

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2017)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 5,675,000 including grants of \$ 5,675,000) (Revenue \$)
See Additional Data

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

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

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 5,675,000

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	13	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	16	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	14	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ▶ DAWN LEE 520 W CHESTNUT ST LOUISVILLE, KY 40202 (502) 582-7706

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRENNEN LAWRENCE CHAIRMAN	0 10	X		X				0	0	0
(2) ANGELICA WILLIAMS TREASURER	0 10	X		X				0	0	0
(3) JEFF NELSON VICE CHAIRMAN (ENDED 03/2018)	0 10	X		X				0	0	0
(4) GARY STEWART VICE CHAIRMAN (BEGAN 03/2018)	0 10	X		X				0	0	0
(5) DON ALLEN BOARD MEMBER	0 10	X						0	0	0
(6) JENNIFER ERHARD BOARD MEMBER	0 10	X						0	0	0
(7) BILL GODFREY BOARD MEMBER (ENDED 03/2018)	0 10	X						0	0	0
(8) KELLY GRANGIER BOARD MEMBER	0 10	X						0	0	0
(9) JOE GRAFFIS BOARD MEMBER (ENDED 03/2018)	0 10	X						0	0	0
(10) KEVIN HUGHES BOARD MEMBER (ENDED 09/2017)	0 10	X						0	0	0
(11) VINCENT SMITH BOARD MEMBER (ENDED 03/2018)	0 10	X						0	0	0
(12) PAMELA STEPHENS BOARD MEMBER	0 10	X						0	0	0
(13) LINDA DANNA BOARD MEMBER (ENDED 06/2018)	0 10 40 00	X						0	376,691	21,108
(14) SHAWN KALIN BOARD MEMBER	0 10 40 00	X						0	71,832	3,948
(15) LISA COLUMBIA BOARD MEMBER	0 10 40 00	X						0	212,234	13,703
(16) JEAN O'BRIEN BOARD MEMBER	0 10	X						0	0	0
(17) CHRISTY MORENO BOARD MEMBER (BEGAN 07/2018)	0 10	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DEBBIE LEIST BOARD MEMBER (BEGAN 03/2018)	0 10	X						0	0	0
(19) JOSH EVERETT BOARD MEMBER (BEGAN 09/2017)	0 10	X						0	0	0
(20) TOM MOBLEY BOARD MEMBER (BEGAN 03/2018)	0 10	X						0	0	0
(21) DAVE GOLDSMITH BOARD MEMBER (BEGAN 03/2018)	0 10	X						0	0	0
(22) KEVIN BURKE BOARD MEMBER (BEGAN 03/2018)	0 10	X						0	0	0
(23) TOM HOY SECRETARY	0 10	X		X				0	0	0
(24) DAWN LEE PRESIDENT & CEO	40 00			X				0	128,247	9,665
(25) JOHN BLIM VICE-PRESIDENT	40 00			X				0	108,392	20,022

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	0	897,396	68,446

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0		

Part VIII **Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,561,677			
	g Noncash contributions included in lines 1a-1f \$ 73,051					
	h Total. Add lines 1a-1f		6,561,677			
	Program Service Revenue			Business Code		
2a _____						
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		707,037			707,037
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
			(i) Real	(ii) Personal		
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory		1,032,475			
	b Less cost or other basis and sales expenses		842,462			
	c Gain or (loss)		190,013			
	d Net gain or (loss)		190,013			190,013
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a			
	b Less direct expenses		b			
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19		a			
	b Less direct expenses		b			
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances		a			
b Less cost of goods sold		b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions			7,458,727	0	0	897,050

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	5,675,000	5,675,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.				
11 Fees for services (non-employees):				
a Management.				
b Legal.	1,116		1,116	
c Accounting.	14,000		14,000	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	11,060			11,060
f Investment management fees.	40,000		40,000	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12 Advertising and promotion.	119		99	20
13 Office expenses.	81,439		41,070	40,369
14 Information technology.				
15 Royalties.				
16 Occupancy.				
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	45,011		39,348	5,663
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	10,013		10,013	
23 Insurance.				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a REIMBURSED SALARIES & B	679,256		463,596	215,660
b MISCELLANEOUS	49,443		45,158	4,285
c PRODUCTION & ENGINEERIN	40,155		2,160	37,995
d FOOD	13,331			13,331
e All other expenses	2,150			2,150
25 Total functional expenses. Add lines 1 through 24e.	6,662,093	5,675,000	656,560	330,533
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		3,089,231	1	2,107,334
	2	Savings and temporary cash investments		350,652	2	762,440
	3	Pledges and grants receivable, net		228,834	3	127,567
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		7,381	9	14,041
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	278,614		
	b	Less: accumulated depreciation	10b	210,181		
				57,647	10c	68,433
	11	Investments—publicly traded securities		24,068,498	11	26,566,288
	12	Investments—other securities. See Part IV, line 11		16,265	12	16,204
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		2,729,732	15	2,910,476	
16	Total assets. Add lines 1 through 15 (must equal line 34)		30,548,240	16	32,572,783	
Liabilities	17	Accounts payable and accrued expenses		68,103	17	50,947
	18	Grants payable		7,068,395	18	7,094,233
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		7,136,498	26	7,145,180
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		19,043,087	27	20,823,999
	28	Temporarily restricted net assets		562,263	28	715,308
	29	Permanently restricted net assets		3,806,392	29	3,888,296
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		23,411,742	33	25,427,603
	34	Total liabilities and net assets/fund balances		30,548,240	34	32,572,783

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,458,727
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,662,093
3	Revenue less expenses Subtract line 2 from line 1	3	796,634
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,411,742
5	Net unrealized gains (losses) on investments	5	850,219
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	369,008
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	25,427,603

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 23-7075524

Name: THE WHAS CRUSADE FOR CHILDREN INC

Form 990 (2017)

Form 990, Part III, Line 4a:

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE WHAS CRUSADE FOR CHILDREN INC

Employer identification number
23-7075524

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	7,450,172	6,654,570	5,692,586	7,120,727	6,561,677	33,479,732
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	7,450,172	6,654,570	5,692,586	7,120,727	6,561,677	33,479,732
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)						316,783
6	Public support. Subtract line 5 from line 4						33,162,949

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	7,450,172	6,654,570	5,692,586	7,120,727	6,561,677	33,479,732
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	314,132	445,352	518,862	598,320	707,037	2,583,703
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						36,063,435
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14 91.960 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15 93.280 %
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>		
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 23-7075524

Name: THE WHAS CRUSADE FOR CHILDREN INC

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493192002089	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2017</div> <div>Open to Public Inspection</div>
<div>Name of the organization THE WHAS CRUSADE FOR CHILDREN INC</div>				<div>Employer identification number 23-7075524</div>	
<div>Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, line 6.</div>					
		(a) Donor advised funds		(b) Funds and other accounts	
1		Total number at end of year			
2		Aggregate value of contributions to (during year)			
3		Aggregate value of grants from (during year)			
4		Aggregate value at end of year			
5		Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?			
		<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
6		Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?			
		<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
<div>Part II Conservation Easements.</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, line 7.</div>					
1 Purpose(s) of conservation easements held by the organization (check all that apply)					
<div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)</div> <div><input type="checkbox"/> Preservation of an historically important land area</div> <div><input type="checkbox"/> Protection of natural habitat</div> <div><input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>					
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
		<div>Held at the End of the Year</div>			
a		Total number of conservation easements		2a	
b		Total acreage restricted by conservation easements		2b	
c		Number of conservation easements on a certified historic structure included in (a)		2c	
d		Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register		2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶					
4 Number of states where property subject to conservation easement is located ▶					
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?					
<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$					
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?					
<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
<div>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</div>					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$					
(ii) Assets included in Form 990, Part X ▶ \$					
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
a Revenue included on Form 990, Part VIII, line 1 ▶ \$					
b Assets included in Form 990, Part X ▶ \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
Cat No 52283D		Schedule D (Form 990) 2017			

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	22,860,407	19,436,054	18,556,280	18,446,315	14,494,421
b Contributions	1,020,484	1,942,331	226,382	627,639	2,053,528
c Net investment earnings, gains, and losses	1,856,414	2,165,981	1,255,550	-97,000	2,675,192
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	881,831	683,959	602,158	420,674	776,826
g End of year balance	24,855,474	22,860,407	19,436,054	18,556,280	18,446,315

2

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

a

Board designated or quasi-endowment ▶ 83 710 %

b

Permanent endowment ▶ 15 640 %

c

Temporarily restricted endowment ▶ 0 650 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)	Yes	
3a(ii)		No
3b		

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		130,934	81,830	49,104
d Equipment		112,346	112,346	0
e Other		35,334	16,005	19,329
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				68,433

Schedule D (Form 990) 2017

Part VII

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

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

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1) INTEREST RECEIVABLE	6,772
(2) CASH SURRENDER VALUE OF LIFE INSURANCE	25,420
(3) BENEFICIAL INTEREST IN CHARITABLE TRUSTS	1,717,133
(4) BENEFICIAL INTEREST BY OTHERS	1,161,151
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	2,910,476

Part X

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

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

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

☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	9,076,973
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	850,219
b	Donated services and use of facilities	2b	629,196
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	178,831
e	Add lines 2a through 2d	2e	1,658,246
3	Subtract line 2e from line 1	3	7,418,727
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	40,000
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	40,000
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	7,458,727

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	7,061,112
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	629,196
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	629,196
3	Subtract line 2e from line 1	3	6,431,916
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	40,000
b	Other (Describe in Part XIII)	4b	190,177
c	Add lines 4a and 4b	4c	230,177
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	6,662,093

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE PRIMARY OBJECTIVE OF THE INVESTMENTS OF THE ENDOWMENT FUND IS TO PROVIDE FOR LONG-TERM GROWTH OF PRINCIPAL AND INCOME WITHOUT UNDUE EXPOSURE TO RISK THIS WILL EVENTUALLY ENABL E THE ENDOWMENT TO COVER THE CRUSADE'S OPERATING COSTS, WHILE MAKING MORE GRANTS TO SUPPOR T CHILDREN WITH SPECIAL NEEDS IN THE REGION

Supplemental Information

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

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN BENEFICIAL INTEREST IN CHARITABLE TRUSTS 46,580 CHANGE IN BENEFICIAL INTEREST HELD BY OTHERS 132,251

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	RECOVERIES OF PRIOR YEAR GRANTS 190,177

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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE WHAS CRUSADE FOR CHILDREN INC

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

2017

Open to Public Inspection

Employer identification number
23-7075524

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

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

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

- 2

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

229
- 3

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

0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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.

