		X
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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 ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? 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	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ 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

Name of the organization	Employer identification number
KOSAIR CHARITIES COMMITTEE, INC	61-0514703

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)

07

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 section **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 0

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 ")	4,542,388	4,527,713	6,033,397	3,366,327	4,076,713	22,546,538
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0
4 **Total.** Add lines 1 through 3	4,542,388	4,527,713	6,033,397	3,366,327	4,076,713	22,546,538
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						22,546,538

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	4,542,388	4,527,713	6,033,397	3,366,327	4,076,713	22,546,538
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,167,177	6,484,837	5,390,936	5,244,856	5,026,110	26,313,916
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	0	0	0	0	0	0
11 **Total support.** Add lines 7 through 10						48,860,454

12 Gross receipts from related activities, etc (see instructions)	12	487,629

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	46 14%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	46 65%

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, and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization	Employer identification number
KOSAIR CHARITIES COMMITTEE, INC	61-0514703

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	1	
2	Aggregate value of contributions to (during year)	343,026	
3	Aggregate value of grants from (during year)	77,500	
4	Aggregate value at end of year	295,260	

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? [X] Yes [ ] 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? [X] Yes [ ] 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)

[ ] Preservation of land for public use (e g , recreation or education) [ ] Preservation of a historically important land area
[ ] Protection of natural habitat [ ] Preservation of a certified historic structure
[ ] 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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] 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)? [ ] Yes [ ] 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 ▶ $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f 0

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 on 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	233,176,805	178,084,849	192,038,674	172,009,846	163,280,908
b	Contributions	4,964,114	5,225,870	7,237,775	5,862,036	8,233,948
c	Net investment earnings, gains, and losses	23,757,668	71,416,185	-1,850,199	32,693,691	27,644,872
d	Grants or scholarships	20,415,996	18,889,430	17,491,234	16,672,858	25,157,388
e	Other expenditures for facilities and programs	1,232,492	1,573,755	786,188	1,011,195	1,157,094
f	Administrative expenses	889,542	1,086,914	1,063,979	842,846	835,400
g	End of year balance	239,360,557	233,176,805	178,084,849	192,038,674	172,009,846

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

a Board designated or quasi-endowment ▶ 42%
b Permanent endowment ▶ 54%
c Temporarily restricted endowment ▶ 4%

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

		Yes	No
(i)	unrelated organizations	3a(i) X	
(ii)	related organizations	3a(ii)	X

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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	0	752,316		752,316
b	Buildings	0	10,857,137	6,783,644	4,073,493
c	Leasehold improvements	0	0	0	0
d	Equipment	0	2,892,675	961,453	1,931,222
e	Other	0	0	0	0
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c)*				▶	6,757,031

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	0	
(2) Closely-held equity interests	0	
(3) Other INVESTMENTS HELD IN TRUST BY C	15,713,732	F
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	15,713,732	

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)* ▶	0	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	0

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	0
(2) ANNUITY PAYABLE	288,843
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	288,843

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 [X]

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	37,693,276
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	10,124,270		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	988,506		
e	Add lines **2a** through **2d**			2e	11,112,776
3	Subtract line **2e** from line **1**			3	26,580,500
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	937,320		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	937,320
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	27,517,820

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	22,023,267
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	988,506		
e	Add lines **2a** through **2d**			2e	988,506
3	Subtract line **2e** from line **1**			3	21,034,761
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	937,320		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	937,320
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	21,972,081

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

Part IV Line 4 THE CORPUS OF THE ENDOWMENT FUND, WHICH IS DERIVED FROM BEQUESTS AND WILLS NOT OTHERWISE DESIGNATED BY THE DONOR, SHALL NOT BE EXPENDED FOR ANY PURPOSE OTHER THAN REINVESTMENT THE REINVESTMENT INCOME SHALL BE USED FOR GRANTS AND SERVICES RELATED TO CHILDREN DEVELOPMENT AND OTHER SUCH CHARITABLE PURPOSES AS ARE IN ACCORDANCE WITH KOSAIR CHARITIES COMMITTEE INC'S ARTICLES OF INCORPORATION

Part X Line 2 ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE USA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE COMMITTEE AND RECOGNIZE A TAX LIABILITY IF THE COMMITTEE HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES MANAGEMENT HAS ANALYZED THE TAX POSITION TAKEN BY THE COMMITTEE AND HAS CONCLUDED THAT AS OF SEPTEMBER 30, 2017 AND 2016, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS

THE COMMITTEE IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER THERE ARE

Part XIII Supplemental Information *(continued)*

CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS

Part XI Line 2D IMPUTED RENTAL EXPENSE

Part XII Line 2D IMPUTED RENTAL EXPENSE

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

KOSAIR CHARITIES COMMITTEE, INC

Employer identification number

61-0514703

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

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

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1					0	0	0
2					0	0	0
3					0	0	0
4					0	0	0
5					0	0	0
6					0	0	0
7					0	0	0
8					0	0	0
9					0	0	0
10					0	0	0
Total				▶	0	0	0

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than $5,000

		(a) Event #1 JFK Golf (event type)	(b) Event #2 UPS Golf (event type)	(c) Other events 10 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	190,458	77,661	341,885	610,004
	2 Less Contributions	94,492		12,982	107,474
	3 Gross income (line 1 minus line 2)	95,966	77,661	328,903	502,530
Direct Expenses	4 Cash prizes			0	0
	5 Noncash prizes			0	0
	6 Rent/facility costs			0	0
	7 Food and beverages			0	0
	8 Entertainment			0	0
	9 Other direct expenses	84,973	26,231	122,580	233,784
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(233,784)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				268,746

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				(0)
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				0

9 Enter the state(s) in which the organization conducts gaming activities

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ 0 and the amount of gaming revenue retained by the third party ▶ $ 0

c If "Yes," enter name and address of the third party.

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $ 0

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ 0

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information See instructions

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" 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*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

KOSAIR CHARITIES COMMITTEE, INC

Employer identification number

61-0514703

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF LOUISVILLE DEPT OF PEDIATRICS LOUISVILLE		501C3	1,352,000				SEE PT III, LINE 4A
(2) CRUSADE FOR CHILDREN C/O WHAS, PO BOX 1100 LOUISVIL		501C3	1,301,000				SEE PT III, LINE 4B
(3) KENTUCKY YOUTH ADVOCATES 11001 BLUEGRASS PKWY LOUSVIL		501C3	1,218,626				SEE PT III, LINE 4C
(4) SUMMIT ACADEMY 11508 MAIN ST LOUISVILLE, KY 402		501C3	1,019,347				SEE SCHEDULE O
(5) MEREDITH-DUNN SCHOOL 3023 MELBOURNE AVE LOUISVILL		501C3	1,012,626				SEE SCHEDULE O
(6) PITT ACADEMY 7515 WESTPORT RD LOUISVILLE, K		501C3	1,000,373				SEE SCHEDULE O
(7) PORTLAND CHRISTIAN SCHOOL 8509 WESTPORT RD LOUISVILLE, K		501C3	988,626				SEE SCHEDULE O
(8) KIDS CENTER FOR PEDIATRIC 982 EASTERN PKWY LOUISVILLE, K		501C3	740,506				SEE SCHEDULE O
(9) SCHOOL CHOICE SCHOLARSHI PO BOX 221546 PROSPECT, KY 402		501C3	600,000				SEE SCHEDULE O
(10) LINDSEY WILSON COLLEGE 210 LINDSEY WILSON ST COLUMB		501C3	427,553				SEE SCHEDULE O
(11) HOME OF THE INNOCENTS 1100 E MARKET ST LOUISVILLE, KY		501C3	350,848				SEE SCHEDULE O
(12) FAMILY COMMUNITY CLINIC 1406 E WASHINGTON ST LOUISVI		501C3	322,452				SEE SCHEDULE O

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 137

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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

Continuation Sheet for Schedule I (Form 990)

Name of the organization

KOSAIR CHARITIES COMMITTEE, INC

Employer identification number

61-0514703

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(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
(13) SHRINER'S HOSPITAL- LEXINGTON 11 CONN TERRACE LEXINGTON, KY 40508		501C3	309,198				SEE SCHEDULE O
(14) HEUSER HEARING & LANGUAGE 111 E KENTUCKY ST LOUISVILLE, KY 402		501C3	292,580				SEE SCHEDULE O
(15) CASA OF THE HEARTLAND 982 EASTERN PKWY LOUISVILLE, KY 4021		501C3	234,104				SEE SCHEDULE O
(16) GILDA'S CLUB LOUISVILLE 633 BAXTER AVE LOUISVILLE, KY 40204		501C3	219,500				SEE SCHEDULE O
(17) VISUALLY IMPAIRED PRESCHOOL 1906 GOLDSMITH LN LOUISVILLE, KY 402		501C3	217,250				SEE SCHEDULE O
(18) BLUEGRASS CENTER FOR AUTISM 9810 BLUEGRASS PKWY LOUISVILLE, KY 4		501C3	192,196				SEE SCHEDULE O
(19) DOWN SYNDROME OF LOUISVILLE 5001 S HURSTBOURNE PKWY LOUISVILLE		501C3	191,500				SEE SCHEDULE O
(20) FAMILY & CHILDREN'S PLACE 2303 RIVER ROAD LOUISVILLE, KY 40206		501C3	189,491				SEE SCHEDULE O
(21) THE CENTER FOR WOMEN PO BOX 2048 LOUISVILLE, KY 40201		501C3	185,809				SEE SCHEDULE O
(22) SPALDING UNIVERSITY 845 S 3RD STREET LOUISVILLE, KY 40203		501C3	173,138				SEE SCHEDULE O
(23) EPILEPSY FOUNDATION 982 EASTERN PKWY LOUISVILLE, KY 402		501C3	126,976				SEE SCHEDULE O
(24) LOUISVILLE METRO POLICE FOUNDA 982 EASTERN PKWY LOUISVILLE, KY 4021		501C3	126,888				SEE SCHEDULE O
(25) USPIRITUS 311 BROOKLAWN CAMPUS DR LOUISVILL		501C3	126,000				SEE SCHEDULE O
(26) FUND FOR THE ARTS 623 W MAIN ST LOUISVILLE, KY 40202		501C3	125,000				SEE SCHEDULE O
(27) SPINA BIFIDA 982 EASTERN PKWY LOUISVILLE, KY 4021		501C3	118,540				SEE SCHEDULE O
(28) JEWISH HOSPITAL & ST MARY'S 200 ABRAHAM FLEXNER WAY LOUISVILLE		501C3	116,255				SEE SCHEDULE O
(29) RONALD MCDONALD HOUSE 550 S 1ST STREET LOUISVILLE, KY 40202		501C3	114,000				SEE SCHEDULE O

