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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 09-01-2018 , and ending 08-31-2019

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

C Name of organization
THE WHAS CRUSADE FOR CHILDREN INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
520 W CHESTNUT ST

City or town, state or province, country, and ZIP or foreign postal code
LOUISVILLE, KY 40202

D Employer identification number
23-7075524

E Telephone number
(502) 582-7706

G Gross receipts \$ 7,196,042

F Name and address of principal officer:
DAWN LEE
520 W CHESTNUT ST
LOUISVILLE, KY 40202

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.WHASCRUSADE.ORG

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

L Year of formation: 1980

M State of legal domicile: KY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE MEDICAL AND EDUCATIONAL SUPPORT TO SPECIAL NEEDS CHILDREN.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.
3 Number of voting members of the governing body (Part VI, line 1a) 3 26
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 26
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0
6 Total number of volunteers (estimate if necessary) 6 500
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
b Net unrelated business taxable income from Form 990-T, line 34 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h)
9 Program service revenue (Part VIII, line 2g)
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year Current Year
6,561,677 6,058,798
0 0
897,050 764,878
0 0
7,458,727 6,823,676

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14 Benefits paid to or for members (Part IX, column (A), line 4)
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
16a Professional fundraising fees (Part IX, column (A), line 11e)
b Total fundraising expenses (Part IX, column (D), line 25) ▶386,059
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)
19 Revenue less expenses. Subtract line 18 from line 12

Prior Year Current Year
5,675,000 5,690,000
0 0
0 0
11,060 0
976,033 1,086,478
6,662,093 6,776,478
796,634 47,198

Net Assets or Fund Balances

20 Total assets (Part X, line 16)
21 Total liabilities (Part X, line 26)
22 Net assets or fund balances. Subtract line 21 from line 20

Beginning of Current Year End of Year
32,572,783 31,846,198
7,145,180 6,705,887
25,427,603 25,140,311

Part II Signature Block

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

Sign Here

Signature of officer
DAWN LEE CEO & PRESIDENT
Type or print name and title

2020-04-15
Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2020-04-15 Check ☐ if self-employed PTIN P00024055
Firm's name ▶ MCM CPAS & ADVISORS LLP Firm's EIN ▶ 27-1235638
Firm's address ▶ 462 S FOURTH ST SUITE 2600
LOUISVILLE, KY 402023445 Phone no. (502) 749-1900

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2018)

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 \$ 5,690,000 including grants of \$ 5,690,000) (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 ▶ 5,690,000

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)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 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? If "Yes," complete Schedule D, Part VI.	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? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part VIII	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? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	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? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	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>	23	No
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>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	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>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	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>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
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>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	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	1a	14
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Form **990** (2018)

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	1a 26		
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	1b 26		
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	Yes	
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		No
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		No
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		No
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-A 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

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

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

7

● 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.

[illegible]

Part VII

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	246,295	0	27,512

2 Total number of individuals (including but not limited to
of reportable compensation from the organization ▶ 2

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

Section B. Independent Contractors

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)	(B)	(C)
Name and business address	Description of services	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)	(B)	(C)	(D)
		Total revenue	Related or exempt function revenue	Unrelated business revenue	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	6,058,798	
	g	Noncash contributions included in lines 1a - 1f:\$	218,370		
	h	Total. Add lines 1a-1f		6,058,798	
Program Service Revenue	2a	Business Code			
	b				
	c				
	d				
	e				
	f	All other program service revenue.			
	g	Total. Add lines 2a-2f			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	786,572		786,572
	4	Income from investment of tax-exempt bond proceeds			
	5	Royalties			
	6a	Gross rents	(i) Real	(ii) Personal	
	b	Less: rental expenses			
	c	Rental income or (loss)			
	d	Net rental income or (loss)			
	7a	Gross amount from sales of assets other than inventory	350,672		
	b	Less: cost or other basis and sales expenses	372,366		
	c	Gain or (loss)	-21,694		
	d	Net gain or (loss)	-21,694		-21,694
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a		
	b	Less: direct expenses	b		
	c	Net income or (loss) from fundraising events			
	9a	Gross income from gaming activities. See Part IV, line 19	a		
	b	Less: direct expenses	b		
	c	Net income or (loss) from gaming activities			
10a	Gross sales of inventory, less returns and allowances	a			
b	Less: cost of goods sold	b			
c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code			
11a					
b					
c					
d	All other revenue				
e	Total. Add lines 11a-11d				
12	Total revenue. See Instructions.	6,823,676	0	0	764,878