Return Reference	Explanation
PART I, LINE 2	WHAS CRUSADE FOR CHILDREN GRANTS ARE MADE TO NON-PROFIT AGENCIES, SCHOOLS AND HOSPITALS THAT HELP CHILDREN WITH SPECIAL NEEDS UP TO AGE 18 THE TERM "SPECIAL NEEDS" IS DEFINED AS PHYSICAL, MENTAL, EMOTIONAL AND MEDICAL NEEDS - GRANTS ARE FOR DIRECT SERVICES ONLY - NO GRANTS ARE MADE TO INDIVIDUALS OR FAMILIES - GRANTS ARE MADE FOR SPECIFIC PROGRAMS OR EQUIPMENT THAT PROVIDE DIRECT BENEFIT TO SPECIAL NEEDS CHILDREN AND ARE NOT GENERAL OPERATING GRANTS - NO GRANTS ARE MADE FOR ADMINISTRATIVE NEEDS

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A CHANCE TO DANCE INC 305 CEDAR STREET LEXINGTON, KY 40508	81-4348004	501(C)3	1,500				BALLET COSTUMES, JAZZ COSTUMES AND HOLIDAY COSTUMES
ADAIR COUNTY BOARD OF EDUCATION 1204 GREENSBURG STREET COLUMBIA, KY 42728	61-6001263	GOVERNMENT	29,700				TOWARDS SALARY #1 AND \$3,700 TOWARDS CHROME BOOKS #2

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEGRO DANCE PROJECT 315 SIERRA DRIVE LEXINGTON, KY 40505	46-4066462	501(C)3	3,500				OUTREACH INSTRUCTOR PAY AND LIVE MUSIC ACCOMPANIMENT FOR OUTREACH SESSIONS
AMERICAN PRINTING HOUSE FOR THE BLIND 1839 FRANKFORT AVE LOUISVILLE, KY 40206	61-0444640	501(C)3	9,000				DPIL BOOKS FROM PENGUIN PUBLISHING, KCI CONTRACT FOR EMBOSSMENT & LABELING SERVICES, BRAILLE LABELS AND KCI CONTRACT FOR TRANSCRIPTION SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS KENTUCKY REGION 510 E CHESTNUT ST LOUISVILLE, KY 40202	53-0196605	501(C)3	22,000				580 MEDALLION SERIES MINI RECEIVERS AND 290 MEDALLION SERIES MINI SMOKE ALARMS
AMERICANA COMMUNITY CENTER INC 4801 SOUTHSIDE DRIVE LOUISVILLE, KY 40214	61-1251306	501(C)3	7,000				CREATIVE ARTS COORDINATOR SALARY, PROGRAMS DIRECTOR SALARY, SUPPLIES FOR CREATIVE ARTS CLASSES/WORKSHOPS, SUPERVISION OF COUNSELORS AND SARABANDE WRITING LABS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANCHORAGE INDEPENDENT SCHOOL DISTRICT 11400 RIDGE ROAD ANCHORAGE, KY 40223	61-6000099	GOVERNMENT	20,000				PLAYGROUND ADAPTATION FOR PHYSICALLY CHALLENGED STUDENTS
APPALACHIAN REGIONAL HEALTHCARE INC 2260 EXECUTIVE DRIVE LEXINGTON, KY 40505	52-0795508	501(C)3	10,000				PEDIATRIC SENSORY/VESTIBULAR SWING FRAME, \$2,060 FOR #2 SNOEZELEN SENSORY SATCHEL AND \$5,250 FOR REMAINING ITEMS ON GRANT LIST

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCHDIOCESE OF LOUISVILLE 3940 POPLAR LEVEL ROAD LOUISVILLE, KY 40213	61-0447247	501(C)3	48,000				QUANTUM II SOUND SYSTEMS, ADJUSTABLE DESKS/CHAIRS, IPAD AIR 2'S, READING SUPPORT MATERIALS, SENSORY MATERIALS, ORAL LANGUAGE SCREENERS/HEADPHONES/MICROPHONES , ITEACH MOBILE POWER TOWER AND STORAGE LOCKERS/CABINET
ARHHC INC PO BOX 2013 225 COLLEGE STREET ELIZABETHTOWN, KY 42701	61-6030361	501(C)3	5,500				SUMMER PROGRAM STAFF SALARIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASBURY UNIVERSITY ONE MACKLEM DR WILMORE, KY 40390	61-0458355	501(C)3	23,000				SCHOLARSHIPS FOR STUDENTS SEEKING CERTIFICATION IN SPECIAL EDUCATION
BAPTIST HEALTH FOUNDATION GREATER LOUISVILLE INC 4000 KRESGE WAY LOUISVILLE, KY 40207	20-0292291	501(C)3	96,173				OPTIMA XR240AMX DIGITAL MOBILE RADIOGRAPHIC SYSTEM AND PANDA IRES BEDDED WARMER NO INSTALLATION EXPENSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARDSTOWN INDEPENDENT SCHOOLS 308 NORTH 5TH STREET BARDSTOWN, KY 40004	61-6001009	GOVERNMENT	29,000				INTERACTIVE PLAY HOUSE, TEN SPIN, ULTRA GLIDE W/RAMP, SWING BAY W/SWINGS, WOOD MULCH AND TIMBERS
BARREN COUNTY BOARD OF EDUCATION 202 WEST WASHINGTON GLASGOW, KY 42141	61-6001283	GOVERNMENT	2,400				PODD COMMUNICATION BOOKS, SPIRE INTERVENTION PROGRAM, STACS TACTILE COMMUNICATION OBJECTS AND TACTILE TREASURES FOR TEACHING VOCABULARY