Continuation Sheet for Schedule I (Form 990)

Name of the organization: KOSAIR CHARITIES COMMITTEE, INC

Employer identification number: 61-0514703

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(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
(30) GREEN HILL THERAPY 1410 LONG RUN ROAD LOUISVILLE, KY 40		501C3	96,000				SEE SCHEDULE O
(31) VOLUNTEERS OF AMERICA 570 S 4TH STREET LOUISVILLE, KY 40202		501C3	93,241				SEE SCHEDULE O
(32) SHIVELY AREA MINISTRIES 4415 DIXIE HWY LOUISVILLE, KY 40216		501C3	90,000				SEE SCHEDULE O
(33) ST VINCENT DE PAUL 1015C S PRESTON LOUISVILLE, KY 40203		501C3	84,700				SEE SCHEDULE O
(34) LOUISVILLE OLMSTED PARKS CONSE 1299 TREVILLIAN WAY LOUISVILLE, KY 40		501C3	82,500				SEE SCHEDULE O
(35) BOYS & GIRLS HAVEN 2301 GOLDSMITH LANE LOUISVILLE, KY 4		501C3	76,000				SEE SCHEDULE O
(36) AMERICANA COMMUNITY CENTER 4801 SOUTHSIDE DR LOUISVILLE, KY 402		501C3	71,338				SEE SCHEDULE O
(37) KENTUCKY HEMOPHILIA FOUNDATIO 1850 TAYLOR BLVD LOUISVILLE, KY 4021		501C3	69,184				SEE SCHEDULE O
(38) HARDIN MEMORIAL HEALTH FOUNDA 913 N DIXIE HWY ELIZABETHTOWN, KY 42		501C3	68,619				SEE SCHEDULE O
(39) ST JOSEPH CHILDREN'S HOME 2823 FRANKFORT AVE LOUISVILLE, KY 4		501C3	66,809				SEE SCHEDULE O
(40) THE HEALING PLACE 1020 W MARKET STREET LOUISVILLE, KY		501C3	61,685				SEE SCHEDULE O
(41) LOUISVILLE CENTRAL COMMUNITY C 1300 W MUHAMMAD ALI BLVD LOUISVILL		501C3	61,000				SEE SCHEDULE O
(42) NATIVITY ACADEMY 529 E LIBERTY ST LOUISVILLE, KY 40202		501C3	60,000				SEE SCHEDULE O
(43) COMMUNITY COORDINATED CHILS C 1215 S 3RD STREET LOUISVILLE, KY 4020		501C3	55,500				SEE SCHEDULE O
(44) HOSPARUS 3532 EPHRAIM MCDOWELL LOUISVILLE, K		501C3	54,250				SEE SCHEDULE O
(45) LA CASITA CENTER 223 E HAGNOLIA AVE LOUISVILLE, KY 40		501C3	52,000				SEE SCHEDULE O
(46) DORMAN PRESCHOOL CENTER PO BOX 853 SHELBYVILLE, KY 40065		501C3	51,000				SEE SCHEDULE O

Continuation Sheet for Schedule I (Form 990)

Name of the organization: KOSAIR CHARITIES COMMITTEE, INC

Employer identification number: 61-0514703

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(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
(47) CARRIAGE HOUSE EDUCATION 1301 EASTPOINTE PARK BLVD LOUISVILL		501C3	50,500				SEE SCHEDULE O
(48) BOYS & GIRLS CLUB 3900 CRITTENDEN DRIVE LOUISVILLE, KY		501C3	46,500				SEE SCHEDULE O
(49) DARE TO CARE 5803 FERN VALLEY ROAD LOUISVILLE, KY		501C3	40,400				SEE SCHEDULE O
(50) BRIDGE KIDS INTERNATIONAL 501 W KENWOOD DR LOUISVILLE, KY 402		501C3	40,000				SEE SCHEDULE O
(51) LEUKEMIA & LYMPHOMA SOCIETY 301 E MAIN ST , STE 100 LOUISVILLE, KY		501C3	40,000				SEE SCHEDULE O
(52) JUNIOR LEAGUE OF LOUISVILLE 982 EASTERN PKWY LOUISVILLE, KY 402		501C3	36,000				SEE SCHEDULE O
(53) LOUISVILLE AIDS WALK 810 BARRET AVE STE 308 LOUISVILLE, KY		501C3	36,000				SEE SCHEDULE O
(54) KENTUCKY TRUST FOR LIFE 982 EASTERN PKWY LOUISVILLE, KY 402		501C3	35,576				SEE SCHEDULE O
(55) SILVER HEIGHTS CAMP PO BOX 1733 NEW ALBANY, IN 47150		501C3	35,000				SEE SCHEDULE O
(56) BIG BROTHERS BIG SISTERS 1519 GARDINER LN LOUISVILLE, KY 40218		501C3	30,000				SEE SCHEDULE O
(57) COMMONWEALTH THEATRE 1123 PAYNE ST LOUISVILLE, KY 40204		501C3	30,000				SEE SCHEDULE O
(58) DREAMS WITH WINGS 1579 BARDSTOWN RD LOUISVILLE, KY 40		501C3	30,000				SEE SCHEDULE O
(59) FELLOWSHIP OF CHRISTIAN ATHLET 406 BLANKENBAKER PKWY LOUISVILLE, K		501C3	30,000				SEE SCHEDULE O
(60) HOUSE OF RUTH 607 E ST CATHERINE ST LOUISVILLE, KY		501C3	30,000				SEE SCHEDULE O
(61) WELLSPRING 225 W BRECKENRIDGE LOUISVILLE, KY 4		501C3	30,000				SEE SCHEDULE O
(62) RIVERSIDE 7410 MOORMAN RD LOUISVILLE, KY 4027		501C3	29,500				SEE SCHEDULE O
(63) NATIONAL MULTIPLE SCLORSIS 1201 STORY AVE LOUISVILLE, KY 40206		501C3	28,000				SEE SCHEDULE O

Continuation Sheet for Schedule I (Form 990)

Name of the organization: KOSAIR CHARITIES COMMITTEE, INC

Employer identification number: 61-0514703

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(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
(64) PEACE EDUCATION PROGRAM 318 W KENTUCKY ST LOUISVILLE, KY 402		501C3	27,620				SEE SCHEDULE O
(65) FRIENDS SCHOOL 901 BRECHENRIDGE LANE LOUISVILLE, KY		501C3	25,907				SEE SCHEDULE O
(66) ARCHDIOCESE OF LOUISVILLE 1935 LEWISTOWN DR LOUISVILLE, KY 402		501C3	25,030				SEE SCHEDULE O
(67) LIFEHOUSE MATERNITY HOME 2710 RIEDLING DR LOUISVILLE, KY 40206		501C3	25,000				SEE SCHEDULE O
(68) SPROUTLINGS PEDIATRIC DAY CARE MASONIC HOME LOUISVILLE, KY 40041		501C3	25,000				SEE SCHEDULE O
(69) THE KINGS CENTER 202 E 3RD ST FRANKFORT, KY 40601		501C3	25,000				SEE SCHEDULE O
(70) THE SIMON HOUSE 311 WASHINGTON ST FRANKFORT, KY 40		501C3	25,000				SEE SCHEDULE O
(71) YOUTHBUILD LOUISVILLE 812 S PRESTON LOUISVILLE, KY 40201		501C3	25,000				SEE SCHEDULE O
(72) CENTER FOR NONPROFIT EXCELLEN 323 W BROADWAY LOUISVILLE, KY 40202		501C3	24,550				SEE SCHEDULE O
(73) JEFF CO PUBLIC EDUCATION FOUN 3332 NEWBURG ROAD LOUISVILLE, KY 40		501C3	22,850				SEE SCHEDULE O
(74) LINCOLN HERITAGE COUNCIL 12001 SYCAMORE STATION PLACE LOUIS		501C3	22,500				SEE SCHEDULE O
(75) YMCA SAFE PLACE SERVICES 2400 CRITTENDEN DR LOUISVILLE, KY 40		501C3	21,000				SEE SCHEDULE O
(76) CAMP QUALITY PO BOX 35474 LOUISVILLE, KY 40232		501C3	20,000				SEE SCHEDULE O
(77) C M KLEINERT INSTITUTE 225 ABRAHAM FLEXNER WAY LOUISVILLE		501C3	20,000				SEE SCHEDULE O
(78) CONVENTUAL FRANCISCAN FRIARS 103 ST FRANCIS BLVD MT ST FRANCIS,		501C3	20,000				SEE SCHEDULE O
(79) J-TOWN AREA MINISTRIES PO BOX 99545 LOUISVILLE, KY 40269		501C3	20,000				SEE SCHEDULE O
(80) JUVENILE DIABETES RESEARCH FOU 11902 BRINLEY AVE LOUISVILLE, KY 4024		501C3	20,000				SEE SCHEDULE O