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	5,690,000	5,690,000		
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	2,753		2,753	
c Accounting	14,560		14,560	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
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	2,383		2,235	148
13 Office expenses	71,417		33,179	38,238
14 Information technology	38,075		32,733	5,342
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				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,971		10,971	
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	760,784		504,265	256,519
b MISCELLANEOUS	60,892		56,829	4,063
c PRODUCTION & ENGINEERIN	43,073		2,894	40,179
d FUNDRAISING EXPENSES	20,984			20,984
e All other expenses	20,586			20,586
25 Total functional expenses. Add lines 1 through 24e	6,776,478	5,690,000	700,419	386,059
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	2,107,334	1	1,256,131
	2 Savings and temporary cash investments	762,440	2	818,207
	3 Pledges and grants receivable, net	127,567	3	122,015
	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	14,041	9	9,796
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 278,614		
	b Less: accumulated depreciation	10b 221,152		
		68,433	10c	57,462
	11 Investments—publicly traded securities	26,566,288	11	26,849,413
	12 Investments—other securities. See Part IV, line 11	16,204	12	16,479
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,910,476	15	2,716,695
	16 Total assets. Add lines 1 through 15 (must equal line 34)	32,572,783	16	31,846,198
Liabilities	17 Accounts payable and accrued expenses	50,947	17	137,196
	18 Grants payable	7,094,233	18	6,568,691
	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	7,145,180	26	6,705,887
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	20,823,999	27	20,647,195
	28 Temporarily restricted net assets	715,308	28	548,433
	29 Permanently restricted net assets	3,888,296	29	3,944,683
	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	25,427,603	33	25,140,311
	34 Total liabilities and net assets/fund balances	32,572,783	34	31,846,198

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	6,823,676
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,776,478
3	Revenue less expenses. Subtract line 2 from line 1	3	47,198
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,427,603
5	Net unrealized gains (losses) on investments	5	-592,688
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	258,198
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	25,140,311

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 (2018)

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.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
BRENNEN LAWRENCE CHAIRMAN (ENDED 03/2019)	0.10	X		X				0	0	0
ANGELICA WILSON TREASURER (ENDED 12/2018)	0.10	X		X				0	0	0
JEFF NELSON CHAIRMAN (BEGAN 03/2019)	0.10	X		X				0	0	0
GARY STEWART VICE CHAIRMAN	0.10	X		X				0	0	0
DON ALLEN BOARD MEMBER	0.10	X						0	0	0
JENNIFER ERHARD BOARD MEMBER	0.10	X						0	0	0
BILL GODFREY BOARD MEMBER (BEGAN 03/2019)	0.10	X						0	0	0
KELLY GRANGIER BOARD MEMBER	0.10	X						0	0	0
JOE GRAFFIS BOARD MEMBER (BEGAN 03/2019)	0.10	X						0	0	0
KATHERINE LANGAN SECRETARY (BEGAN 08/2018)	0.10	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
KYLE JUDD BOARD MEMBER (BEGAN 03/2019)	0.10	X						0	0	0
PAMELA STEPHENS BOARD MEMBER	0.10	X						0	0	0
CLARENCE GLOVER BOARD MEMBER (BEGAN 03/2019)	0.10	X						0	0	0
SHAWN KAELIN BOARD MEMBER	0.10	X						0	0	0
LISA COLUMBIA BOARD MEMBER	0.10	X						0	0	0
JEAN O'BRIEN BOARD MEMBER	0.10	X						0	0	0
CHRISTY MORENO BOARD MEMBER	0.10	X						0	0	0
DEBBIE LEIST BOARD MEMBER	0.10	X						0	0	0
JOSH EVERETT BOARD MEMBER	0.10	X						0	0	0
TOM MOBLEY BOARD MEMBER (ENDED 03/2019)	0.10	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
DAVE GOLDSMITH BOARD MEMBER	0.10	X						0	0	0
KEVIN BURKE BOARD MEMBER	0.10	X						0	0	0
DENNIS STILGER BOARD MEMBER (BEGAN 03/2019)	0.10	X						0	0	0
JENNIFER FRIES BOARD MEMBER (BEGAN 03/2019)	0.10	X						0	0	0
MARCUS WARREN BOARD MEMBER (BEGAN 03/2019)	0.10	X						0	0	0
MEAGHAN REYNOLDS TREASURER (BEGAN 12/2018)	0.10	X						0	0	0
PAT WALSH BOARD MEMBER (BEGAN 03/2019)	0.10	X						0	0	0
STACY GRIGGS BOARD MEMBER (BEGAN 03/2019)	0.10	X						0	0	0
SUSAN CILONE BOARD MEMBER (BEGAN 03/2019)	0.10	X						0	0	0
DAWN LEE PRESIDENT & CEO	40.00			X				134,957	0	10,090