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELLARMINE UNIVERSITY- PHYSICAL THERAPY PROGRAM 2001 NEWBURG ROAD LOUISVILLE, KY 40205	61-0482955	501(C)3	35,000				THERAPY EQUIPMENT ON GRANT LIST
BELLARMINE UNIVERSITY- SCHOLARSHIPS 2001 NEWBURG ROAD LOUISVILLE, KY 40205	61-0482955	501(C)3	18,000				PARTIAL TUITION SUPPORT FOR GRADUATE STUDENTS ENROLLED IN SPECIAL EDUCATION COURSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEST BUDDIES KENTUCKY 1911A BARDSTOWN ROAD LOUISVILLE, KY 40205	52-1614576	501(C)3	11,000				PROGRAM MANAGER SALARIES
BIG BROTHERS BIG SISTERS OF KENTUCKIANA INC 1519 GARDINER LANE LOUISVILLE, KY 40218	61-6057856	501(C)3	5,000				MONITOR/SUPPORT AND EVALUATE MENTORS & YOUTH, ENROLL/TRAIN & MATCH YOUTH AND RECRUIT/SCREEN & TRAIN MENTORS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BINGHAM CHILD GUIDANCE CLINIC 200 E CHESTNUT ST LOUISVILLE, KY 40202	61-0445838	501(C)3	50,000				AUTISM INTERVENTIONS AND PSYCHIATRIC/PSYCHOLOGIC CONSULTATION SERVICES
BLUEGRASS CENTER FOR AUTISM 1250 BARDSTOWN ROAD SUITE 15 LOUISVILLE, KY 40204	27-2279128	501(C)3	25,000				JOB TRAINING COACH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUEGRASS CHAPTER OF NATIONAL AMBUCS PO BOX 23072 LEXINGTON, KY 40523	61-1792619	501(C)3	500				AM-12S
BOYS & GIRLS HAVEN 2301 GOLDSMITH LANE LOUISVILLE, KY 40218	61-0479621	501(C)3	92,500				LICENSED CLINICAL THERAPIST SALARIES, LICENSED REGISTERED NURSE AND MEDICAL CONSULTATION FEES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF KENTUCKIANA 3900 CRITTENDEN DRIVE LOUISVILLE, KY 40209	61-0568789	501(C)3	12,000				SITE BASED START UP COSTS FOR CHARLESTOWN MIDDLE SCHOOL AND CONTINUATION COST FOR CURRENT SITE BASED LOCATIONS
BRECKINRIDGE COUNTY BOARD OF EDUCATION 86 AIRPORT ROAD HARDINSBURG, KY 40143	61-6001288	GOVERNMENT	30,000				FOR CONTRACTED PHYSICAL THERAPY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BULLITT COUNTY BOARD OF EDUCATION 1040 HIGHWAY 44 EAST SHEPHERDSVILLE, KY 40165	61-6001357	GOVERNMENT	54,000				OCCUPATIONAL THERAPY ITEMS, PHYSICAL THERAPY ITEMS, READ&WRITE GOLD MAINTENANCE UPGRADE, CURRICULUM, UNIQUE LEARNING & NEWS-2-YOU
CAMP TESSA OF MEADE CO 938 OLD STATE ROAD BRANDENBURG, KY 40108	46-1042442	501(C)3	5,200				DIRECTORS/INSTRUCTORS/ PEER TUTORS, COMMUNITY BASED INSTRUCTION AND GENERAL EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP TESSA INC 521 CHARLEMAGNE BLVD ELIZABETHTOWN, KY 42701	20-2632503	501(C)3	7,000				STAFF AND PEER TUTOR SALARIES
CAMPBELLSVILLE BOARD OF EDUCATION 136 SOUTH COLUMBIA AVE CAMPBELLSVILLE, KY 42718	61-6001031	GOVERNMENT	18,000				SPEECH/LANGUAGE/LITERACY/MOTOR/SELF HELP/ADAPTIVE AND TECHNOLOGY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANAAN COMMUNITY ACADEMY 8775 N CANAAN MAIN ST CANAAN, IN 47224	30-0627217	501(C)3	15,000				SALARY FOR SPEECH LANGUAGE PATHOLOGIST, SALARY FOR OCCUPATIONAL/PHYSICAL THERAPY, SALARY FOR COUNSELOR AND SALARY FOR PSYCHE-EDUCATIONAL EVALUATOR
CARROLL COUNTY SCHOOLS 813 HAWKINS ST CARROLLTON, KY 41008	61-6001259	GOVERNMENT	7,000				(5) SUPER CLASSROOM BREAK BOXES, (3) TFG VIBRATING FLOOR PADS, (3) MESH THERAPY SWINGS, (3) STEEL EYEBOLT CEILING SUSPENSION KITS, (5) OPTICAL ILLUSION WALL PANELS, GEL FLOOR TILES, (4) EXPERIA BUBBLE TUBES AND (3) AIR LITE BALL PITS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA BY THE LAKES 1003 POPLAR STREET MURRAY, KY 42071	20-4033610	501(C)3	4,000				PORTION OF DIRECTORS SALARY ADVOCATING DIRECTLY FOR CHILDREN WITH SPECIAL NEEDS
CASA OF LEXINGTON 1155 HARRY SYKES WAY LEXINGTON, KY 40504	61-1339185	501(C)3	17,000				VOLUNTEER MANAGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CASA OF SOUTH CENTRAL KY INC PO BOX 867/316 EAST 10TH STREET BOWLING GREEN, KY 42102	61-1334266	501(C)3	6,000				FULL-TIME ADVOCATE COORDINATOR
CASA OF THE BLUEGRASS PO BOX 45 DANVILLE, KY 40423	26-1841458	501(C)3	4,100				VOLUNTEER COORDINATORS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF THE HEARTLAND PO BOX 6065 ELIZABETHTOWN, KY 42702	26-0876943	501(C)3	11,250				VOLUNTEER ADVOCATE COORDINATOR'S SALARY
CASA OF THE RIVER REGION - LOUISVILLE 982 EASTERN PARKWAY BOX 9 LOUISVILLE, KY 40217	61-1066568	501(C)3	10,000				ADVOCACY SUPERVISOR SALARY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA PROGRAM FOR BULLITT COUNTY INC PO BOX 1025 SHEPHERDSVILLE, KY 40165	61-1454102	501(C)3	15,000				VOLUNTEER COORDINATOR'S SALARY
CAVERNA BOARD OF EDUCATION 1102 NORTH DIXIE HWY CAVE CITY, KY 42127	61-6002422	GOVERNMENT	8,000				ALLIANT/VOICE SOUND SYSTEMS, TOUCH CHROMEBOOKS AND MOBILE CHARGING CART STORAGE STATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR COURAGEOUS KIDS 1501 BURNLEY RD SCOTTSVILLE, KY 42164	20-1789905	501(C)3	37,500				CAMPER SPONSORSHIPS FOR KENTUCKY AND INDIANA CHILDREN, FOR MEDICAL ADVISOR SALARY FOR SUMMER CAMP AND FOR CAMP NURSES SALARIES FOR SUMMER CAMP
CENTER FOR WOMEN & INFANTS AT UNIVERSITY OF LOUISVILLE HOSPITAL 530 SOUTH JACKSON ST LOUISVILLE, KY 40202	61-1293786	501(C)3	38,172				1 SINGLE DOOR LAB/PHARMACY FREEZER AND FOR AN OMNIBED CARE STATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CENTERSTONE KENTUCKY 10101 LINN STATION RD 600 LOUISVILLE, KY 40202	31-0939757	501(C)3	60,000				25 IPADS, TWENTY-FIVE \$50 ITUNE GIFT CARDS, (2) PT SPEECH LANGUAGE PATHOLOGISTS, EQUIPMENT, PHYSICAL THERAPIST PT, EQUIPMENT, AND ACTIVITIES
CENTRAL KENTUCKY EDUCATION COOPERATIVE 2331 FORTUNE DRIVE SUITE 110 LEXINGTON, KY 40509	61-1204854	501(C)3	36,015				ASSISTIVE TECHNOLOGY AND MATH MATERIALS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CHILD DEVELOPMENT CENTER OF THE BLUEGRASS 290 ALUMNI DRIVE LEXINGTON, KY 40503	61-0543367	501(C)3	3,000				APPLE IPAD 10 PACK WITH 2 YEAR APPLE CARE AND (2) PROMETHEAN SMARTBOARDS
CHRISTIAN ACADEMY SCHOOL SYSTEMPROVIDENCE SCHOOL IN LOUISVILLE 3110 ROCK CREEK DRIVE LOUISVILLE, KY 40207	61-0907309	501(C)3	8,136				5 BOULDERING BOARDS, TUBBY BALL PIT, BUBBLE TUBE, ULTRAVIOLET WATERFALL, LARGE CRASH MAT, FIBER OPTIC CASCADING WATERFALL, VIBRATING PILLOW AND ROUND BALL CHAMBER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARK COUNTY YOUTH SHELTER AND FAMILY SERVICES INC PO BOX 886 118 EAST CHESTNUT JEFFERSONVILLE, IN 47131	31-1126065	501(C)3	12,000				FULL TIME YOUTH WORKER POSITION AND PART TIME YOUTH WORKER POSITION, AND RESIDENTIAL DIRECTOR/THERAPIST SALARY
CLOVERPORT INDEPENDENT SCHOOL DISTRICT 301 POPLAR ST CLOVERPORT, KY 40111	61-6001396	GOVERNMENT	38,000				PERSONNEL SALARIES AND EQUIPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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COMMONWEALTH THEATRE CENTER 1123 PAYNE ST LOUISVILLE, KY 40204	61-0902722	501(C)3	5,000				ITEMS 1, 2, 3, 4 AND 6 ON GRANT LIST
COMMUNITIES IN SCHOOLS OF CLARK COUNTY INC 4403 HAMBURG PIKE SUITE C JEFFERSONVILLE, IN 47130	32-0015379	501(C)3	8,000				IN SCHOOL THERAPY AT 3 ELEMENTARY SCHOOLS AND IN SCHOOL THERAPY AT 1 HIGH SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION OF SOUTHERN INDIANA 1613 EAST EIGHTH ST JEFFERSONVILLE, IN 47130	02-0591170	501(C)3	14,000				UNIVERSAL ART EASEL, POST BONGO W/BASE, COOL KEYS, MINI MARIMBA, TODDLER TOWER, GLOCKENSPIEL W/BASE, TRICYCLES, VETERINARIAN CLINIC FACADE, SURFACING FOR NEW EQUIPMENT AND AGGREGATE BASE FOR SURFACING
CRITICALLY LOVED 14110 BECKLEY TRACE LOUISVILLE, KY 40245	81-5273913	501(C)3	3,000				THERAPY WITH A PSYCHOLOGIST AND /OR FOR EMOTIONAL THERAPY

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

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CUMBERLAND CO BOARD OF EDUCATION 810 N MAIN STREET BURKESVILLE, KY 42717	61-6001251	GOVERNMENT	4,995				UV TEXTURED WALL, THERAPY BOLSTER, TACTILE WALKWAY, WEIGHTED KIT, BUBBLE MIRROR, BUBBLE PANEL-TABLETOP, SENSAROCK, UV CARPET CELEBRATION 6X6
CYSTIC FIBROSIS FOUNDATION 1941 BISHOP LN STE 108 LOUISVILLE, KY 40218	13-1930701	501(C)3	5,000				CF FOUNDATION ACCREDITED CARE CENTERS IN KY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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DANVILLE INDEPENDENT SCHOOLS 152 E MARTIN LUTHER KING BLVD DANVILLE, KY 40422	61-6001399	GOVERNMENT	7,000				SENSORY EQUIPMENT ON GRANT LIST
DORMAN PRESCHOOL CENTER INC PO BOX 853 SHELBYVILLE, KY 40065	61-0620554	501(C)3	28,000				SPEECH THERAPY, OCCUPATIONAL THERAPY AND FOR LEAD TEACHER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWN SYNDROME ASSOCIATION OF CENTRAL KENTUCKY 1050 CHINOE ROAD SUITE 204 LEXINGTON, KY 40502	38-3682694	501(C)3	3,000				MONTHLY TAKE HOME MATERIALS, PURCHASE OF CURRICULUM FOR LEVEL K/1 & LEVEL 2, TEACHER, THERAPIST AND ASSISTANT STIPENDS
DOWN SYNDROME OF LOUISVILLE 5001 S HURSTBOURNE PARKWAY LOUISVILLE, KY 40291	61-1214126	501(C)3	15,000				TEEN SUMMER LIFE SKILLS PROGRAM AND CRISIS INTERVENTION & BEHAVIOR CONSULTATION