Continuation Sheet for Schedule I (Form 990)

Name of the organization: KOSAIR CHARITIES COMMITTEE, INC

Employer identification number: 61-0514703

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(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
(81) KING SOLOMON MISSIONARY BAPTIS 1620 ANDERSON ST LOUISVILLE, KY 4021		501C3	20,000				SEE SCHEDULE O
(82) MARCH OF DIMES 4802 SHERBURN LN STE 103 LOUISVILLE,		501C3	20,000				SEE SCHEDULE O
(83) PROJECT ONE 2600 W BROADWAY LOUISVILLE, KY 4021		501C3	20,000				SEE SCHEDULE O
(84) WEDNESDAY'S CHILD PO BOX 39 LOUISVILLE, KY 40201		501C3	20,000				SEE SCHEDULE O
(85) LIVING FAITH CHRISTIAN MINISTRIES 2330 ALGONQUIN PKWY LOUISVILLE, KY		501C3	19,850				SEE SCHEDULE O
(86) MARYHURST 1015 DORDEY LANE LOUISVILLE, KY 40223		501C3	17,701				SEE SCHEDULE O
(87) THE TIGER FOUNDATION PO BOX 11839 LOUISVILLE, KY 40251		501C3	17,500				SEE SCHEDULE O
(88) A RECIPE TO END HUNGER PO BOX 2173 LOUISVILLE, KY 40221		501C3	16,000				SEE SCHEDULE O
(89) FIRST GETHSEMANE CENTER 1159 ALGONQUIN PKWY LOUISVILLE, KY		501C3	16,000				SEE SCHEDULE O
(90) LITTLE WAY PREGNANCY 515 W OAK ST LOUISVILLE, KY 40203		501C3	16,000				SEE SCHEDULE O
(91) THE FIRST TEE OF LOUISVILLE 460 NORTHWESTERN PKWY LOUISVILLE,		501C3	16,000				SEE SCHEDULE O
(92) HARBOR HOUSE OF LOUISVILLE 2231 LOWER HUNTER'S TRACE LOUISVILL		501C3	15,000				SEE SCHEDULE O
(93) ROYAL ARCH RESEARCH ASSISTANC 400 N 4TH STREET DANVILLE, KY 40422		501C3	15,000				SEE SCHEDULE O
(94) SOUTH EAST ASSOCIATED MINISTRE 6500 SIX MILE LANE LOUISVILLE, KY 40218		501C3	15,000				SEE SCHEDULE O
(95) SPECIAL OLYMPICS OF KENTUCKY 1230 LIBERTY BANK LN LOUISVILLE, KY 4		501C3	15,000				SEE SCHEDULE O
(96) ST MATTHEWS AREA MINISTRIES 201 BILTMORE RD LOUISVILLE, KY 40207		501C3	15,000				SEE SCHEDULE O
(97) THE FOOD LITERACY PROJECT 9001 LIMEHOUSE LN LOUISVILLE, KY 4022		501C3	15,000				SEE SCHEDULE O

Continuation Sheet for Schedule I (Form 990)

Name of the organization

KOSAIR CHARITIES COMMITTEE, INC

Employer identification number

61-0514703

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

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(98) WORKWELL INDUSTRIES 3401 JEWEL AVE LOUISVILLE, KY 40212		501C3	15,000				SEE SCHEDULE O
(99) THE PARK LANDS OF FLOYDS FORK 471 W MAIN ST LOUISVILLE, KY 40202		501C3	14,409				SEE SCHEDULE O
(100) CASA PROGRAM FOR BULLITT COUN PO BOX 1025 SHEPHERDSVILLE, KY 40165		501C3	12,000				SEE SCHEDULE O
(101) CENTERSTONE 101 W MUHAMMAD ALI BLVD LOUISVILLE		501C3	12,000				SEE SCHEDULE O
(102) SOUTH LOUISVILLE COMMUNITY MIN 415 1/2 W ASHLAND AVE LOUISVILLE, KY		501C3	11,500				SEE SCHEDULE O
(103) GIRL SCOUTS OF KENTUCKIANA 2115 LEXINGTON RD LOUISVILLE, KY 402(		501C3	11,350				SEE SCHEDULE O
(104) CYSTIC FIBROSIS FOUNDATION 1941 BISHOP LN , STE 108 LOUISVILLE, KY		501C3	11,000				SEE SCHEDULE O
(105) EASTERN AREA COMMUNITY MINISTI 125 N WATERSON TRAIL LOUISVILLE, KY		501C3	10,750				SEE SCHEDULE O
(106) AMERICAN HEART ASSOCIATION 240 WHITINGTON PKWY LOUISVILLE, KY 4		501C3	10,000				SEE SCHEDULE O
(107) ELDERSERVE 300 E MARKET ST LOUISVILLE, KY 40202		501C3	10,000				SEE SCHEDULE O
(108) FERN CREEK HIGHVIEW AREA MINIS 9300 BEULAH CHURCH ROAD LOUISVILLE		501C3	10,000				SEE SCHEDULE O
(109) FOMAS 3705 MANSLICK RD LOUISVILLE, KY 40215		501C3	10,000				SEE SCHEDULE O
(110) JILL'S WISH FOUNDATION 3522 SASSEE WAY LOUISVILLE, KY 40205		501C3	10,000				SEE SCHEDULE O
(111) KENTUCKY FRIENDS OF THE NRA 5040 OLD TAYLOR MILL ROAD TAYLOR MI		501C3	10,000				SEE SCHEDULE O
(112) KENTUCKY PHILANTHROPY INITIATIV 465 HIGH STREET LEXINGTON, KY 40507		501C3	10,000				SEE SCHEDULE O
(113) KENTUCKY SCHOOL FOR THE BLIND 1867 FRANKFORT AVE LOUISVILLE, KY 40		501C3	10,000				SEE SCHEDULE O
(114) LOUISVILLE TKO 104 E BRECKENRIDGE ST LOUISVILLE, K		501C3	10,000				SEE SCHEDULE O

Continuation Sheet for Schedule I (Form 990)

Name of the organization: KOSAIR CHARITIES COMMITTEE, INC

Employer identification number: 61-0514703

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

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(115) LOUISVILLE URBAN LEAGUE 1535 W BROADWAY LOUISVILLE, KY 4020		501C3	10,000				SEE SCHEDULE O
(116) MASONIC HOMES OF KENTUCKY 3761 JOHNSON HALL DR LOUISVILLE, KY		501C3	10,000				SEE SCHEDULE O
(117) SPAVA 1939 GOLDSMITH LN LOUISVILLE, KY 402		501C3	10,000				SEE SCHEDULE O
(118) SPEED ART MUSEUM 2035 3RD STREET LOUISVILLE, KY 40208		501C3	10,000				SEE SCHEDULE O
(119) THE KENTUCKY PHILANTHROPY INIT 305 ANN STREET FRANKFORT , KY 40601		501C3	10,000				SEE SCHEDULE O
(120) THE SALVATION ARMY PO BOX 1149 LOUISVILLE, KY 40201		501C3	10,000				SEE SCHEDULE O
(121) TOONERVILLE TROLLEY NEIGHBORH 2312 S PRESTON ST LOUISVILLE, KY 402		501C3	10,000				SEE SCHEDULE O
(122) USA CARES, INC 11760 COMMONWEALTH DR LOUISVILLE,		501C3	10,000				SEE SCHEDULE O
(123) SCOTTISH RITE CLUB OF BULLIT COU 254 CHALET ROAD LEBANON JUNCTION, K		501C10	9,000				SEE SCHEDULE O
(124) HUNTINGTON'S DISEASE 982 EASTEN PKWY LOUISVILLE, KY 40217		501C3	7,590				SEE SCHEDULE O
(125) KENTUCKY CHILDREN'S HOSPITAL 800 ROSE STREET LEXINGTON, KY 40536		501C3	6,785				SEE SCHEDULE O
(126) CENTRAL LOUISVILLE COMMUNITY M 809 S 4TH STREET LOUISVILLE, KY 40203		501C3	6,500				SEE SCHEDULE O
(127) ACTING AGAINST CANCER 700 DISTILLERY COMMONS LOUISVILLE, K		501C3	5,000				SEE SCHEDULE O
(128) CASTING FOR RECOVERY 6927 CATALPA SPRINGS DR LOUISVILLE, I		501C3	5,000				SEE SCHEDULE O
(129) CATHOLIC EDUCATION FOUNDATION 401 W MAIN STREET LOUISVILLE, KY 4020		501C3	5,000				SEE SCHEDULE O
(130) CRYPTIC MASONS MEDICAL RESEAR PO BOX 1489 NASHVILLE, IN 47448		501C3	5,000				SEE SCHEDULE O
(131) KIDS CANCER ALLIANCE PO BOX 24337 LOUISVILLE, KY 40224		501C3	5,000				SEE SCHEDULE O

Continuation Sheet for Schedule I (Form 990)

Name of the organization: KOSAIR CHARITIES COMMITTEE, INC

Employer identification number: 61-0514703

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

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(132) KNIGHT TEMPLAR EYE FOUNDATION 166 PALM DR HARRODSBURG, KY 40330		501C3	5,000				SEE SCHEDULE O
(133) MUSLIM AMERICANS FOR COMPASSI 2903 WALDOAH BEACH RD LOUISVILLE, K		501C3	5,000				SEE SCHEDULE O
(134) PLYMOUTH COMMUNITY RENEWAL 1626 W CHESTNUT LOUISVILLE, KY 40203		501C3	5,000				SEE SCHEDULE O
(135) ROTARY FUND OF LOUISVILLE 401 W MAIN ST LOUISVILLE, KY 40202		501C3	5,000				SEE SCHEDULE O
(136) STAND STRONG USA, INC 6928 S MILITARY TRAIL DEERFIELD BEAC		501C3	5,000				SEE SCHEDULE O
(137) THE KENTUCKY DEPT OF FISH AND 1 SPORTSMAN LN FRANKFORT , KY 4030		501C3	5,000				SEE SCHEDULE O
(138) UPSIDE THERAPEUTIC RIDING, INC 250 KENWOD HILL RD LOUISVILLE, KY 40		501C3	5,000				SEE SCHEDULE O
(139)							
(140)							
(141)							
(142)							
(143)							
(144)							
(145)							
(146)							
(147)							
(148)							