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
JOHN BLIM VICE-PRESIDENT	40.00			X				111,338	0	17,422

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	6,654,570	5,692,586	7,120,727	6,561,677	6,058,798	32,088,358
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	6,654,570	5,692,586	7,120,727	6,561,677	6,058,798	32,088,358
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) . . .						360,098
6	Public support. Subtract line 5 from line 4.						31,728,260

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .	6,654,570	5,692,586	7,120,727	6,561,677	6,058,798	32,088,358
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	445,352	518,862	598,320	707,037	786,572	3,056,143
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						35,144,501
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 2018 (line 6, column (f) divided by line 11, column (f))	14 90.280 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15 91.960 %
16a	33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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? If "Yes" to a, b, or c, provide detail in Part VI.		

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? 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.		
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? 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.		
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)? 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).		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
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 ☐ The organization satisfied the Activities Test. Complete line 2 below.

b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.

c ☐ 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.

	Yes	No
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? 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.		
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? 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.		
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? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div><div>1</div><div><input type="checkbox"/></div><div>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.</div></div>			
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	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)</div></div>		

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. 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 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
THE WHAS CRUSADE FOR CHILDREN INC

Employer identification number
23-7075524

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2018

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	24,855,474	22,860,407	19,436,054	18,556,280	18,446,315
b Contributions	612,659	1,020,484	1,942,331	226,382	627,639
c Net investment earnings, gains, and losses	80,143	1,856,414	2,165,981	1,255,550	-97,000
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	974,370	881,831	683,959	602,158	420,674
g End of year balance	24,573,906	24,855,474	22,860,407	19,436,054	18,556,280

2

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

a

Board designated or quasi-endowment ▶ 83.950 %

b

Permanent endowment ▶ 16.050 %

c

Temporarily restricted endowment ▶

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	88,377	42,557
d Equipment		112,346	112,346	0
e Other		35,334	20,429	14,905
Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				57,462

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	14,868
(2) CASH SURRENDER VALUE OF LIFE INSURANCE	28,611
(3) BENEFICIAL INTEREST IN CHARITABLE TRUSTS	1,678,779
(4) BENEFICIAL INTEREST BY OTHERS	994,437
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	2,716,695

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	6,772,450
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-592,688
b	Donated services and use of facilities	2b	626,531
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-45,069
e	Add lines 2a through 2d	2e	-11,226
3	Subtract line 2e from line 1	3	6,783,676
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	6,823,676

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	7,059,742
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	626,531
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	626,531
3	Subtract line 2e from line 1	3	6,433,211
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	303,267
c	Add lines 4a and 4b	4c	343,267
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,776,478

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 OPERATING ENDOWMENT TO COVER THE CRUSADE'S OPERATING COSTS, WHILE MAKING MORE GRANTS TO SUPPORT 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 THE "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 -78,038. CHANGE IN BENEFICIAL INTEREST HELD BY OTHERS 32,969.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	RECOVERY OF PRIOR YEAR GRANTS 303,267.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
THE WHAS CRUSADE FOR CHILDREN INC

Employer identification number
23-7075524

Part I 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 ▶ 198
- 3 Enter total number of other organizations listed in the line 1 table ▶ 20