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

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DREAM RIDERS OF KENTUCKY P O BOX 172 4705 WINKLER ROAD PHILPOT, KY 42366	01-0802015	501(C)3	5,000				THERAPEUTIC INSTRUCTOR TUE/THU, THERAPEUTIC ASSISTANT INSTRUCTOR TUE/THU, THERAPEUTIC INSTRUCTOR SPECIAL PROGRAMS
DREAMS WITH WINGS 1579 BARDSTOWN ROAD LOUISVILLE, KY 40205	61-1371540	501(C)3	7,500				SALARIES, PROGRAM SUPPLIES & ACTIVITIES AND CLIENT ASSISTANCE & SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DYSLEXIA ASSOC OF PENNRYRILE 538A NOEL AVENUE HOPKINSVILLE, KY 42240	61-1227318	501(C)3	3,000				BARTON READING & SPELLING PROGRAM LEVEL 9, FOR PRINTING OF TEACHER & STUDENT MATERIAL (LEVEL 9) AND FOR ANDROID &/OR IPAD TABLETS
EASTER SEALS CARDINAL HILL 2050 VERSAILLES RD LEXINGTON, KY 40504	61-0444712	501(C)3	2,100				DEVELOPMENTAL SPECIALIST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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EASTER SEALS WEST KENTUCKY 801 NORTH 29TH ST PADUCAH, KY 42001	31-1572931	501(C)3	4,000				STEAM MOBILE CART, STEAM ITEMS AND/ OR FLEXIBLE SEATING
EASTERN KENTUCKY UNIVERSITY - COLLEGE OF EDUCATION 521 LANCASTER AVENUE RICHMOND, KY 40475	61-1011211	GOVERNMENT	12,598				IPAD MINIS AND SWIVEL C SERIES ROBOT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERN KENTUCKY UNIVERSITY - DEVELOPMENTAL DISABILITIES CLINIC 521 LANCASTER AVE DEPT OF PSYCHOLOG RICHMOND, KY 40475	61-1011211	GOVERNMENT	5,600				PSYCH MASTER'S OR GRAD STUDENT GROUP PROGRAM COORDINATOR AND OT MASTER'S OR GRAD STUDENT GROUP PROGRAM COORDINATOR
EASTERN KENTUCKY UNIVERSITY - SCHOLARSHIPS COLLEGE OF EDUCATION 521 LANCASTER AVE RICHMOND, KY 40475	61-1011211	GOVERNMENT	18,000				GRADUATE SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EKU'S SAFETY CITY 1160 HARRY SYKES WAY LEXINGTON, KY 40504	61-1131682	501(C)3	2,000				ROOKIE STOCKCART ELECTRIC
ELIZABETHTOWN INDEPENDENT SCHOOLS 219 HELM STREET ELIZABETHTOWN, KY 42749	61-6001403	GOVERNMENT	25,000				2018 CHEVY EXPRESS PASSENGER VAN 2500, SOFTWARE & SUPPLEMENTAL CURRICULUM, FURNITURE/EQUIPMENT AND ORIENTATION/MOBILITY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELLIOTT COUNTY SCHOOLS 100 SOUTH KY 7 SANDY HOOK, KY 41171	61-6001354	GOVERNMENT	9,000				SENSORY ITEMS ON GRANT LIST
EMINENCE INDEPENDENT SCHOOLS 254 WEST BROADWAY EMINENCE, KY 40019	61-6001055	GOVERNMENT	20,000				INTERACTIVE TECHNOLOGY, CURRICULA, EQUIPMENT, AND SENSORY INTEGRATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENGLISHTON PARK PRESBYTERIAN MINISTRIES INC PO BOX 240 LEXINGTON, IN 47138	23-7378186	501(C)3	4,000				BUNK BEDS, BUNK BED LADDERS AND FLUID PROOF MATTRESSES
EXCEPTIONAL EQUITATION 2107 MASSIE SCHOOL RD LAGRANGE, KY 40031	31-0951588	501(C)3	2,500				SALARY FOR PROGRAM COORDINATOR/INSTRUCTOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY & CHILDREN'S PLACE 525 ZANE AVE LOUISVILLE, KY 40203	61-0549561	501(C)3	29,280				FORENSIC PEDIATRICIAN SALARY, MENTAL HEALTH COUNSELOR SALARY, MEDICAL ASSISTANT SALARY AND HANDS FAMILY SUPPORT WORKER SALARY, FOR LEARNING TOOLS AND VIDEOS, FOR SUPPLIES AND LAB TESTS AND FOR ASQ KITS
FAMILY ARK INC 101 NOAHS LANE LOUISVILLE, KY 47130	35-1292608	501(C)3	25,000				SALARY FOR FULL-TIME CHILDREN'S CLINICAL THERAPIST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FAMILY ENRICHMENT CTR 1133 ADAMS STREET BOWLING GREEN, KY 42101	61-0956466	501(C)3	9,000				STAFF SALARY
FAMILY SCHOLAR HOUSE INC 403 REG SMITH CIRCLE LOUISVILLE, KY 40208	61-1285124	501(C)3	15,000				STAFF FOR DEVELOPING STRONG BODIES AND MINDS AND ART THERAPIST STIPEND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAYETTE COUNTY PUBLIC SCHOOL DISTRICT 701 EAST MAIN ST LEXINGTON, KY 40502	61-6001059	GOVERNMENT	20,000				MINDS IN MOTION MAZE HANDBOOK & SIGNAGE BUNDLE AND BALANCE BOARDS FOR SCHOOLS, TUMBLING MATS, BALANCE BEAMS, CLIMBING STAIRS PER SCHOOL, CONES, FLOOR TILES, AND BEAN BAGS
FEAT OF LOUISVILLE 1100 E MARKET ST LOUISVILLE, KY 40206	61-1374663	501(C)3	14,000				SALARIES FOR SUMMER CAMP PROGRAM, ACTIVITY FEES FOR SUMMER CAMP PROGRAM, SCHOLARSHIPS FOR SUMMER CAMP PROGRAM AND BEHAVIOR THERAPISTS FOR SWIM PROGRAM INSTRUCTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLAGET MEMORIAL HOSPITAL 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004	56-2351341	501(C)3	40,000				FOR ANY ITEM ON THE GRANT LIST - NO INSTALLATION FEES OR TRAINING FEES
FLOYD MEMORIAL FOUNDATION 1850 STATE STREET NEW ALBANY, IN 47150	31-0933781	501(C)3	65,889				STORAGE CABINET, CORDLESS DRILLS, ARTHROSCOPY INSTRUMENT SETS, INTUBATION VIDEO ENDOSCOPE, ANTERIOR LIGAMENT SET OF INSTRUMENTS, HANDHELD TYMPANOMETER, AUDIOSCOPE SCREENING AUDIOMETER, SPEECH THERAPY ITEMS, SYRINGE PUMPS, RESUSCITAIRE INFANT CARE CENTERS AND NATUS NEOBLUE LIGHTING SYSTEMS/OVERBED UNITS AND BLANKET UNITS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANKLIN COUNTY BOARD OF EDUCATION 190 KINGS DAUGHTER DRIVE FRANKFORT, KY 40601	61-6001280	GOVERNMENT	17,000				TEACHERS AND INSTRUCTIONAL ASSISTANTS
FRIENDS SCHOOL INC 901 BRECKINRIDGE LANE LOUISVILLE, KY 40207	61-1213141	501(C)3	25,000				RESOURCE TEACHER, PATHWAYS INSTRUCTORS AND THE NEW ENGLAND CENTER FOR CHILDREN ACE 4 0 PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUND FOR THE ARTS 623 WEST MAIN ST LOUISVILLE, KY 40202	61-0479626	501(C)3	5,000				ARTS EXPERIENCES FOR STUDENTS WITH SPECIAL NEEDS
GATEWAY COMMUNITY SERVICES ORGANIZATION INC 151 UNIVERSITY DRIVE WEST LIBERTY, KY 41472	61-0865874	501(C)3	8,500				INDOOR CAMERAS, OUTDOOR CAMERAS, A GIGABIT SWITCH, SUBSCRIPTIONS AND FOR CABLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GILDA'S CLUB LOUISVILLE 633 BAXTER AVE LOUISVILLE, KY 40204	20-1635170	501(C)3	20,000				YOUTH SUPPORT GROUPS
GRAVES COUNTY BOARD OF EDUCATION 2290 STATE ROUTE 121 N MAYFIELD, KY 42066	61-6001322	GOVERNMENT	21,000				FOR ANY ITEM

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

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GRAYSON COUNTY SCHOOLS 790 SHAW STATION ROAD PO BOX 4009 LEITCHFIELD, KY 42754	61-6001310	GOVERNMENT	20,000				K-5 SECOND STEP SUITE BUNDLE AND FOR SECOND STEP MIDDLE SCHOOL PROGRAM 3 YEAR LICENSE
GREATER CLARK COUNTY SCHOOLS 2112 UTICA SELLERSBURG ROAD JEFFERSONVILLE, IN 47130	35-1151414	GOVERNMENT	28,017				PROJECT DISCOVERY MATERIALS, OCCUPATIONAL THERAPY EQUIPMENT AND FOR PHYSICAL THERAPY EQUIPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER LOUISVILLE ROWING FOUNDATION 6510 GLENRIDGE PARK PLACE 5 LOUISVILLE, KY 40222	61-1208989	501(C)3	4,300				DYNAMIC FITNESS R1 MAGNETIC AIR ROWING MACHINES AND CONCEPT 2 MODEL D ROWING MACHINES
GREEN COUNTY BOARD OF EDUCATION 402 E HODGENVILLE AVE GREENSBURG, KY 42743	60-6001285	GOVERNMENT	14,200				ASSISTIVE TECHNOLOGY, VISUALLY IMPAIRED TECHNOLOGY, OCCUPATIONAL THERAPY RESOURCES, SPEECH THERAPY ASSISTIVE TECHNOLOGY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GREEN HILL THERAPY 1410 LONG RUN ROAD LOUISVILLE, KY 40245	61-1378588	501(C)3	20,000				440 AQUATHERAPY AND HIPPO THERAPY SCHOLARSHIPS
GREEN RIVER REGIONAL EDUCATIONAL COOPERATIVE 230 TECHNOLOGY WAY BOWLING GREEN, KY 42101	61-1346957	501(C)3	8,000				MATERIALS AND PRESENTER FEES, TRAVEL NOT APPROVED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HANCOCK COUNTY PUBLIC SCHOOLS 83 STATE ROUTE 3543 LOUISVILLE, KY 42348	61-6001293	GOVERNMENT	4,000				SENSORY ROOM, JULIA COOK SOCIAL SKILL STORYBOOKS & TEACHER ACTIVITY BOOK, ACADEMIC/INSTRUCTIONAL RESOURCES AND SPEECH RESOURCES
HARDIN COUNTY BOARD OF EDUCATION 521 CHARLEMAGNE BLVD STE 100 ELIZABETHTOWN, KY 42701	61-6001274	GOVERNMENT	45,000				ASSISTIVE TECHNOLOGY, OT/PERCEPTUAL DISABILITIES & PT, LOW INCIDENCE, SPEECH & LANGUAGE PATHOLOGY, SCHOOL/SUPPORT SERV TECH/RESOURCES/EARLY CHILDHOOD, SOCIAL SKILLS AND & LITERACY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARDIN MEMORIAL HEALTH FOUNDATION 913 NORTH DIXIE AVE ELIZABETHTOWN, KY 42701	61-1251585	501(C)3	75,000				OUTPATIENT PEDIATRIC THERAPY TECHNOLOGIES AND NICU/BIRTHPLACE CLINICAL EQUIPMENT
HARRISON COUNTY EXCEPTIONAL LEARNERS COOPERATIVE 121 HIGH SCHOOL ROAD CORYDON, IN 47112	35-1172509	GOVERNMENT	21,000				TRANSPORT VEHICLE TO SUPPORT WORK/STUDY PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HARRISON COUNTY HOSPITAL 1141 HOSPITAL DRIVE NW CORYDON, IN 47112	35-1180407	501(C)3	4,127				PHILIPS BILICHECK METER
HART COUNTY SCHOOLS 25 QUALITY ST MUNFORDVILLE, KY 42765	61-6001333	GOVERNMENT	14,000				HP PROBOOK 450 G3, HP PRODESK 600 G3 SFF, DELL CHROME 11 3180 BTX AND IPAD MINI 4 WI-FI 128GB