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

2016

Open to Public Inspection

Name of the organization
KOSAIR CHARITIES COMMITTEE, INC

Employer identification number
61-0514703

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			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as, maid, chauffeur, chef)		
b	If any of the boxes on 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, and officers, including the CEO/Executive Director, regarding the items checked on 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			
	☐ Compensation committee	☒ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
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		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 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		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
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		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
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		X
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 aren't 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
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WALTER R COE	(i)	163,486		17,234	23,866	16,667	221,253	
1 PRESIDENT	(ii)						0	
RONALD MILLER	(i)	103,470		24,000	2,844	499	130,813	
2 SR VICE PRESIDENT, CFO	(ii)						0	
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

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

Part II Line 1 AUTOMOBILE ALLOWANCE OF $7,200 PAID TO WALTER COE

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: KOSAIR CHARITIES COMMITTEE, INC

Employer identification number: 61-0514703

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	X	1	10,000	ESTIMATE
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	1	249,317	ADVICE FROM MORGAN ST.
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				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

			Yes	No
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 isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

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

Part 1 Line 6 ONE CONTRIBUTION OF ONE CAR

Part 1 Line 9 ONE CONTRIBUTION OF PUBLICLY TRADED SECURITIES

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	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	2016 Open to Public Inspection

Name of the organization	Employer identification number
KOSAIR CHARITIES COMMITTEE, INC	61-0514703

Form 990, Part III, Line 4d Program Service Expenses: 1,019,347, Grants and allocations 1,019,347, Revenue 0 SUMMIT ACADEMY, LOUISVILLE, KY FUNDS ARE TO ASSIST WITH ON-SITE SPEECH AND OCCUPATIONAL THERAPY FOR THE STUDENTS

Form 990, Part III, Line 4d Program Service Expenses 1,012,626, Grants and allocations. 1,012,616, Revenue 0 MEREDITH-DUNN SCHOOL, LOUISVILLE, KY FUNDS ARE USED TO PROVIDE PRESCRIPTIVE INSTRUCTION IN A NURTURING ENVERONMENT

Form 990, Part III, Line 4d Program Service Expenses 1,000,373, Grants and allocations. 1,000,373, Revenue 0 PITT ACADEMY FUNDS WILL BE USED TO RENOVATE A NEW BUILDING TO ALLOW PITT ACADEMY TO CONTINUE TO SERVE THEIR STUDENTS AND TEACH THEM TO BE AS INDEPENDENT AS POSSIBLE

Form 990, Part III, Line 4d Program Service Expenses 988,626, Grants and allocations 988,626, Revenue 0 PORTLAND CHRISTIAN SCHOOL FUNDS WERE A COMMITTMENT TO IMPROVE ON THE SERVICES OFFERED BY THE SCHOOL

Form 990, Part III, Line 4d Program Service Expenses 740,506, Grants and allocations 740,506, Revenue 0 KIDS CENTER FOR PEDIATRIC THERAPIES, LOUISVILLE, KY PEDIATRIC TREATMENT CENTER FOR CHILDREN HANDICAPPED DUE TO CEREBRAL PALSY AND RELATED DISEASES THE GRANT FUNDS A TREATMENT TEAM TO CARE FOR AND TREAT CHILDREN OF INDIGENT AND LOW INCOME FAMILES KOSAIR CHARITIES ALSO PROVIDES SPACE AT 982 EASTERN PARKWAY FOR THIS AGENCY

Form 990, Part III, Line 4d Program Service Expenses 600,000, Grants and allocations 600,000, Revenue 0 SCHOOL CHOICE SCHOLARSHIPS FUNDS PROVIDED TO ASSIST WITH SCHOLARSHIPS TO MANY LOW-INCOME CHILDREN TO ATTEND THE SCHOOL OF THEIR CHOICE

Form 990, Part III, Line 4d Program Service Expenses 427,553, Grants and allocations 427,553, Revenue 0 LINDSEY WILSON COLLEGE, COLUMBIA, KY FUNDS WILL BE USED TO SUPPORT THE PEDIATRIC NURSING STUDENTS AS THEY PROVIDE SERVICES TO TERMINALLY ILL CHILDREN.

Form 990, Part III, Line 4d Program Service Expenses 350,848, Grants and allocations 350,848, Revenue 0 HOME OF THE INNOCENTS GRANT MONEY WILL FUND THE BRIDGE TO THE FUTURE

Name of the organization: KOSAIR CHARITIES COMMITTEE, INC

Employer identification number: 61-0514703

INITIATIVE, WHICH WILL STRENGTHEN EXISTING PROGRAMS AND PROVIDE NEW SERVICES TO MEET THE NEEDS OF THE REGION'S VULNERABLE CHILDREN

Form 990, Part III, Line 4d Program Service Expenses 322,452, Grants and allocations 322,452, Revenue 0 FAMILY COMMUNITY CLINIC FUNDS PROVIDED TO ASSIST FCC WITH THEIR MISSION TO IMPROVE THE HEALTH OF THE MEDICALLY UNINSURED IN LOUISVILLE AND SURROUNDING AREAS

Form 990, Part III, Line 4d Program Service Expenses 309,198, Grants and allocations 309,198, Revenue 0 LEXINGTON SHRINERS HOSPITAL, LEXINGTON, KY FUND PROGRAMS FOR A VARIETY OF PEDIATRIC CARE

Form 990, Part III, Line 4d Program Service Expenses 292,580, Grants and allocations 292,580, Revenue 0 HEUSER HEARING, LOUISVILLE, KY FUNDS PROVIDED TO OFFER POST-OPERATIVE MONITORING, DEVICE MAPPING, SPEECH-LANGUAGE THERAPY AND SUPPORT GROUP PROGRAMS TO LOW-INCOME FAMILIES AND UNDERINSURED CHILDREN WITH HEARING LOSS

Form 990, Part III, Line 4d. Program Service Expenses 234,104, Grants and allocations 234,104, Revenue 0 CASA, LOUISVILLE, KY COURT ORDERED SPECIAL ADVOCATES (CASA) CASA RECRUITS, TRAINS, AND SUPPORTS VOLUNTEERS TO REPRESENT THE BEST INTERESTS OF ABUSED AND NEGLECTED CHILDREN IN THE COURTROOM FUNDING WAS ALSO PROVIDED FOR THEIR KOSAIR CENTRE LOCATION - 982 EASTERN PARKWAY, LOUISVILLE,KY

Form 990, Part III, Line 4d Program Service Expenses 219,500, Grants and allocations 219,500, Revenue 0 GILDA'S CLUB FUNDS PROVIDED FOR A CLUB FOR CHILDREN IMPACTED BY CANCER, WHETHER IT'S A CHILD WITH CANCER, ONE WHO HAS A FAMILY MEMBER WITH CANCER, OR A SURVIVOR OF SOMEONE WITH CANCER

Form 990, Part III, Line 4d Program Service Expenses 217,250, Grants and allocations 217,250, Revenue 0 VISUALLY IMPAIRED PRE-SCHOOL (VIPS) TO PROVIDE SERVICES TO INFANTS, TODDLERS, AND PRE-SCHOOLERS WHO ARE VISUALLY IMPAIRED TO MAXIMIZE EACH CHILD'S DEVELOPMENT

Form 990, Part III, Line 4d Program Service Expenses. 192,196, Grants and allocations 192,196, Revenue 0 BLUEGRASS CENTER FOR AUTISM, LOUISVILLE, KY FUNDS PROVIDED TO ASSIST BCA WITH THEIR MISSION TO PROVIDE INDIVIDUALIZED EDUCATION TO HELP CHILDREN WITH AUTISM

KOSAIR CHARITIES ALSO PROVIDES SPACE AT 9810 BLUEGRASS PARKWAY FOR THE ENTITY

Name of the organization: KOSAIR CHARITIES COMMITTEE, INC

Employer identification number: 61-0514703

Form 990, Part III, Line 4d Program Service Expenses 191,500, Grants and allocations 191,500, Revenue 0 DOWN SYNDROME OF LOUISVILLE FOR RESEARCH AND ASSISTANCE FOR INDIVIDUALS WITH DOWN SYNDROME

Form 990, Part III, Line 4d Program Service Expenses 189,491, Grants and allocations 189,491, Revenue 0 FAMILY AND CHILDREN'S PLACE WORKS TO RESOLVE THE CHALLENGES CHILDREN AND FAMILIES FACE IN THE COMMUNITY DUE TO ABUSE, NEGLECT AND VIOLENCE

Form 990, Part III, Line 4d Program Service Expenses 185,809, Grants and allocations 185,809, Revenue 0 THE CENTER FOR WOMEN AND FAMILIES, LOUISVILLE, KY FUNDS ARE PROVIDED TO DEVELOP THE KOSAIR CHARITIES CHILDREN AND YOUTH VIOLENCE PREVENTION CENTER

Form 990, Part III, Line 4d Program Service Expenses 173,138, Grants and allocations 173,138, Revenue 0 SPALDING UNIVERSITY, LOUISVILLE, KY FUNDS WILL GO TO ENTECH CENTER, TO PROVIDE ASSISTIVE TECHNOLOGY SERVICES TO KOSAIR KIDS