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
ADAIR COUNTY BOARD OF EDUCATION 1204 GREENSBURG STREET COLUMBIA, KY 42728	61-6001263	501(C)3	32,000				\$32,000 TO FULLY FUND ITEM #2 - HURRICANE BUBBLE TUBE, \$15,000 FOR ITEM #3 - SALARY FOR LBD TEACHER AND THE REMAINDER FOR ITEM #1 - CHROMEBOOKS\$32,000 TO FULLY FUND ITEM #2 - HURRICANE BUBBLE TUBE, \$15,000 FOR ITEM #3 - SALARY FOR LBD TEACHER AND THE REMAINDER FOR ITEM #1 - CHROMEBOOKS
ALLEGRO DANCE PROJECT 315 SIERRA DRIVE LEXINGTON, KY 40505	46-4066462	GOVERNMENT	5,000				\$5,000 FOR OUTREACH INSTRUCTION COMPENSATION AND LIVE MUSIC ACCOMPANIMENT (NOT TO EXCEED AMOUNT REQUESTED FOR EACH ITEM)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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AMERICAN PRINTING HOUSE FOR THE BLIND 1839 FRANKFORT AVE LOUISVILLE, KY 40206	61-0444640	501(C)3	10,000				\$10,000 FOR BOOKS, BRAILLE LABEL, LABEL EMBOSSING; AND TRANSCRIPTION COST
AMERICAN NATIONAL RED CROSS 510 E CHESTNUT ST LOUISVILLE, KY 40202	53-0196605	501(C)3	20,000				\$20,000 FOR ANY ITEM - MEDALLION SERIES MINI RECEIVERS, MEDALLION SERIES MINI SMOKE ALARMS, BED VIBRATORS (NOT TO EXCEED THE AMOUNT FOR EACH LINE ITEM AND REQUIRED TO USE CRUSADE LOGO ON EQUIPMENT WHEN POSSIBLE.)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ANCHORAGE INDEPENDENT SCHOOL DISTRICT 11400 RIDGE ROAD ANCHORAGE, KY 40223	61-6000099	501(C)3	25,000				\$25,000 FOR ITEMS 1-6 ONLY (NOT TO EXCEED THE AMOUNT REQUESTED FOR EACH ITEM)
APPALACHIAN REGIONAL HEALTHCARE INC 2260 EXECUTIVE DRIVE LEXINGTON, KY 40505	52-0795508	501(C)3	11,000				\$11,000 FOR ANY ITEM ON GRANT LIST (FIBER OPTIC SOFTIE BEANBAG FOR THERAPY, RAINBOW ARCH CLIMBER, APPLE I-PAD W/COVER AND PROTECTOR, SCATBI: SCALES OF COGNITIVE ABILITY FOR TRAUMATIC BRAIN INJURY ASSESSMENT KIT, GLIDER BOLSTER MINI, BUSY ZOO TRAIN ACTIVITY WALL TOY, GOLDMAN-FRISTOE TEST OF ARTICULATIONS KIT, FUNDS FOR APPS FOR I-PAD INSTRUCTION FOR SPEECH AND OCCUPATIONAL THERAPY) FOR REMAINING ITEMS ON GRANT LIST

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ARHHC INC PO BOX 2013 225 COLLEGE STREET ELIZABETHTOWN, KY 42701	61-6030361	501(C)3	6,000				\$6,000 FOR PERSONNEL SALARY
ASBURY UNIVERSITY ONE MACKLEM DR WILMORE, KY 40390	61-0458355	501(C)3	23,000				\$23,000.00 FOR SCHOLARSHIPS FOR STUDENTS SEEKING SPECIAL EDUCATION CERTIFICATION.

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

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BAPTIST HEALTH FOUNDATION GREATER LOUISVILLE INC 4007 KRESGE WAY LOUISVILLE, KY 40207	20-0292291	501(C)3	93,000				\$93,000 FOR ANY ITEM ON GRANT LIST (GE GIRAFFE OMNIBED, SKYTRON C SECTION OPERATING TABLE, NATUS HEARING SCREEN, STRYKER BASSINETTS, FEEDING SYRINGE PUMP, NEOMODE SOFTWARE UPGRADE)
BARDSTOWN INDEPENDENT SCHOOLS 308 NORTH 5TH STREET BARDSTOWN, KY 40004	61-6001009	501(C)3	25,000				\$25,000 FOR THE BARDSTOWN EARLY CHILDHOOD EDUCATION CENTER MULTISENSORY ROOM AND BARDSTOWN PRIMARY SCHOOL MULTISENSORY ROOM (NO FREIGHT, INSTALLATION/PRODUCT TRAINING)