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HENRY COUNTY PUBLIC SCHOOLS 326 SOUTH MAIN ST NEW CASTLE, KY 40050	61-6001335	GOVERNMENT	20,000				SCHOOL SOCIAL WORKER
HEUSER HEARING & LANGUAGE ACADEMY 111 E KENTUCKY STREET LOUISVILLE, KY 40203	61-0492369	501(C)3	30,000				SPEECH THERAPY LANGUAGE SESSIONS, MUSIC THERAPY SESSIONS, AND ART THERAPY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HINDMAN SETTLEMENT SCHOOL INC PO BOX 844 56 EDUCATION LANE HINDMAN, KY 41822	61-0447248	501(C)3	13,400				READING INTERVENTION TUTORS
HOME OF THE INNOCENTS 1100 EAST MARKET ST LOUISVILLE, KY 40206	61-0445834	501(C)3	90,000				FUN FACTORY SENSORY GYM) AND FOR REMAINING ITEMS ON GRANT LIST AUDIOMETER, PORTABLE AUDIOMETER, HORIBA MICROS 60 CBS ANALYZER, DELL RUGGED LAPTOPS FOR MED CARTS, REPLACEMENT BATTERS, MONROE BEDS, SPIRIT CAR SEATS & ROOSEVELT CAR SEATS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPARUS HEALTH 3532 EPHRAIM MCDOWELL DRIVE LOUISVILLE, KY 40205	61-0921718	501(C)3	45,000				KOURAGEOUS KIDS NURSE, KOURAGEOUS KIDS CHAPLAIN AND CHILDREN & YOUTH COUNSELOR
INDIAN SUMMER CAMP 607 W MAIN ST SUITE 200 LOUISVILLE, KY 40202	61-1256743	501(C)3	15,000				15 CAMPERSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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INDIANA UNIVERSITY 509 E 3RD ST BLOOMINGTON, IN 47401	35-6001673	501(C)3	9,000				SCHOLARSHIPS FOR UNDERGRADUATE SENIOR STUDENT TEACHERS AND SCHOLARSHIPS FOR GRADUATE SENIOR STUDENT TEACHERS
JCPS - ASSISTIVE TECHNOLOGY PROGRAM 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	50,000				ASSISTIVE TECHNOLOGY ON GRANT LIST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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JCPS - AUTISM PROGRAM 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	11,437				SENSORY/SELF REGULATION, ACADEMIC AND SOCIAL/BEHAVIORAL ITEMS
JCPS - COMMUNICATION DISORDERS PROGRAM 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	16,290				IPADS

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JCPS - DEAF AND HARD OF HEARING PROGRAM 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	12,525				MICRO MANUAL PORTABLE AUDIOMETERS
JCPS - EARLY CHILDHOOD 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	6,783				BOARDMAKER STUDIOS SOFTWARE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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JCPS - MODERATE TO SEVERE DISABILITIES 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	29,316				NEWS2YOU, UNIQUE LEARNING CURRICULUM AND SYMBOLSTIX
JCPS - OTPT PROGRAM 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	46,260				OT/PT EQUIPMENT

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

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JCPS - VISUALLY IMPAIRED PROGRAM 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	7,348				IPAD PROS W/APPLECARE, PROTECTIVE CASES, PROTECTIVE CASES W/KEYBOARDS, APPLE PENCILS AND VISIOBOOKS
JEFFERSONVILLE TOWNSHIP PUBLIC LIBRARY FOUNDATION PO BOX 1548 211 E COURT AVE JEFFERSONVILLE, IN 47131	35-6001711	GOVERNMENT	4,900				AWE-EARLY LITERACY STATION, PLAYAWAY LAUNCHPADS, PLAYAWAY BOOKPACKS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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JEWISH COMMUNITY CENTER 3600 DUTCHMANS LANE LOUISVILLE, KY 40205	61-0444765	501(C)3	5,000				ADVOCATES AND ADVOCATE ASSISTANT'S SALARIES
JUNIOR ACHIEVEMENT OF KENTUCKIANA INC 1401 W MUHAMMAD ALI BLVD LOUISVILLE, KY 40203	61-0476694	501(C)3	3,305				PROGRAM MANAGERS SALARIES AND PROGRAM MATERIALS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KENTUCKIANA CHILDREN'S CENTER 1810 BROWNSBORO RD LOUISVILLE, KY 40206	61-6014488	501(C)3	22,000				PEDIATRIC CHIROPRACTOR, PEDIATRIC CRANIOSACRAL THERAPIST, CONTRACTED REGISTERED/LICENSED DIETICIAN AND LICENSED MASSAGE THERAPIST
KENTUCKY CENTER FOR SPECIAL CHILDREN SERVICESCARRIAGE HOUSE 13101 EASTPOINT PARK BLVD LOUISVILLE, KY 40223	61-0680753	501(C)3	66,000				ENDEAVOR INCHWORMS, ENDEAVOR DRAGONFLIES AND ENDEAVOR BUTTERFLIES

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KENTUCKY CENTER FOR THE ARTS FOUNDATION INC 501 W MAIN ST LOUISVILLE, KY 40202	31-0999046	501(C)3	30,000				ARTS IN HEALING AT HEALTHCARE FACILITIES AND ARTSREACH FAR REACHING STUDIO
KENTUCKY EDUCATIONAL DEVELOPMENT CORPORATION 904 ROSE ROAD ASHLAND, KY 41102	61-0659010	501(C)3	14,000				MATERIALS FOR CLASSROOM KITS ON GRANT LIST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KENTUCKY HEMOPHILIA FOUNDATION 1850 TAYLOR AVENUE SUITE 2 LOUISVILLE, KY 40213	61-0656750	501(C)3	6,000				CAMP FOR CHILDREN/YOUTHS
KENTUCKY LIONS EYE FOUNDATION INC 301 E MUHAMMAD ALI BLVD LOUISVILLE, KY 40202	61-0516171	501(C)3	16,000				VISION CARE ADVOCATE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KIDS CENTER FOR PEDIATRIC THERAPIES PO BOX 17630 LOUISVILLE, KY 40217	61-0492378	501(C)3	21,500				IM UNIVERSE STATION, LAPTOP COMPUTERS, IM UPGRADED ITEMS, IM HOME UNIT
KORE ACADEMY INC 4300 NICHOLASVILLE ROAD LEXINGTON, KY 40515	20-1530223	501(C)3	2,955				70" LCD INTERACTIVE WHITEBOARD DISPLAY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LAKE CUMBERLAND COMMUNITY ACTION AGENCY 23 INDUSTRY DRIVE JAMESTOWN, KY 42629	61-0855431	501(C)3	4,000				NABI TABLETS
LARUE COUNTY PUBLIC SCHOOLS 208 COLLEGE ST HODGENVILLE, KY 42748	61-6001298	GOVERNMENT	10,000				STEAM ROLLER, STANDING DESK CONVERTER, CID SPICE 2ND EDITION, CID SPICE LIFE AUDITORY CURRICULUM, RESILIENCE FOR YOUTH PROGRAM, CHROME TABLETS, ED PLAN BEHAVIOR TRACKER AND SENSORY CORNER BUNDLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEARNING DISABILITIES ASSOCIATION OF KENTUCKY 2210 GOLDSMITH LANE SUITE 117 LOUISVILLE, KY 40218	61-1103968	501(C)3	1,800				SAMSUNG GALAXY 10" TABLETS, SUISS HARD SUITCASES AND DELL LAPTOPS WITH 4GB MEMORY
LEARNING FOR LIFE LINCOLN CHAPTER 12001 SYCAMORE STATION PL LOUISVILLE, KY 40299	61-0445839	501(C)3	18,000				TRANSPORTATION (HANDICAP ACCESSIBLE BUS RENTALS) ART & CRAFT SUPPLIES AND MUSIC AND SENSORY THERAPY ACTIVITIES, SUPPLIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LEXINGTON HEARING & SPEECH 350 HENRY CLAY BLVD LEXINGTON, KY 40502	61-0593951	501(C)3	10,000				AVT THERAPY/TELETHERAPY
LIFE ADVENTURE CENTER OF THE BLUEGRASS 570 MILNER ROAD VERSAILLES, KY 40383	61-0461733	501(C)3	8,000				SPECIALIZED EXPERIENTIAL EDUCATION ACTIVITIES ON GRANT LIST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LIFESPRING HEALTH SYSTEMS 460 SPRING ST JEFFERSONVILLE, IN 47130	35-1097350	501(C)3	2,500				THERAPEUTIC GAMES/TOYS/BOOKS (NO BOOKS FOR PARENTS) AND ELECTRONIC EQUIPMENT
LIGHTHOUSE PROMISE INC 5312 SHEPHERDSVILLE ROAD LOUISVILLE, KY 40228	61-1362760	501(C)3	3,500				PSYCHOLOGICAL COUNSELING PROGRAM ROUND TABLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LINCOLN COUNTY SCHOOL DISTRICT 305 DANVILLE ST STANFORD, KY 40484	61-6001365	GOVERNMENT	14,000				CHROMEBOOKS W/SOFTWARE, NEWS2YOU AND UNIQUE LEARNING SOFTWARE SYSTEM
LOVESOME STABLES INC 242 BOLTZ LAKE RD DRY RIDGE, KY 41035	26-1783414	501(C)3	5,500				STUDENT FEES FOR SCHOOL BASED THERAPEUTIC RIDING

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

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MADISON AREA EDUCATIONAL SPECIAL SERVICES UNIT 702 ELM STREET MADISON, IN 47250	35-1371543	GOVERNMENT	16,000				RIFTON TRAMS, CLEVERTOUCH PLUS 55" INTERACTIVE FLAT PANEL, ISPIRE INTENSIVE, MULTISENSORY READING INTERVENTION, IPAD 32 GB'S, ADJUSTABLE HEIGHT ACTIVE LEARNING STOOLS, ALPHABETTER STAND UP DESKS WITH BOOK BOX, TEXAS INSTRUMENTS CALCULATORS AND DELL COMPUTER TOWERS
MADISON CONSOLIDATED SCHOOLS 2421 WILSON AVE MADISON, IN 47250	35-6002609	GOVERNMENT	20,000				SENSORY MOTOR EQUIPMENT, COMMUNICATION TOOLS AND ADAPTIVE EQUIPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MARION COUNTY BOARD OF EDUCATION 755 EAST MAIN ST LEBANON, KY 40033	61-6001309	GOVERNMENT	20,000				RHAPSODY DITTY METTALLOPHONES, RHAPSODY KETTLE DRUM JUNIORS AND RHAPSODY WARBLE CHIMES
MARYHURST INC 1015 DORSEY LANE LOUISVILLE, KY 40223	31-1542209	501(C)3	28,000				NAVIGATOR SERVICES FOR 10 MONTHS AND SOCIAL EMOTIONAL ASSETS & RESILENCY SCALE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MCLEAN COUNTY PUBLIC SCHOOLS PO BOX 245 CALHOUN, KY 42327	61-6001255	GOVERNMENT	25,000				PLAYGROUND
MEADE COUNTY BOARD OF EDUCATION 1155 OLD EKRON RD BRANDENBURG, KY 40108	61-6001248	GOVERNMENT	19,000				CRUSADE SENSORY ROOM AND VP SPOT DOT EMBOSSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MEREDITH-DUNN SCHOOL 3023 MELBOURNE AVE LOUISVILLE, KY 40220	23-7339248	501(C)3	15,953				TO RENOVATE ART/EXPRESSIVE THERAPY SPACE (NAMING RIGHTS REQUIRED)
MIRACLE LEAGUE OF LOUISVILLE INC 800 LILLY CREEK ROAD SUITE 102 LOUISVILLE, KY 40243	61-1740095	501(C)3	50,000				PEBBLE-FLEXPOROUS BASEBALL FIELD