Form 990, Part III, Line 4d Program Service Expenses 126,976, Grants and allocations 126,976, Revenue 0 EPILEPSY FOUNDATION FUNDS USED TO SUPPORT A "COORDINATOR OF COMMUNITY OUTREACH" POSITION KOSAIR CHARITIES ALSO PROVIDES SPACE AT 982 EASTERN PARKWAY FOR THE ENTITY

Form 990, Part III, Line 4d Program Service Expenses 126,888, Grants and allocations 126,888, Revenue 0 LOUISVILLE METRO POLICE FOUNDATION FUNDS USED TO SUPPORT THE SHOP WITH A COP, OFFICE IN DISTRESS, EXPLORER CAMP, AND OTHER INITIATIVES FUNDS ALSO INCLUDE A SPECIAL HOLIDAY GRANT AND OFFICE SPACE AT 982 EASTERN PARKWAY

Form 990, Part III, Line 4d Program Service Expenses 126,000, Grants and allocations 126,000, Revenue 0 USPIRITUS, LOUISVILLE, KY FUNDS USED TO SUPPORT THEIR "RENEW THE SPIRIT" CAMPAIGN

Form 990, Part III, Line 4d Program Service Expenses 125,000, Grants and allocations 125,000, Revenue 0 FUND FOR THE ARTS FUNDS USED TO FURTHER AGENCY'S MISSION TO MAXIMAIZE THE IMPACT OF THE ARTS ON ECONOMIC DEVELOPMENT, EDUCATION AND THE QUALITY OF LIFE FOR EVERYONE

Form 990, Part III, Line 4d Program Service Expenses 118,540, Grants and allocations

Name of the organization: KOSAIR CHARITIES COMMITTEE, INC

Employer identification number: 61-0514703

118,540, Revenue 0 SPINA BIFIDA AGENCY TO EDUCATE AND SUPPORT FAMILIES OF CHILDREN WITH SPINA BIFIDA. FUNDING WAS ALSO PROVIDED FOR THIER FACILITY ON THE KOSAIR CENTRE CAMPUS

Form 990, Part III, Line 4d Program Service Expenses 116,255, Grants and allocations

116,255, Revenue 0 JEWISH HOSPITAL FUNDS PROVIDED TO TRANSFORM THE CHILDREN'S PEACE CENTER INTO A CHILD-FRIENDLY ENVIRONMENT DEDICATED TO THE THERAPUTIC TREATMENT OF SPECIAL NEEDS CHILDREN

Form 990, Part III, Line 4d Program Service Expenses 114,000, Grants and allocations

114,000, Revenue 0 RONALD MCDONALD HOUSE, LOUISVILLE, KY FUNDS WERE FOR PLATINUM SPONSORSHIPS OF MCDAZZLE AND SHARE-A-NIGHT

Form 990, Part III, Line 4d Program Service Expenses 96,000, Grants and allocations

96,000, Revenue 0 GREEN HILL THERAPY FUNDS PROVIDED FOR THERAPY OR CLINICAL SERVICES TO SPECIAL NEEDS CHILDREN

Form 990, Part III, Line 4d Program Service Expenses 93,241, Grants and allocations

93,241, Revenue 0 VOLUNTEERS OF AMERICA, LOUISVILLE, KY FUNDS ARE IN SUPPORT OF VOA'S CAPITAL CAMPAIGN TO EXPAND SERVICES PROVIDED BY THEIR "FREEDOM HOUSE WOMEN'S ADDICTION RECOVERY PROGRAM"

Form 990, Part III, Line 4d Program Service Expenses 90,000, Grants and allocations

90,000, Revenue 0 SHIVELY AREA MINISTRIES FUNDS PROVIDED FOR EXPANSION OF FOOD PANTRY AND EMERGENCY ASSISTANCE PROGRAM

Form 990, Part III, Line 4d Program Service Expenses 84,700, Grants and allocations

84,700, Revenue 0 ST VINCENT DE PAUL FUNDS AERE USED TO ASSIST WITH EXPANSION OF THE FAMILY SUCCESS CENTER

Form 990, Part III, Line 4d Program Service Expenses 82,500, Grants and allocations

82,500, Revenue 0 LOUISVILLE OLMSTED PARKS FUNDS ARE TO HELP THE CONSERVANCY RESTORE, ENHANCE, AND PROTECT LOUISVILLE'S OLMSTED DESIGNED PARKS

Form 990, Part III, Line 4d Program Service Expenses 76,000, Grants and allocations

76,000, Revenue 0 BOYS AND GIRLS HAVEN FUNDS PROVIDED TO SUPPORT THE CENTER WHICH SHELTERS, HEALS, AND TEACHES YOUNG PEOPLE TO BECOME PRODUCTIVE MEMBERS OF THE COMMUNITY

Name of the organization: KOSAIR CHARITIES COMMITTEE, INC

Employer identification number: 61-0514703

Form 990, Part III, Line 4d: Program Service Expenses: 71,338, Grants and allocations.

71,338, Revenue 0 AMERICANA COMMUNITY CENTER AGENCY WORKS TO PROVIDE EDUCATIONAL, HEALTH, RECREATIONAL AND COMMUNITY BUILDING SERVICES TO REFUGEE IMMIGRANT AND LOW-INCOME RESIDENTS OF METRO LOUISVILLE

Form 990, Part III, Line 4d Program Service Expenses 69,184, Grants and allocations

69,184, Revenue 0 KENTUCKY HEMOPHILIA FOUNDATION FUNDS PROVIDED FOR EDUCATION, RESEARCH, AND ADVOCACY ON BEHALF OF PEOPLE WITH BLEEDING DISORDERS.

Form 990, Part III, Line 4d: Program Service Expenses 68,619, Grants and allocations

68,619, Revenue 0 HARDIN MEMORIAL FOUNDATION FUNDS ARE TO BE USED FOR NEONATAL HOSPITAL EQUIPMENT

Form 990, Part III, Line 4d Program Service Expenses 66,809, Grants and allocations

66,809, Revenue 0 ST JOSEPH CHILDREN'S HOME, LOUISVILLE, KY FUNDS ARE PROVIDED TO ASSIST IN BUILDING FOUR RESIDENTIAL "COTTAGES" TO REPLACE OLD FACILITY

Form 990, Part III, Line 4d: Program Service Expenses 61,685, Grants and allocations

61,685, Revenue 0 THE HEALING PLACE. THE FUNDS ARE TO HELP THE HEALING PLACE COMPLETE THE CONSTRUCTION AND EXPANSION OF THE WOMEN'S AND CHILDREN PROGRAM LOCATED AT SOUTH 15TH STREET THE EXPANSION WILL ALLOW THE HEALING PLACE TO SERVE TWICE THE NUMBER OF WOMEN AND CHILDREN

Form 990, Part III, Line 4d Program Service Expenses 61,000, Grants and allocations

61,000, Revenue. 0 LOUISVILLE CENTRAL COMMUNITY CENTER (LCCC). FUNDS PROVIDED FOR ADDITIONAL RENOVATION

Form 990, Part III, Line 4d Program Service Expenses 60,000, Grants and allocations

60,000, Revenue 0 NATIVITY ACADEMY FUNDS ARE USED TO SUPPORT THEIR EXTENDED ENRICHMENT PROGRAM

Form 990, Part III, Line 4d Program Service Expenses 55,500, Grants and allocations

55,500, Revenue 0 COMMUNITY COORDINATED CHILD CARE (4-C), LOUISVILLE, KY. FUNDS WILL BE USED TO PROVIDE PORTAL UPGRADE FOR FACE-IT PROGRAM

Form 990, Part III, Line 4d Program Service Expenses. 54,250, Grants and allocations

54,250, Revenue 0 HOSPARUS FUNDS PROVIDED TO SUPPORT APPROX 500 CHILDREN AND ADOLESCENTS

Name of the organization: KOSAIR CHARITIES COMMITTEE, INC

Employer identification number: 61-0514703

RECEIVING BEREAVEMENT PROGRAMS/COUNSELLING OR MEDICAL SERVICES THROUGH THE KORAGEOUS KIDS PROGRAM

Form 990, Part III, Line 4d Program Service Expenses 52,000, Grants and allocations 52,000, Revenue 0 LA CASITA CENTER FUNDS ARE USED TO ASSIST IN THEIR MISSION TO EMPOWER LATINO FAMILIES

Form 990, Part III, Line 4d Program Service Expenses 51,000, Grants and allocations 51,000, Revenue 0 DORMAN CENTER FUNDS PROVIDED TO HELP DORMAN CENTER WITH THEIR FIRST STEP PROGRAM TO HELP YOUNG CHILDREN WITH DELAYS IN COGNATIVE SKILLS

Form 990, Part III, Line 4d Program Service Expenses 50,500, Grants and allocations 50,500, Revenue 0 CARRIAGE HOUSE, LOUISVILLE, KY THIS ADVISORY BOARD GRANT ASSISTS CARRIAGE HOUSE IN ITS MISSION OF PROVIDING AN ENVIRONMENT THAT IS STIMULATING AND NURTURING TO HELP PRESCHOOL CHILDREN LEARN

Form 990, Part III, Line 4d Program Service Expenses 46,500, Grants and allocations 46,500, Revenue 0 BOYS & GIRLS CLUB, LOUISVILLE, KY. FUNDS PROVIDED TO ASSIST ENTITY IN ITS MISSION TO INSPIRE AND ENABLE YOUNG PEOPLE TO REALIZE THEIR POTENTIAL