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BARREN RIVER AREA CHILD ADVOCACY CENTER 103 E 12TH ST BOWLING GREEN, KY 42101	61-1337449	501(C)3	10,000				\$10,000 FOR FORENSIC INTERVIEWS
BATH COUNTY SCHOOLS - CROSSROADS ELEMENTARY SCHOOL 405 WEST MAIN ST OWINGSVILLE, KY 40360	61-6001341	501(C)3	11,000				SENSORY ITEMS ON GRANT LIST

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BELLARMINE UNIVERSITY 2001 NEWBURG ROAD LOUISVILLE, KY 40205	61-0482955	501(C)3	50,000				\$50,000.00 FOR ANY ITEM ON LIST (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH ITEM).
BELLARMINE UNIVERSITY-SCHOLARSHIPS 2001 NEWBURG ROAD LOUISVILLE, KY 40205	61-0482955	501(C)3	18,000				\$18,000 FOR SCHOLARSHIPS FOR STUDENTS SEEKING SPECIAL EDUCATION TEACHING CERTIFICATION

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BEST BUDDIES KENTUCKY 1911A BARDSTOWN ROAD LOUISVILLE, KY 40205	52-1614576	501(C)3	6,500				\$6,500 TOWARDS ITEM #1 PROGRAM MANAGER SALARY
BIG BROTHERS BIG SISTERS OF KENTUCKIANA INC 1519 GARDINER LANE LOUISVILLE, KY 40218	61-6057856	501(C)3	5,000				\$5,000 FOR ANY ITEM ON GRANT - MONITOR, SUPPORT & EVALUATE MENTORS AND YOUTH; ENROLL, TRAIN & MATCH YOUTH; RECRUIT, SCREEN & TRAIN MENTORSTRAIN MENTORS

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

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BINGHAM CHILD GUIDANCE CLINIC 200 E CHESTNUT ST LOUISVILLE, KY 40202	61-0445838	501(C)3	50,000				\$50,000 FOR ANY ITEM - EXPANSION OF PSYCHOLOGICAL TESTING SERVICES AND TRANSITIONAL CARE CLINIC - NO RENOVATION COSTS
BLUEGRASS CENTER FOR AUTISM 1250 BARDSTOWN ROAD SUITE 15 LOUISVILLE, KY 40204	27-2279128	501(C)3	30,000				\$30,000 FOR ANY ITEM (PROGRAM COORDINATOR SALARY AND ASSISTANT LEAD INSTRUCTORS)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BOYS AND GIRLS CLUBS INC 3900 CRITTENDEN DRIVE LOUISVILLE, KY 40209	61-0568789	501(C)3	9,500				\$9500 FOR PERSONNEL SALARIES AND ITEM #1 PROGRAM MATERIALS
BRECKINRIDGE COUNTY BOARD OF EDUCATION 86 AIRPORT ROAD HARDINSBURG, KY 40143	61-6001288	GOVERNMENT	30,000				\$30,000 TOTAL - \$7,995 FOR ITEM #2 - SPOT DOT EMBOSSER WITH SOFTWARE AND THE REMAINDER TOWARDS THE 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	501(C)3	54,000				\$54,000 FOR ANY ITEM ON GRANT LIST (ADAPTIVE SEATING, ASSISTIVE TECHNOLOGY, SENSORY WEIGHTED AND PRESSURE MATERIALS, ADAPTIVE RIDING DEVICES, UNIQUE LEARNING/NEWS2YOU LICENSES, SENSORY ROOM EQUIPMENT, ETC.) CURRICULUM, UNIQUE LEARNING & NEWS-2-YOU
CAMP TESSA OF MEADE CO 938 OLD STATE ROAD BRANDENBURG, KY 40108	46-1042442	501(C)3	5,000				\$5,000 FOR SALARIES AND ANY ITEM ON GRANT LIST (TRANSPORTATION, FIELD TRIPS, MUSIC THERAPY, GAMES AND SUPPLIES)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CAMP TESSA INC 521 CHARLEMAGNE BLVD ELIZABETHTOWN, KY 42701	20-2632503	501(C)3	7,000				\$7,000 FOR ITEM #1 - SALARIES
CAMPBELLSVILLE INDEPENDENT SCHOOLS 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.