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

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MOUNTAIN COMPREHENSIVE CARE CENTER INC 104 SOUTH FRONT AVENUE PRESTONBURG, KY 41653	61-0663787	501(C)3	15,000				STAFF STIPENDS TO OPERATE CHILDREN AND YOUTH COUNCILS AND COMMUNITY-BASED ACTIVITES/OUTING FOR CHILDREN AND YOUTH COUNCILS
MUSCULAR DYSTROPHY ASSOCIATION 909 LILY CREEK ROAD SUITE 201 LOUISVILLE, KY 40243	13-1665552	501(C)3	12,000				CAMPERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NELSON COUNTY SCHOOLS 288 WILDCAT LANE BARDSTOWN, KY 40004	61-6001240	GOVERNMENT	24,000				PROJECT DISCOVERY KITS, ILS FOCUS KITS AND GROSS MOTOR EQUIPMENT PIECES
NEWPORT INDEPENDENT SCHOOLS 30 WEST 8TH ST NEWPORT, KY 41071	61-6001336	GOVERNMENT	6,000				FIELD TRIP EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NORTHERN KENTUCKY CHILDRENS LAW CENTER INC 1002 RUSSELL STREET COVINGTON, KY 41011	61-1167352	501(C)3	12,500				ATTORNEY TIME FOR CHILDREN'S EDUCATION ADVOCACY
NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES 5516 EAST ALEXANDRIA PIKE COLD SPRING, KY 41076	61-1106680	501(C)3	3,500				ANY ITEM ON GRANT LIST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NORTON CHILDREN'S HOSPITAL FOUNDATION 234 E GRAY ST SUITE 450 LOUISVILLE, KY 40202	61-6027530	501(C)3	650,000				RENOVATION OF NORTON CHILDREN'S HOSPITAL'S 6TH FLOOR INTO MEDICAL/SURGICAL UNIT WITH CRUSADE FOR CHILDREN NAMING RIGHTS
OLDHAM COUNTY BOARD OF EDUCATION 1900 BUTTON LANE LAGRANGE, KY 40031	61-6001306	GOVERNMENT	50,000				FOR ALL OF #2, #3 AND #4, THE REST TO #1 ON THE GRANT LIST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ORANGE COUNTY REHABILITATIVE AND DEVELOPMENTAL SERVICESFIRST CHANCE CENTER P O BOX 267 PAOLI, IN 47454	35-1160833	501(C)3	22,000				PLAYGROUP FOR SPECIAL NEEDS CHILDREN
OUR LADY OF BELLEFONTE HOSPITAL 1000 ST CHRISTOPHER DRIVE ASHLAND, KY 41101	61-1356023	501(C)3	25,000				SPEECH THERAPY SESSIONS, PHYSICAL THERAPY SESSIONS AND OCCUPATIONAL THERAPY SESSIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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OUR LADY OF PROVIDENCE JR-SR HIGH SCHOOL 707 PROVIDENCE WAY CLARKSVILLE, IN 47129	35-0894977	501(C)3	14,000				LEARNING SUPPORT TEAM AIDE
OWEN COUNTY SCHOOL DISTRICT 1600 HIGHWAY 22 EAST OWENTON, KY 40359	61-6001340	GOVERNMENT	5,032				KURZWEIL K3000 DISTRICT SUBSCRIPTION

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

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OWENSBORO DANCE THEATRE 2705 BRECKENRIDGE ST OWENSBORO, KY 42303	61-1040701	501(C)3	13,000				30 MINUTE CLASS SESSIONS AT 6 SCHOOLS, 30 MINUTE CLASS SESSIONS AT PUZZLE PIECES, 30 MINUTE CLASS SESSIONS AT WENDELL FOSTER CTR , SCHOLARSHIPS FOR 10 YOUTH, COMMUNITY PERFORMANCE-"NO LIMITS AND EQUIPMENT/SUPPLIES TO BE USED AT CLASS LOCATIONS
OWENSBORO HEALTH FOUNDATION INC PO BOX 22505 OWENSBORO, KY 42304	61-1251763	501(C)3	18,000				NEXTGEN LOGIQ DIGITAL ULTRASOUND SYSTEM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PAOLI SCHOOL CORP 301 ELM STREET PAOLI, IN 47454	35-1102768	GOVERNMENT	14,000				CONSTRUCTION COST OF KITCHEN & APPLIANCES
PAWS WITH PURPOSE INC PO BOX 5448 LOUISVILLE, KY 40255	20-0681397	501(C)3	20,000				STAFFING FOR PROJECT LEADER/DIRECTOR OF TRAINING AND TRAINING ASSISTANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PERSONAL COUNSELING SERVICE INC 1205 APPLGATE LANE CLARKSVILLE, IN 47129	31-0919635	501(C)3	30,000				DIRECT SERVICES FOR COUNSELING AND DIRECT SERVICES FOR PSYCHOLOGIST
PITT ACADEMY 75157 WESTPORT ROAD LOUISVILLE, KY 40222	23-7066205	501(C)3	10,356				MATERIALS AND TECHNOLOGY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PROVIDENCE SELF SUFFICIENCY MINISTRIES INC 8037 UNRUH DRIVE GEORGETOWN, IN 47122	35-1947580	501(C)3	11,500				STIPENDS FOR STUDENT THERAPISTS, CONSCIOUS DISCIPLINE MATERIALS FOR MILIEU, CONSCIOUS DISCIPLINE MATERIALS FOR EACH RESIDENCE AND CONSCIOUS DISCIPLINE MATERIALS FOR THERAPY
PUZZLE PIECES INC 1512 FREDERICA ST OWENSBORO, KY 42301	45-3042804	501(C)3	18,000				ONE-ON-ONE DIRECT SUPPORT PROFESSIONALS AND LIFE SKILLS SUMMER PROGRAMMING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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RAUCH INC 845 PARK PLACE NEW ALBANY, IN 47150	35-1011521	501(C)3	15,000				THERAPEUTIC DEVELOPMENTAL INTERVENTION THERAPIES
ROCKCASTLE REGIONAL HOSPITAL AND RESPIRATORY CARE CENTER INC PO BOX 1310 MOUNT VERNON, KY 40456	61-0523304	501(C)3	30,000				FOR ANY ITEMS ON GRANT LIST

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RONALD MCDONALD HOUSE CHARITIES OF KENTUCKIANA 550 S FIRST ST LOUISVILLE, KY 40202	31-1053467	501(C)3	50,000				OUTDOOR PLAYGROUND WITH CRUSADE FOR CHILDREN NAMING RIGHTS
SAFY OF KENTUCKY 4010 DUPONT CIRCLE SUITE 379 LOUISVILLE, KY 40207	26-1641642	501(C)3	2,590				LAPTOPS FOR DIAGNOSED SPECIAL NEEDS STUDENTS ONLY

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

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SAINT JOSEPH LONDON FOUNDATION (LEXINGTON KY) 701 BOB OLINK DRIVE LEXINGTON, KY 40504	26-0438748	501(C)3	63,000				GE GIRAFFE INCUBATORS, GE GIRAFFE WARMERS, VAPOTHERM PRECISION FLOWS VYAIRE SIPAP SYSTEM, VYAIRE AVEA NEONATAL VENTILATOR AND GE CARESCAPE B450 MONITORS - NO INSTALLATION FEES
SAINT JOSEPH MOUNT STERLING FOUNDATION 701 BOB OLINK DRIVE LEXINGTON, KY 40504	27-2884584	501(C)3	10,000				NATUS ALGO 5 NEWBORN HEARING SCREENING SYSTEM WITH PRINTER WITH CRUSADE FOR CHILDREN BRANDING DISPLAYED IN AREA USING THE EQUIPMENT

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SHELBY COUNTY PUBLIC SCHOOLS 1155 WEST MAIN ST SHELBYVILLE, KY 40065	61-6001356	GOVERNMENT	62,400				ADAPTIVE EQUIPMENT/ASSISTIVE TECHNOLOGY, FOR SENSORY, FOR INSTRUCTIONAL AND FOR LANGUAGE ASSESSMENT TOOLS
SOUTH CENTRAL AREA SPECIAL EDUCATION COOPERATIVE 600 ELM STREET PAOLI, IN 47454	31-0986767	GOVERNMENT	22,500				CONSULTATIVE SERVICES FOR STUDENTS PRESCHOOL-12

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SOUTH CENTRAL KY KIDS ON THE BLOCK 958 COLLETT AVENUE BOWLING GREEN, KY 42101	61-1164527	501(C)3	4,000				PROGRAMS IN HART, MONROE AND BUTLER COUNTY
SOUTHERN HILLS COUNSELING CENTER INC 480 EVERSMAN PO BOX 769 JASPER, IN 47547	35-1148518	501(C)3	13,500				SALARIES OF SUBSIDIZED SERVICES TO NON-MEDICAID YOUTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SPECIAL OLYMPICS KENTUCKY INC 1230 LIBERTY BANK LANE SUITE 140 LOUISVILLE, KY 40222	61-0954571	501(C)3	16,900				PARTIAL STAFF SALARIES, EQUIPMENT RENTAL, EXAM SUPPLIES, TRANSPORTATION, MEDFEST PROMOTION BAGS, PRINTED MATERIALS & OFFICE SUPPLIES AND STUDENT & VOLUNTEER SHIRTS
SPENCER COUNTY PUBLIC SCHOOLS 207 W MAIN ST TAYLORSVILLE, KY 40071	61-6011367	GOVERNMENT	34,000				EARLY INTERVENING ACADEMIC AND BEHAVIORAL SPECIALIST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SPINA BIFIDA ASSOCIATION OF KENTUCKY 982 EASTERN PARKWAY LOUISVILLE, KY 40217	31-1081176	501(C)3	20,000				PROGRAM COORDINATOR SALARY, FINANCIAL ASSISTANCE FUND AND SBAK CHILDREN PROGRAMS
SPROUTLINGS PEDIATRIC DAY CARE AND PRESCHOOL 3761 JOHNSON HALL DR MASONIC HOME, KY 40041	61-0458374	501(C)3	3,021				TICKLE ME WALK THRU TUNNEL, ABSTRACT TACTILE PANEL AND BALLPOOL MEDIUM