Form 990, Part III, Line 4d Program Service Expenses 40,400, Grants and allocations 40,400, Revenue 0 DARE TO CARE FUNDS ARE USED FOR THE BACKPACK BUDDY PROGRAM, WHICH PROVIDES NUTRITIOUS MEALS OVER THE WEEKEND

Form 990, Part III, Line 4d Program Service Expenses 40,000, Grants and allocations 40,000, Revenue 0 BRIDGE KIDS INTERNATIONAL FUNDS ARE TO ASSIST THEIR MISSION TO HELP YOUNG PEOPLE OF AFRICA UNLEASH THEIR ENTREPRENEURIAL SPIRIT

Form 990, Part III, Line 4d Program Service Expenses 40,000, Grants and allocations 40,000, Revenue 0 LEUKEMIA AND LYMPHOMA SOCIETY, LOUISVILLE, KY FUNDS USED TO SUPPORT ENTITY'S MISSION TO CURE LEUKEMIA, LYMPHOMA AND MYEOLOMA

Form 990, Part III, Line 4d Program Service Expenses 36,000, Grants and allocations 36,000, Revenue 0 JUNIOR LEAGUE FUNDS ARE A MATCHING GRANT FOR THEIR 100 FOR 100 CAMPAIGN

Form 990, Part III, Line 4d Program Service Expenses 36,000, Grants and allocations 36,000, Revenue 0 LOUISVILLE AIDS SERVICES CENTER COALITION FUNDS USED FOR SPONSORSHIP OF

Name of the organization: KOSAIR CHARITIES COMMITTEE, INC

Employer identification number: 61-0514703

KIDS ZONE AND AIDS FEST

Form 990, Part III, Line 4d Program Service Expenses 35,576, Grants and allocations

35,576, Revenue 0 TRUST FOR LIFE, LOUISVILLE, KY FUNDS ARE USED TO EDUCATE KENTUCKIANS

ABOUT THE LIFE SAVING MISSION OF ORGAN DONATIONS

Form 990, Part III, Line 4d Program Service Expenses 35,000, Grants and allocations

35,000, Revenue 0 SILVER HEIGHTS CAMP FUNDS USED TO PROVIDE A SPIRITUAL RETREAT WHERE GOD

IS CHANGING THE LIVES OF THE YOUTH IN OUR COMMUNITIES

Form 990, Part III, Line 4d Program Service Expenses 30,000, Grants and allocations

30,000, Revenue 0 BIG BROTHERS BIG SISTERS FUNDS ARE USED TO SUPPORT "LINKS FOR LITTLES"

AND "THE BIG MASQUARADE"

Form 990, Part III, Line 4d Program Service Expenses 30,000, Grants and allocations

30,000, Revenue 0 COMMONWEALTH THEATRE FUNDS ARE FOR DEVELOPING YOUTH THROUGH EXCELLENCE

IN COMPREHENSIVE THEATER EDUCATION

Form 990, Part III, Line 4d Program Service Expenses 30,000, Grants and allocations

30,000, Revenue 0 DREAMS WITH WINGS. FUNDS WILL ASSIST IN THE RENOVATION OF FACILITY SPACE

TO EXPAND CLIENT SERVICES

Form 990, Part III, Line 4d Program Service Expenses 30,000, Grants and allocations

30,000, Revenue 0 FELLOWSHIP OF CHRISTIAN ATHLETES (FCA) FUNDS WERE PROVIDED FOR MISSION

ADVANCEMENT

Form 990, Part III, Line 4d Program Service Expenses 30,000, Grants and allocations

30,000, Revenue 0 HOUSE OF RUTH FUNDS USED TO ASSIST ENTITY WITH PROVIDING CARE AND

SERVICES TO FAMILIES AND CHILDREN WITH OR AFFECTED BY HIV AND AIDS

Form 990, Part III, Line 4d Program Service Expenses 30,000, Grants and allocations

30,000, Revenue 0 WELLSPRING FUNDS ARE TO ASSIST WITH THE "BID FOR RECOVERY"CHALLENGE

Form 990, Part III, Line 4d Program Service Expenses 29,500, Grants and allocations

29,500, Revenue 0 RIVERSIDE, LOUISVILLE, KY TO ASSIST WITH THEIR BUILDING BLOCKS OF

HISTORY PROGRAM

Form 990, Part III, Line 4d Program Service Expenses 28,000, Grants and allocations

Name of the organization: KOSAIR CHARITIES COMMITTEE, INC

Employer identification number: 61-0514703

28,000. Revenue 0 NATIONAL MULTIPLE SCLEROSIS SOCIETY FUNDS WILL BE USED TO SUPPORT THE WEEKEND RETREAT PROJECT

Form 990, Part III, Line 4d Program Service Expenses 27,620, Grants and allocations

27,620. Revenue 0 PEACE EDUCATION PROGRAM. ORGANIZATION FUNDING FOR FACE-IT FUNDING

Form 990, Part III, Line 4d Program Service Expenses 25,907, Grants and allocations

25,907. Revenue 0 FRIENDS SCHOOL. FUNDS WILL HELP EXPAND THE THE SCHOOL'S SPECIAL NEEDS PROGRAM

Form 990, Part III, Line 4d Program Service Expenses 25,030, Grants and allocations

25,030. Revenue 0 ARCHDIOCESE OF LOUISVILLE, LOUISVILLE, KY FUNDS PROVIDED FOR "SPEAK UP, BE SAFE" CHILD EDUCATION CIRRICULUM

Form 990, Part III, Line 4d Program Service Expenses 25,000, Grants and allocations

25,000. Revenue 0 LIFEHOUSE MATERNITY HOME, LOUISVILLE, KY FUNDS WILL HELP YOUNG WOMEN TO BE SELF-SUFFICIENT

Form 990, Part III, Line 4d. Program Service Expenses 25,000, Grants and allocations

25,000. Revenue 0 SPROUTLINGS PEDIATRIC DAY CARE, LOUISVILLE, KY FUNDS WERE PROVIDED FOR MISSION ADVANCEMENT

Form 990, Part III, Line 4d Program Service Expenses 25,000, Grants and allocations

25,000. Revenue 0 THE KINGS CENTER, FRANKFORT, KY FUNDS ARE TO ASSIST WITH THEIR MISSION OF CREATING HOPE AND OPPORTUNITY FOR CHILDREN AND THEIR FAMILIES

Form 990, Part III, Line 4d Program Service Expenses 25,000, Grants and allocations

25,000. Revenue 0 THE SIMON HOUSE, FRANKFORT, KY FUNDS ARE ASSIST PROVIDING A TRANSITIONAL LIVING FACILITY FOR HOMELESS ADULT WOMEN

Form 990, Part III, Line 4d Program Service Expenses 25,000, Grants and allocations

25,000. Revenue 0 YOUTHBUILD FUNDS WILL HELP PROVIDE AN ON CAMPUS HEALTH CLINIC FOR YOUTHBUILD STUDENTS AND THEIR CHILDREN.

Form 990, Part III, Line 4d. Program Service Expenses 24,550, Grants and allocations

24,550. Revenue 0 CENTER FOR NONPROFIT EXCELLENCE FUNDS ASSIST ENTITY IN CO-CREATING A VIBRANT, EXEMPLARY NONPROFIT COMMUNITY IN LOUISVILLE THROUGH COLLABORATION, SHARED LEARNING,

Name of the organization: KOSAIR CHARITIES COMMITTEE, INC

Employer identification number: 61-0514703

ADVOCACY, AND THE PROMOTION OF INNOVATION AND EXCELENCE

Form 990, Part III, Line 4d Program Service Expenses 22,850, Grants and allocations

22,850, Revenue. 0 JEFF CO PUBLIC EDUCATION FOUNDATION FUNDS ARE FOR THE IMAGINATION

LIBRARY PROGRAM

Form 990, Part III, Line 4d Program Service Expenses 22,500, Grants and allocations

22,500, Revenue 0 LINCOLN HERITAGE COUNCIL, BSA FUNDS USED TO CONTINUE BSA'S MISSION OF

PROVIDING A PROGRAM FOR YOUNG PEOPLE THAT BUILDS CHARACTER, TRAINS THEM IN THE

RESPONSIBILITIES OF PARTICIPATING CITIZENSHIP, AND DEVELOPS PERSONAL FITNESS

Form 990, Part III, Line 4d Program Service Expenses 21,000, Grants and allocations

21,000, Revenue 0 YMCA SAFE PLACE SERVICES FUNDS ARE USED TO SPONSOR THE "TOGETHER FOR

TEENS" BREAKFAST

Form 990, Part III, Line 4d Program Service Expenses 20,000, Grants and allocations

20,000, Revenue 0 CAMP QUALITY FUNDS PROVIDED TO ASSIST ENTITY WITH MISSION OF SERVING

CHILDREN WITH CANCER AND THEIR FAMILIES

Form 990, Part III, Line 4d Program Service Expenses 20,000, Grants and allocations

20,000, Revenue 0 CHRISTINE M KLEINERT INSTITUTE HANDS ON AWARDS CHALLENGE GRANT

Form 990, Part III, Line 4d Program Service Expenses 20,000, Grants and allocations

20,000, Revenue 0 CONVENTUAL FRANCISCAN FRIARS FUNDS ARE FOR ROOF REPAIR

Form 990, Part III, Line 4d Program Service Expenses 20,000, Grants and allocations

20,000, Revenue 0 JEFFERSONTOWN AREA MINISTRIES FUNDS WERE PROVIDED FOR MISSION

ADVANCEMENT

Form 990, Part III, Line 4d Program Service Expenses 20,000, Grants and allocations

20,000, Revenue 0 JUVENILE DIABETES RESEARCH FOUNDATION FUNDS WERE A "FIND-A-CURE"

DONATION

Form 990, Part III, Line 4d Program Service Expenses 20,000, Grants and allocations