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CARROLL COUNTY SCHOOLS 813 HAWKINS ST CARROLLTON, KY 41008	61-6001259	501(C)3	5,000				\$5,000 FOR ANY ITEM ON GRANT LIST - SCHOLASTIC BOOK TEACHER LIBRARIES, ACHIEVE 3000, AMAZON BOOKS FOR SOCIAL SKILLS, TOUGH KIDS SOCIAL SKILLS, AND JULIA COOK SOCIAL SKILLS BOOKS STEEL EYEBOLT CEILING SUSPENSION KITS, (5) OPTICAL ILLUSION WALL PANELS, GEL FLOOR TILES, (4) EXPERIA BUBBLE TUBES AND (3) AIR LITE BALL PITS
CASA OF CALLOWAY AND MARSHALL COUNTIES INC (BY THE LAKES) 1003 POPLAR STREET MURRAY, KY 42071	20-4033610	501(C)3	5,000				\$5,000 TOWARDS PART-TIME ADVOCATE COORDINATOR'S SALARY

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CASA OF LEXINGTON 1155 HARRY SYKES WAY LEXINGTON, KY 40504	61-1339185	501(C)3	18,000				\$18,000 TOWARDS THE VOLUNTEER MANAGER'S SALARY
CASA OF SOUTH CENTRAL KY INC PO BOX 867/316 EAST 10TH STREET BOWLING GREEN, KY 42102	61-1334266	501(C)3	5,000				\$5,000 TOWARDS THE ADVOCATE COORDINATOR'S SALARY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CASA OF THE HEARTLAND PO BOX 6065 ELIZABETHTOWN, KY 42702	26-0876943	501(C)3	11,250				\$10,000 FOR ADVOCACY SUPERVISORY SALARY
CASA OF THE RIVER REGION 982 EASTERN PARKWAY BOX 9 LOUISVILLE, KY 40217	61-1066568	501(C)3	10,000				\$10,000 FOR ADVOCACY SUPERVISORY SALARY

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

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CASA PROGRAM FOR BULLITT COUNTY INC PO BOX 1025 SHEPHERDSVILLE, KY 40165	61-1454102	501(C)3	16,000				\$16,000 FOR ANY ITEM (SALARY FOR VOLUNTEER COORDINATOR OR EXECUTIVE DIRECTOR)
CENTERSTONE OF KENTUCKY INC 10101 LINN STATION RD 600 LOUISVILLE, KY 40202	31-0939757	501(C)3	140,000				\$140,000 FOR ANY ITEM (YOUTH CARE WORKER, EDUCATIONAL MANAGER, INTERPRETER SERVICES, SPEECH LANGUAGE PATHOLOGIST, AND IPADS AND COMMUNICATION SOFTWARE) PHYSICAL THERAPIST PT, EQUIPMENT, AND ACTIVITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CENTRAL KENTUCKY EDUCATION COOPERATIVE 2331 FORTUNE DRIVE SUITE 110 LEXINGTON, KY 40509	61-1204854	501(C)3	30,000				\$30,000 FOR ITEMIZED MATERIALS AND EQUIPMENT
CHILD DEVELOPMENT CENTER OF THE BLUEGRASS 290 ALUMNI DRIVE LEXINGTON, KY 40503	61-0543367	501(C)3	2,000				\$2,000 FOR FUNDING FOR ALLEGRO DANCE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CLARK COUNTY YOUTH SHELTER AND FAMILY SERVICES INC PO BOX 886 118 EAST CHESTNUT JEFFERSONVILLE, IN 47131	31-1126065	501(C)3	13,000				\$13,000 FOR ANY ITEM (YOUTH WORKER, RESIDENTIAL CASE WORKER AND RESIDENTIAL THERAPIST) DIRECTOR/THERAPIST SALARY
CLOVERPORT INDEPENDENT SCHOOL DISTRICT 301 POPLAR ST CLOVERPORT, KY 40111	61-6001396	501(C)3	40,000				\$40,000 FOR ALL OF ITEMS #1 AND 2 (3 PROCOLOR INTERACTIVE ADJUSTABLE TABLE, 10 LENOVO N23 YOGA CHROMEBOOK) AND THE REMAINDER FOR ITEM #3 (PROGRAM ASSISTANTS)