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ST FRANCIS SCHOOL 233 W BROADWAY LOUISVILLE, KY 40202	31-0896538	501(C)3	7,500				PARTIAL SALARY SUPPORT FOR TLC HIGH SCHOOL, PARTIAL SALARY SUPPORT FOR LOWER/MIDDLE SCHOOL, MINNESOTA EXECUTIVE FUNCTION SCALE AND LEARNING ALLY BUILDING LICENSE
ST JOSEPH CHILDREN'S HOME 2823 FRANKFORT AVE LOUISVILLE, KY 40206	61-0475286	501(C)3	25,500				FOSTER CARE RECRUITER SALARY AND THERAPIST SUPERVISION COSTS AND USED 7-PASSENGER VAN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ST VINCENT DE PAUL LOUISVILLE 1015-C S PRESTON ST LOUISVILLE, KY 40203	61-0727110	501(C)3	14,000				YOUTH DEVELOPMENT SPECIALISTS (PT) AND SPECIAL EDUCATION TUTOR (PT)
STAGEONE FAMILY THEATRE 315 W MARKET ST SUITE 2S LOUISVILLE, KY 40202	61-0466715	501(C)3	7,200				UNDERWRITE 250 TICKETS PER SF PROJECTION FOR CHILDREN WITH AUTISM OR SPD

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SUMMIT ACADEMY OF GREATER LOUISVILLE 11508 MAIN ST LOUISVILLE, KY 40243	61-1214457	501(C)3	8,000				PHYSICAL EDUCATION EQUIPMENT AND SIERRA HOUSE EQUIPMENT & FURNITURE
SUNRISE CHILDREN'S SERVICES 300 HOPE STREET MT WASHINGTON, KY 40047	61-0597273	501(C)3	17,000				USED 15-PASSENGER VAN

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TAYLOR CO BOARD OF EDUCATION 1209 EAST BROADWAY CAMPBELLSVILLE, KY 42718	61-6001256	GOVERNMENT	48,012				PASSENGER CE LIFT BUS WITH 25 HP CUMMINS, MUST DISPLAY THE CRUSADE LOGO ON BUS
TELFORD YMCA 100 EAST MAIN ST RICHMOND, KY 40475	61-6000619	501(C)3	10,000				PERSONNEL AND EQUIPMENT

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THE BOYS & GIRLS CLUB OF BOWLING GREEN KENTUCKY 260 SCOTT WAY PO BOX 872 BOWLING GREEN, KY 42101	61-0482974	501(C)3	8,000				BOOKNOOK PROGRAM, TECHNOLOGY, FIELD TRIPS AND SUPPLIES
THE DE PAUL SCHOOL 1925 DUKER AVENUE LOUISVILLE, KY 40205	61-0711082	501(C)3	25,000				DEMOLITION, DEBRIS REMOVAL, CLEAN-UP, EQUIPMENT

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THE DEAF YOUTH SPORTS FEST PO BOX 421304 INDIANAPOLIS, IN 46242	01-0702831	501(C)3	15,000				SCHOLARSHIPS
THE MORTON CENTER INC 1028 BARRETT AVE LOUISVILLE, KY 40204	31-1068020	501(C)3	25,000				INDIVIDUAL SESSIONS WITH ART THERAPY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REATH CENTER 55 HERITAGE DR CAMPBELLSVILLE, KY 42718	20-4464384	501(C)3	5,000				FOR ANY ITEM ON GRANT LIST
THE WOMEN'S HOSPITAL AT SAINT JOSEPH EAST 701 BOB OLINK DRIVE LEXINGTON, KY 40504	61-1159649	501(C)3	31,000				GE GIRAFFE OMNIBED W/MEDICAL ACCESSORIES, NATUS NEOBLUE COMPACT BILILIGHTS & EXTENDER ARM, NATUS NEOBLUE PHOTOTHERAPY SYSTEMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRIMBLE COUNTY SCHOOLS 116 WENTWORTH AVE BEDFORD, KY 40006	61-6001243	GOVERNMENT	7,500				THERAPEUTIC SPACE, BUBBLING WATER PANEL, HUDDLE CUDDLE CUSION, B-CALM GP, MOVING THE SENSES SET & BUBBLE MAKER, TAC-TILES 9 PANEL SET, LIL' PEANUT CHAIRS AND FIBER OPTIC SOFTIE BEANBAG
U OF L - CAPITAL DEPT OF PEDIATRICS 571 S FLOYD ST STE 432 LOUISVILLE, KY 40202	61-1029626	501(C)3	274,000				CONSTRUCTION OF DEPARTMENT OF PEDIATRICS BUILDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
U OF L - DIVISION OF CHILD NEUROLOGY 500 SO PRESTON ST HSC A ROOM 113 LOUISVILLE, KY 40202	61-1029626	501(C)3	75,000				NURSE PRACTITIONERS AND SOCIAL WORKER
U OF L - ENDROCINOLOGY DEPT OF PEDIATRICS 571 S FLOYD ST STE 432 LOUISVILLE, KY 40202	61-1029626	501(C)3	15,000				SUB-AWARD WITH ULP FOR LPN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
U OF L - HEMATOLOGYONCOLOGY DEPT OF PEDIATRICS 571 S FLOYD ST STE 432 LOUISVILLE, KY 40202	61-1029626	501(C)3	19,000				SOCIAL WORKER'S SALARY
U OF L - NEURORECOVERY FRAZIER REHAB INSTITUTE 200 ABRAHAM FLEXNER WAY 15TH FLOOR LOUISVILLE, KY 40202	61-1029626	501(C)3	30,000				PEDIATRIC NEUROMUSCULAR RECOVERY TRAINING SYSTEM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
U OF L - OBSTETRICSGYNECOLOGY 550 S JACKSON ST LOUISVILLE, KY 40202	61-1029626	501(C)3	53,000				VOLUSON (GENERAL ELECTRIC) E10 ULTRASOUND SYSTEM
U OF L - PEDIATRIC EMERGENCY MEDICINE DEPT OF PEDIATRICS 571 S FLOYD ST STE 432 LOUISVILLE, KY 40202	61-1029626	501(C)3	160,000				VEHICLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
U OF L - PEDIATRIC INFECTIOUS DISEASE DEPT OF PEDIATRICS 571 S FLOYD ST STE 432 LOUISVILLE, KY 40202	61-1029626	501(C)3	9,780				VWR ULT FREEZER 10160-760, 17 CF 120V RACK BUNDLE
U OF L - SCHOLARSHIPS 300 EAST MARKET ST SUITE 300 LOUISVILLE, KY 40202	61-1029626	501(C)3	15,000				TUITION COSTS FOR SPECIAL NEEDS EDUCATORS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
U OF L - STONESTREET CLINIC DEPT OF PEDIATRICS 571 S FLOYD ST STE 432 LOUISVILLE, KY 40202	61-1029626	501(C)3	8,000				WELCH ALLYN SPOT VISION SCREENER
U OF L - WEISSKOPFLEARNING DISORDERS DEPT OF PEDIATRICS 571 S FLOYD ST STE 432 LOUISVILLE, KY 40202	61-1029626	501(C)3	71,000				PSYCHOLOGIST SUPPORT FOR EVALUATION & MANAGEMENT SERVICES, DEVELOPMENTAL BEHAVIORAL PEDIATRICIAN, SPEECH PATHOLOGY SUPPORT FOR DIAGNOSTIC EVALUATION SERVICES AND SOCIAL WORKER SUPPORT FOR DIAGNOSTIC EVALUATION & PROGRAM PLANNING SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
U OF L - WEISSKOPFNUTRITION CLINIC DEPT OF PEDIATRICS 571 S FLOYD ST STE 432 LOUISVILLE, KY 40202	61-1029626	501(C)3	50,000				CLINICAL STAFF SALARIES AND NUTRITIONISTS
U OF L - WEISSKOPFSTAR PROGRAM DEPT OF PEDIATRICS 571 S FLOYD ST STE 432 LOUISVILLE, KY 40202	61-1029626	501(C)3	91,000				PSYCHOLOGIST SUPPORT FOR DIAGNOSTIC EVALUATION, SPEECH PATHOLOGY SUPPORT, OCCUPATIONAL THERAPIST SUPPORT, SOCIAL WORKER SUPPORT AND DEVELOPMENTAL BEHAVIORAL PEDIATRIC SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPSIDE THERAPEUTIC RIDING INC 250 KENWOOD HILL ROAD LOUISVILLE, KY 40214	26-1841337	501(C)3	17,000				HIPPOTHERAPY SCHOLARSHIPS FOR CHILDREN WITH SPECIAL NEEDS
USPIRITUS INC 11103 PARK RD LOUISVILLE, KY 40223	61-0471572	501(C)3	80,000				EDUCATION MANAGER'S SALARY, YOUTH CARE WORKERS SALARIES AND COUCHES FOR COTTAGES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIPS - INDIANAPOLIS 1100 WEST 42ND ST SUITE 228 INDIANAPOLIS, IN 46208	61-1061973	501(C)3	35,000				TEACHER OF BLIND/LOW VISION, EARLY INTERVENTIONIST AND EARLY INTERVENTIONIST
VIPS - LEXINGTON 350 HENRY CLAY BLVD LEXINGTON, KY 40502	61-1061973	501(C)3	40,000				TEACHER OF THE VISUALLY IMPAIRED AND DEVELOPMENTAL INTERVENTIONIST