20,000, Revenue 0 KING SOLOMON MISSIONARY BAPTIST CHURCH FUNDS ARE TO ASSIST WITH PROPERTY

RENOVATION

Form 990, Part III, Line 4d Program Service Expenses 20,000, Grants and allocations:

Name of the organization	Employer identification number
KOSAIR CHARITIES COMMITTEE, INC.	61-0514703

20,000. Revenue 0 MARCH OF DIMES, LOUISVILLE, KY FUNDS PROVIDED TO FUND THE MISSION TO CURE LEUKEMIA AND LYMPHOMA

Form 990, Part III, Line 4d Program Service Expenses 20,000, Grants and allocations

20,000. Revenue 0 PROJECT ONE FUNDS USED TO IMPROVE THE WORK BASED LEARNING SKILLS OF YOUTH AND YOUNG ADULTS BY PROVIDING BEFORE AND AFTER SCHOOL PROGRAMS

Form 990, Part III, Line 4d Program Service Expenses 20,000, Grants and allocations

20,000. Revenue 0 WEDNESDAY'S CHILD SPONSORSHIP FOR THE ANNUAL "ADOPT-A-THON"

Form 990, Part III, Line 4d Program Service Expenses 19,850, Grants and allocations

19,850. Revenue 0 LIVING FAITH CHRISTIAN MINISTRIES FUNDS WERE FOR CHRISTMAS BAGS

Form 990, Part III, Line 4d Program Service Expenses 17,701, Grants and allocations

17,701. Revenue 0 MARYHURST, LOUISVILLE, KY FUNDS PROVIDED FOR HEALTH CARE TO NEGLECTED AND ABUSED TEENAGE GIRLS

Form 990, Part III, Line 4d Program Service Expenses 17,500, Grants and allocations

17,500. Revenue 0 THE TIGER FOUNDATION FUNDS WILL BE USED TO SUPPORT THE LOW INCOME BACK-TO-SCHOOL PROGRAM

Form 990, Part III, Line 4d Program Service Expenses 16,000, Grants and allocations

16,000. Revenue 0 A RECIPE TO END HUNGER FUNDS ARE A DONATION TO HELP HUNGRY CHILDREN

Form 990, Part III, Line 4d Program Service Expenses 16,000, Grants and allocations

16,000. Revenue 0 FIRST GETHSEMANE CENTER FUNDS WERE USED FOR THE BACK TO SCHOOL DELIVERY GIVE-AWAY

Form 990, Part III, Line 4d Program Service Expenses 16,000, Grants and allocations

16,000. Revenue 0 LITTLE WAY PREGNANCY FUNDS WILL BE USED FOR FORMULA AND BABY NEEDS

Form 990, Part III, Line 4d Program Service Expenses 16,000, Grants and allocations

16,000. Revenue 0 THE FIRST TEE OF LOUISVILLE FUNDS ARE USED TO ASSIT THE NATIONAL SCHOOL PROGRAM.

Form 990, Part III, Line 4d Program Service Expenses 15,000, Grants and allocations

15,000. Revenue 0 HARBOR HOUSE FUNDS WERE FOR A FUNDRAISING BREAKFAST

Form 990, Part III, Line 4d Program Service Expenses 15,000, Grants and allocations

Name of the organization	Employer identification number
KOSAIR CHARITIES COMMITTEE, INC	61-0514703

15,000. Revenue 0 ROYAL ARCH RESEARCH ASSISTANCE, LEXINGTON, KY SPECIAL GRANT IS FOR MEDICAL RESEARCH ON CENTRAL AUDITORY PROCESSING DISORDER

Form 990, Part III, Line 4d Program Service Expenses 15,000, Grants and allocations

15,000. Revenue 0 SOUTH EAST ASSOCIATED MINISTREIS (SEAM) FUNDS ARE TO PURCHASE A BACK-UP GENERATOR

Form 990, Part III, Line 4d Program Service Expenses 15,000, Grants and allocations

15,000. Revenue 0 SPECIAL OLYMPICS OF KENTUCKY FUNDS ARE PROVIDED TO ASSIST GRANTEE IN MISSION OF PROVIDING YEAR-ROUND SPORTS TRAINING AND COMPETITION FOR CHILDREN AND ADULTS WITH INTELLECTUAL DISABILITIES

Form 990, Part III, Line 4d Program Service Expenses 15,000, Grants and allocations

15,000. Revenue 0 ST MATTHEWS AREA MINISTRIES FUNDS USED TO ADDRESS UNMET NEEDS THROUGH COLLABORATIVE PARTNERSHIPS

Form 990, Part III, Line 4d Program Service Expenses 15,000, Grants and allocations

15,000. Revenue 0 FOOD LITERACY PROJECT FUNDS WILL BE USED TO SUPPORT FIELD TO FORK PROGRAM

Form 990, Part III, Line 4d Program Service Expenses 15,000, Grants and allocations

15,000. Revenue 0 WORKWELL INDUSTRIES. FUNDS ARE TO ASSIST THEIR MISSION OF CREATING JOBS FOR PEOPLE WITH DISABILITIES

Form 990, Part III, Line 4d Program Service Expenses 14,409, Grants and allocations

14,409. Revenue 0 21ST CENTURY PARKS FUNDS ARE USED AS SPONSORSHIP OF "FIELD AND FORK" PROGRAM

Form 990, Part III, Line 4d Program Service Expenses 12,000, Grants and allocations

12,000. Revenue 0 CASA PROGRAM FOR BULLITT COUNTY FUNDS WERE A MATCHING GRANT FOR "SUMMERS NIGHT OUT"

Form 990, Part III, Line 4d Program Service Expenses 12,000, Grants and allocations

12,000. Revenue 0 CENTERSTONE FUNDS WERE PART OF A COMMUNITY COLLABORATION FOR CHILDREN

Form 990, Part III, Line 4d. Program Service Expenses 11,500, Grants and allocations

11,500. Revenue 0 SOUTH LOUISVILLE COMMUNITY MINISTRIES FUNDS ARE USED TO ASSIST MINITRY

Name of the organization: KOSAIR CHARITIES COMMITTEE, INC

Employer identification number: 61-0514703

IN ITS MISSION

Form 990, Part III, Line 4d Program Service Expenses 11,350, Grants and allocations

11,350, Revenue 0 GIRL SCOUTS OF KENTUCKIANA FUNDS TO ASSIST BULLYING PREVENTION PROGRAMS

Form 990, Part III, Line 4d Program Service Expenses 11,000, Grants and allocations

11,000, Revenue 0 CYSTIC FIBROSIS FOUNDATION FUNDS USED TO FURTHER ENTITY'S MISSION OF DEVLOPING THE MEANS TO CURE, CONTROL, AND IMPROVE THE QUALITY OF LIFE OF THOSE WITH THE DISEASE

Form 990, Part III, Line 4d Program Service Expenses 10,750, Grants and allocations

10,750, Revenue 0 EASTERN AREA COMMUNITY MINISTRIES FUNDS USED TO PROVIDE BASIC NEEDS AND SUPPORTIVE SERVICES TO RESIDENTS WITHIN THE SERVICE AREA

Form 990, Part III, Line 4d Program Service Expenses 10,000, Grants and allocations

10,000, Revenue 0 AMERICAN HEART ASSOCIATION FUNDS ARE FOR HEALTHY FAMILY TRAINING CAMP

Form 990, Part III, Line 4d Program Service Expenses 10,000, Grants and allocations

10,000, Revenue 0 ELDERSERVE FUNDS WERE TO FULFILL A "CHOCOLATE DREAMS" PLEDGE

Form 990, Part III, Line 4d Program Service Expenses 10,000, Grants and allocations

10,000, Revenue 0 FERN CREEK MINISTRIES FUNDS WERE A HOLIDAY GRANT

Form 990, Part III, Line 4d Program Service Expenses 10,000, Grants and allocations

10,000, Revenue 0 FOMAS. FUNDS WERE FOR PET EDUCATION IN SCHOOLS

Form 990, Part III, Line 4d Program Service Expenses 10,000, Grants and allocations.

10,000, Revenue 0 JILL'S WISH FOUNDATION FUNDS ARE PROVIDED TO HELP FOUNDATION WITH ITS MISSION TO HELP FAMILIES MINIMIZE THEIR FINANCIAL STRUGGLE WHILE THEY GO THROUGH CANCER

Form 990, Part III, Line 4d Program Service Expenses 15,000, Grants and allocations

15,000, Revenue 0 KENTUCKY FRIENDS OF THE NRA FUNDS ARE USED TO TEACH GUN SAFETY TO CHILDREN

Form 990, Part III, Line 4d Program Service Expenses 10,000, Grants and allocations

10,000, Revenue 0 KENTUCKY PHILANTHROPY INITIATIVE, LOUISVILLE, KY FUNDS WILL ASSIST IN THEIR ADVOCATION OF PRIVATE PHILANTHROPIC INVESTMENT

Form 990, Part III, Line 4d Program Service Expenses 10,000, Grants and allocations

Name of the organization: KOSAIR CHARITIES COMMITTEE, INC

Employer identification number: 61-0514703

10,000. Revenue 0 KENTUCKY SCHOOL FOR THE BLIND FUNDS ARE TO PROVIDE LITERACY INITIATIVES IN THEIR LIBRARY

Form 990, Part III, Line 4d. Program Service Expenses. 10,000, Grants and allocations

10,000. Revenue 0 LOUISVILLE TKO FUNDS ARE A "BOOKS BEFORE HOOKS" GRANT

Form 990, Part III, Line 4d Program Service Expenses 10,000, Grants and allocations

10,000. Revenue 0 LOUISVILLE URBAN LEAGUE FUNDS WERE PROVIDED TO SUPPORT PROJECT READY

Form 990, Part III, Line 4d Program Service Expenses 10,000, Grants and allocations

10,000. Revenue 0 MASONIC HOMES OF KENTUCKY "THURBY" BRUNCH MATCHING GRANT

Form 990, Part III, Line 4d Program Service Expenses 10,000, Grants and allocations

10,000. Revenue 0 SPAVA FUNDS USED TO EDUCATE FOLKS IN NON-VIOLENCE, KINDNESS, RESPECT, CONFLICT AND ANGER MANAGEMENT SKILLS

Form 990, Part III, Line 4d Program Service Expenses 10,000, Grants and allocations

10,000. Revenue 0 SPEED ART MUSEUM FUNDS ARE DIRECTED TOWARDS THE "WALL TOGETHER PROJECT", WHICH PROVIDES IN-DEPTH ART INSTRUCTION TO ABOUT 50 PARTICIPANTS

Form 990, Part III, Line 4d Program Service Expenses 10,000, Grants and allocations

10,000. Revenue 0 THE KENTUCKY PHILANTHROPIC INITIATIVE FUNDS WERE A SPONSORSHIP OF A "TRANSFER OF WEALTH" STUDY

Form 990, Part III, Line 4d Program Service Expenses 10,000, Grants and allocations

10,000. Revenue 0 THE SALVATION ARMY FUNDS ARE USED TO SUPPORT THE "PATHWAY TO HOPE" PROGRAM. BECAUSE OF THIS PROGRAM FAMILIES MAINTAIN SAFE AND SUITABLE HOUSING ALSO 27 SCHOOL AGE CHILDREN REMAINED IN SCHOOL

Form 990, Part III, Line 4d Program Service Expenses 10,000, Grants and allocations

10,000. Revenue 0 TOONERVILLE TROLLEY NEIGHBORHOOD ASSOCIATION 6TH ANNUAL SPRINGFEST SPONSORSHIP

Form 990, Part III, Line 4d Program Service Expenses 10,000, Grants and allocations

10,000. Revenue 0 USA CARES, INC FUNDS WERE A USA CARES GALA SPONSORSHIP

Form 990, Part III, Line 4d Program Service Expenses 9,000, Grants and allocations 9,000.

Revenue 0 BULLITT COUNTY SCOTTISH RITE CLUB. FUNDS USED TO ASSIST WITH THE STUDENT

Name of the organization: KOSAIR CHARITIES COMMITTEE, INC

Employer identification number: 61-0514703

RECOGNITION PROGRAM THAT RECOGNIZES SPECIAL NEEDS CHILDREN IN MIDDLE AND HIGH SCHOOLS FOR OUTSTANDING ACADEMIC PROGRESS

Form 990, Part III, Line 4d Program Service Expenses 7,590, Grants and allocations 7,590,

Revenue 0 HUNTINGTON'S DISEASE SOCIETY FUNDS USED TO ASSIST HD FAMILIES AND EDUCATE THE PUBLIC AND HEALTH PROFESSIONALS ABOUT HD

Form 990, Part III, Line 4d Program Service Expenses. 6,785, Grants and allocations 6,785,

Revenue 0 KENTUCKY CHILDRENS HOSPITAL, LEXINGTON, KY FUNDS ARE FOR EXPANSION OF CURRENT PROGRAM AND FORENSIC PEDIATRICS DIVISION

Form 990, Part III, Line 4d Program Service Expenses 6,500, Grants and allocations 6,500,

Revenue 0 CENTRAL LOUISVILLE COMMUNITY MINISTRIES FUNDS WERE TO SUPPORT "HOLD ON TO YOUR HAT"

Form 990, Part III, Line 4d Program Service Expenses 5,000, Grants and allocations 5,000,

Revenue 0 ACTING AGAINST CANCER FUNDS ARE TO HELP FIGHT AGAINST CANCER

Form 990, Part III, Line 4d Program Service Expenses 5,000, Grants and allocations 5,000,

Revenue 0 CASTING FOR RECOVERY FUNDS ARE TO HELP SUPPORT THEIR BREAST CANCER MISSION

Form 990, Part III, Line 4d Program Service Expenses 5,000, Grants and allocations 5,000,

Revenue 0 CATHOLIC EDUCATION FOUNDATION FUNDS WERE FOR THE SALUTE TO CATHOLIC ALUMNI

Form 990, Part III, Line 4d. Program Service Expenses 5,000, Grants and allocations 5,000,

Revenue 0 CRYPTIC MASONS MEDICAL RESEARCH FOUNDATION NASHVILLE, IN FUNDS WILL BE USED FOR MEDICAL RESEARCH FOR CHARITABLE AND EDUCATIONAL PURPOSES

Form 990, Part III, Line 4d Program Service Expenses 5,000, Grants and allocations 5,000,

Revenue 0 KIDS CANCER ALLIANCE FUNDS ARE TO HELP FIGHT AGAINST CANCER

Form 990, Part III, Line 4d Program Service Expenses 5,000, Grants and allocations 5,000,

Revenue 0 KNIGHT TEMPLAR EYE FOUNDATION FUNDS WERE FOR PEDIATRIC OPHTHALMOLOGY

Form 990, Part III, Line 4d Program Service Expenses 5,000, Grants and allocations 5,000,

Revenue 0 MUSLIM AMERICANS FOR COMPASSION FUNDS WERE FOR WINTER JACKETS FOR THE YOUTH PROGRAM

Form 990, Part III, Line 4d Program Service Expenses 5,000, Grants and allocations 5,000,

Name of the organization: KOSAIR CHARITIES COMMITTEE, INC

Employer identification number: 61-0514703

Revenue 0 PLYMOUTH COMMUNITY RENEWAL CENTER FUNDS ARE USED TO SUPPORT THE ACADEMIC ENRICHMENT PROGRAMS

Form 990, Part III, Line 4d Program Service Expenses 5,000, Grants and allocations 5,000,

Revenue 0 ROTARY FUNDS OF LOUISVILLE FUND IS TO ASSIST WITH THEIR HUMANITARIAN AND EDUCATIONAL MISSIONS

Form 990, Part III, Line 4d Program Service Expenses 5,000, Grants and allocations 5,000,

Revenue 0 STAND STRONG USA, INC FUND ARE IN SUPPORT OF THE BE STRONG LIVE TOUR

Form 990, Part III, Line 4d Program Service Expenses 5,000, Grants and allocations 5,000,

Revenue 0 KENTUCKY DEPARTMENT OF FISH AND WILDLIFE FRANKFORT, KY FUNDS ARE USED TO SPONSOR THE YOUTH HUNTING EVENT

Form 990, Part III, Line 4d Program Service Expenses 5,000, Grants and allocations 5,000,

Revenue 0 UPSIDE THERAPEUTIC RIDING, INC FUNDS USED O PROVIDE EQUINE ASSISTED REHABILITATION SERVICES TO SPECIAL NEEDS CHILDREN

Form 990, Part III, Line 4d Program Service Expenses 932,161, Grants and allocations 932,161, Revenue 0 COMMUNITY AWARENESS PROGRAMS FUNDS PROVIDE COORDINATION AND EVALUATION OF FEES AND COSTS OF PROGRAM ANNOUNCEMENTS AS WELL AS PROGRAM SUPPORT FOR OTHER ACTIVITIES

Form 990, Part III, Line 4d Program Service Expenses 488,284, Grants and allocations 488,284, Revenue 0 SPECIAL PROGRAMS FOR INDIVIDUAL ASSISTANCE FUNDS ARE USED FOR CHILDREN WITH CORRECTABLE MEDICAL PROBLEMS NOT COVERED BY INSURANCE OR PUBLIC ASSISTANCE PROGRAMS AND FOR WHOM THE FAMILIES COULD NOT OTHERWISE AFFORD TREATMENT

Form 990, Part III, Line 4d Program Service Expenses 2,714,288, Grants and allocations 0,

Revenue 0 SALARIES, FRINGE, BENEFITS, AND OTHER COSTS RELATED TO THE ABOVE GRANTS AND ASSISTANCE PROGRAMS.

Form 990, Part VI, Section B, Line 11B KOSAIR'S PROCESS OF REVIEWING THE FORM 990 IS TO EMAIL A COPY OF THE FINAL PRODUCT BEFORE SIGNING TO EACH MEMBER OF THE BOARD OF DIRECTORS FOR REVIEW AND COMMENT ONCE COMMENTS ARE RECEIVED FROM THE BOARD OF DIRECTORS, APPROPRIATE REVISIONS ARE MADE BEFORE SIGNING AND SUBMISSION TO THE IRS

Form 990, Part VI, Section B, Line 12C BOARD MEMBERS ARE REQUIRED TO ANNUALLY READ AND SIGN

Name of the organization	Employer identification number
KOSAIR CHARITIES COMMITTEE, INC	61-0514703

THE CONFLICT OF INTEREST POLICY, AS WELL AS TO DISCLOSE ANY CONFLICTS OF INTEREST

Form 990, Part VI, Section C, Line 19 KOSAIR MAKES THE AFOREMENTIONED DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Form 990, Part VI, Section A, Line 6 ALL MEMBERS OF KOSAIR SHRINE ARE ALSO IPSO FACTO MEMBERS OF KOSAIR CHARITIES COMMITTEE, INC

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

KOSAIR CHARITIES COMMITTEE, INC

Employer identification number

61-0514703

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

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	(g) Section 512(b)(13) controlled entity? No
(1) KOSAIR SHRINERS 61-0119287 4120 BARDSTOWN ROAD LOUISVILLE, KY 40218	FRATERNAL	KY	501(C)10		N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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	(i) No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

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

			Yes	No
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		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

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
(1)	KOSAIR SHRINERS	p	14,500	CASH
(2)				
(3)				
(4)				
(5)				
(6)				