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIPS - LOUISVILLE 1906 GOLDSMITH LANE LOUISVILLE, KY 40218	61-1061973	501(C)3	85,746				TEACHER OF VISUALLY IMPAIRED DIRECT SERVICES, TEACHER KIDS TOWN PRESCHOOL, TEACHER DIRECT SERVICES AND LEAD TEACHER - 2 DAY'S PROGRAM
VOLUNTEERS OF AMERICA MID-STATES INC - CLINIC CAPITAL 570 SOUTH 4TH ST SUITE 100 LOUISVILLE, KY 40202	61-0480950	501(C)3	70,000				RENOVATION COSTS AND MEDICAL EQUIPMENT AND SUPPLIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEERS OF AMERICA MID-STATES INC-LOUISVILLE FAMILY HOUSING 570 SOUTH 4TH ST SUITE 100 LOUISVILLE, KY 40202	61-0480950	501(C)3	15,000				SPECIAL NEEDS SCREENING AND CASE MANAGEMENT FOR CHILDREN
VSA KENTUCKY PO BOX 3320 BOWLING GREEN, KY 42412	61-1133019	501(C)3	10,000				SIDE BY SIDE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON COUNTY SCHOOLS 120 MACKVILLE HILL SPRINGFIELD, KY 40069	61-6001364	GOVERNMENT	11,000				PARTIAL SALARY FOR ONE SPEECH LANGUAGE PATHOLOGIST
WENDELL FOSTER'S CAMPUS FOR DEVELOPMENTAL DISABILITIES 815 TRIPLETT ST OWENSBORO, KY 42303	61-0490868	501(C)3	12,594				TAPIT AND INTERACTIVE METRONOME

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST CLARK SCHOOLS 601 RENZ AVENUE SELLERSBURG, IN 47172	35-1146809	GOVERNMENT	16,000				ACADEMIC SUPPORT IN MATH AND ENGLISH, MODERATE CURRICULUM AND TECHNOLOGY AND PHYSICAL/MOTOR SUPPORT IN THE CLASSROOM SETTING
WEST POINT BOARD OF EDUCATION 209 N 13TH STREET WEST POINT, KY 49177	61-6001374	GOVERNMENT	20,000				INSTRUCTIONAL ASSISTANTS AND BUS MONITOR AND EDMARK READING PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN KENTUCKY UNIVERSITY RESEARCH FOUNDATION INC KELLY AUTISM PROGRAM 1906 COLLEGE HEIGHTS BLVD 11016 BOWLING GREEN, KY 42101	61-1358086	GOVERNMENT	21,000				GRADUATE ASSISTANT, BEHAVIOR SPECIALIST AND INDIVIDUAL SCHOLARSHIP ASSISTANCE
WESTERN KENTUCKY UNIVERSITY RESEARCH FOUNDATION INC SCHOLARSHIPS 1906 COLLEGE HEIGHTS BLVD 11016 BOWLING GREEN, KY 42101	61-1358086	GOVERNMENT	25,000				GRADUATE AND UNDERGRADUATE SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN KY UNIVERSITY RESEARCH FOUNDATIONEARLY CHILDHOOD CENTER 1906 COLLEGE HEIGHTS BLVD 11016 BOWLING GREEN, KY 42101	61-1358086	501(C)3	35,000				EARLY CHILDHOOD SPECIAL EDUCATION TEACHERS, OCCUPATIONAL THERAPY, SENSORY ROOM ITEMS AND FINANCIAL AID FOR CHILDREN
WHITLEY COUNTY BOARD OF EDUCATION 300 MAIN STREET WILLIAMSBURG, KY 40769	61-6001378	GOVERNMENT	2,995				HUMANWARE PRODIGI CONNECT 12 GOOGLE CERTIFIED VIDEO MAGNIFIER WITH 10X DISTANCE CAMERA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODFORD COUNTY PUBLIC SCHOOLS 330 PISGAH PIKE WOODFORD, KY 40383	61-6001372	GOVERNMENT	3,100				TEACHTOWN AND VIZZLE
WORKING THE PUZZLE FOR AUTISM INC 179 MEADOW LANE LEBANON, KY 40033	46-0588766	501(C)3	6,000				NO LIMITS CAMP KY SCIENCE CTR , SENSORY/VIBRATIONAL PILLOW, BALL BUBBLE TUBE, EASY SWITCH GLOW LIGHT, BUTTLE TUBE CUSHION, FOLDING FLOOR CUSHION, SHAPES INFINITY PANEL AND JUMBO FOAM SKILL CARE CRASH PAD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA BULLITT COUNTY YMCA BRANCH 409 JOE B HALL AVENUE SHEPHERDSVILLE, KY 40165	61-0444843	501(C)3	7,000				STAFF AIDES AND SWIM LESSON INSTRUCTORS
YMCA OF GREATER LOUISVILLE 545 SOUTH 2ND ST LOUISVILLE, KY 40202	61-0444843	501(C)3	15,000				CHILDCARE ENRICHMENT PROGRAM SALARIES OR SUMMER LEARNING/POWER SCHOLAR SALARIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF GREATER LOUISVILLESCHOOL AGE CHILDCARE-IN (CLARK & FLOYD CO) 4812 HAMBURG PIKE JEFFERSONVILLE, IN 47130	61-0444843	501(C)3	5,000				SALARIES FOR CAMP ADVENTURE DIRECTOR AND STAFF AND ALSO STAFF AIDES AT OTHER Y CAMPS
YMCA SAFE PLACE 2400 CRITTENDEN DRIVE LOUISVILLE, KY 40217	61-0444843	501(C)3	15,000				SALARIES FOR SHELTER HOUSE YOUTH WORKERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH ETHICS & SKILLS CENTER INC 3812 WEST BROADWAY LOUISVILLE, KY 40211	26-2737625	501(C)3	5,000				ITEMS 1 AND 6 AND THE REMAINDER TO OTHER ITEMS ON THE LIST
YOUTH ETHICS & SKILLS CENTER INC - CAPITAL 3812 WEST BROADWAY LOUISVILLE, KY 40211	26-2737625	501(C)3	4,250				ADA BATHROOM RENOVATION)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTHBUILD LOUISVILLE 800 SOUTH PRESTON STREET LOUISVILLE, KY 40203	61-1374470	501(C)3	2,000				2013 DODGE CARAVAN SE MINIVAN

<div>Schedule J</div> <div>(Form 990)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div>	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</div> <div>▶ Attach to Form 990.</div> <div>▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.</div>	OMB No 1545-0047
		2017
		Open to Public Inspection

Name of the organization THE WHAS CRUSADE FOR CHILDREN INC	Employer identification number 23-7075524
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Part I	Questions Regarding Compensation		Yes	No
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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
 ☐ Travel for companions
 ☐ Tax indemnification and gross-up payments
 ☐ Discretionary spending account

☐ Housing allowance or residence for personal use
 ☐ Payments for business use of personal residence
 ☐ Health or social club dues or initiation fees
 ☐ Personal services (e.g., maid, chauffeur, chef)

b

If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2

Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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
 ☐ Independent compensation consultant
 ☐ Form 990 of other organizations

☐ Written employment contract
 ☐ Compensation survey or study
 ☐ 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?

b

Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c

Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a

The organization?

b

Any related organization?

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?

b

Any related organization?

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 in lines 5 and 6? If "Yes," describe in Part III.

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.

9

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

[illegible]

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 3	THE RELATED ORGANIZATION USED THE FOLLOWING METHODS IN ESTABLISHING THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT AND CEO - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
PART I, LINE 5	FROM TEGNA INC , THE RELATED ORGANIZATION. THIS COMPENSATION IS BASED UPON TEGNA COMPANY'S EARNINGS. THIS PAYMENT IS NOT DEPENDENT UPON WHAS CRUSADE FOR CHILDREN FINANCIAL RESULTS. ALSO, THIS COMPENSATION PAYMENT HAS NO IMPACT ON THE CRUSADE.

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

2017

Open to Public Inspection

Name of the organization
THE WHAS CRUSADE FOR CHILDREN INC

Employer identification number
23-7075524

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	44,720	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	23	13,331	DONOR ESTIMATE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>SUPPLIES</u>)	X	2	15,000	DONOR ESTIMATE
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

29

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

29

0

30a

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

30a

Yes

No

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

No

32a

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

32a

Yes

No

No

b

If "Yes," describe in Part II

33

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

33

Yes

No

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE WHAS CRUSADE FOR CHILDREN INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

23-7075524

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS HAVE THE AUTHORITY TO ELECT THE BOARD OF DIRECTORS, HOWEVER, THE BOARD OF DIRECTORS ELECT THE OFFICERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	ALL DECISIONS OF THE GOVERNING BODY MAY BE VOTED ON BY THE MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE CONTROLLER, THE TREASURER AND THE CEO REVIEW THE FORM 990 A COPY OF THE FORM 990 IS PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REQUIRES EACH VOTING OFFICER AND DIRECTOR TO ANNUALLY COMPLETE AND SIGN A QUESTIONNAIRE CONCERNING POTENTIAL CONFLICT OF INTERESTS THESE FORMS ARE THEN REVIEWED BY THE SECRETARY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE CEO'S SALARY IS DETERMINED BY THE BOARD OF DIRECTORS USING COMPARABILITY DATA AND GUIDELINES ESTABLISHED BY THE HUMAN RESOURCES DEPARTMENT OF TEGNA, INC AND USED BY WHAS THE CEO DETERMINES SALARY INCREASES FOR EACH EMPLOYEE USING CRITERIA AND STANDARDS ESTABLISHED BY THE HUMAN RESOURCES DEPARTMENT OF TEGNA, INC AND USED BY WHAS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN BENEFICIAL INTEREST IN CHARITABLE TRUSTS 46,580 RETURN OF GRANT FUNDS PAID OUT IN PRIOR YEAR 190,177 CHANGE IN BENEFICIAL INTEREST IN FUNDS HELD BY OTHERS 132,251

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS A FINANCE COMMITTEE THAT IS RESPONSIBLE FOR SELECTION OF THE INDEPENDENT AUDITOR. THE FINANCE COMMITTEE AND THE BOARD TREASURER RECEIVE A COPY OF THE AUDITED FINANCIAL STATEMENTS FOR REVIEW PRIOR TO THE CONCLUSION OF THE AUDIT AND THE 990 PRIOR TO FILING. THE PROCESS DID NOT CHANGE FROM THE PRIOR YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE WHAS CRUSADE FOR CHILDREN INC

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

2017

Open to Public Inspection

Employer identification number
23-7075524

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) TEGNA 7950 JONES BRANCH DRIVE MCLEAN, VA 221070150	MEDIA PRODUCTION (TELEVISION/CABLE)	DE	N/A	C					No

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

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

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

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

1a

No

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

1b

No

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

1c

No

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

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

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

1j

No

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

1k

No

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

1l

No

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

1m

No

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

1n

No

o Sharing of paid employees with related organization(s)

1o

No

p Reimbursement paid to related organization(s) for expenses

1p

Yes

q Reimbursement paid by related organization(s) for expenses

1q

No

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

1r

No

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

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2017

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

[illegible]

Part VII **Supplemental Information**

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