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	6,000				\$6,000 FOR ANY ITEM REQUESTED
COMMUNITIES IN SCHOOLS OF CLARK COUNTY INC 4403 HAMBURG PIKE SUITE C JEFFERSONVILLE, IN 47130	32-0015379	501(C)3	10,000				\$10,000 FOR THERAPIST FOR ELEMENTARY & MIDDLE SCHOOL AND THERAPIST FOR HIGH SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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COMMUNITY ACTION OF SOUTHERN INDIANA 1613 EAST EIGHTH ST JEFFERSONVILLE, IN 47130	02-0591170	501(C)3	10,738				\$10,738 FOR ITEMS #2-5 FOR EQUIPMENTW/BASE, TRICYCLES, VETERINARIAN CLINIC FACADE, SURFACING FOR NEW EQUIPMENT AND AGGREGATE BASE \$10,738 FOR ITEMS #2-5 FOR EQUIPMENT
CRITICALLY LOVED 14110 BECKLEY TRACE LOUISVILLE, KY 40245	81-5273913	501(C)3	4,000				\$4,000 FOR THERAPY WITH A LICENSED PSYCHOLOGIST FOR 7 SPECIAL NEEDS CHILDREN AND MOTIONAL THERAPY FOR 6 SPECIAL NEEDS CHILDREN

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CYSTIC FIBROSIS FOUNDATION 1941 BISHOP LN STE 108 LOUISVILLE, KY 40218	13-1930701	501(C)3	5,000				\$5,000 FOR ANY ITEM ON GRANT LIST
DORMAN PRESCHOOL CENTER INC PO BOX 853 SHELBYVILLE, KY 40065	61-0620554	501(C)3	25,000				\$25,000 FOR ANY ITEM ON GRANT LIST (LEAD TEACHER PARTIAL SALARY, DEVELOPMENTAL INTERVENTIONIST PARTIAL SALARY, SPEECH AND OCCUPATIONAL THERAPY)

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

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DOWN SYNDROME ASSOCIATION OF CENTRAL KENTUCKY 1050 CHINOE ROAD SUITE 204 LEXINGTON, KY 40502	38-3682694	501(C)3	3,000				\$3,000 FOR ANY ITEM (EDUCATION COORDINATOR SALARY, SUPPLEMENTAL STAFF-SUMMER ENRICHMENT PROGRAM, SUPPLEMENTAL STAFF-LEARNING PROGRAM) THERAPIST AND ASSISTANT STIPENDS
DOWN SYNDROME OF LOUISVILLE 5001 S HURSTBOURNE PARKWAY LOUISVILLE, KY 40291	61-1214126	501(C)3	20,000				\$20,000 FOR ANY ITEM ON GRANT LIST (4 SUMMER EDUCATION ENRICHMENT TEACHERS AND 7 TEACHING ASSISTANT, SCHOOL AGE EDUCATION COORDINATORY, DIRECTOR EDUCATION & CLINICAL SERVICES, CONTRACT SPEECH THERAPISTS)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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DREAM RIDERS OF KENTUCKY INCORPORATED P O BOX 172 4705 WINKLER ROAD PHILPOT, KY 42366	01-0802025	501(C)3	5,000				\$5,000 FOR SCHOLARSHIPS FOR EQUINE ASSISTED THERAPEUTIC SERVICES INSTRUCTOR SPECIAL PROGRAMS
DREAMS WITH WINGS 1579 BARDSTOWN ROAD LOUISVILLE, KY 40205	61-1371540	501(C)3	8,500				\$8,500 FOR ITEMS #1-5 (SALARIES, WHITEBOARD, KITCHEN SMALL APPLIANCES AND SUPPLIES, ART SUPPLIES (CANVAS, PAINT, BRUSHES) AND SCHOLARSHIPS)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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DYSLEXIA ASSOC OF PENNRYRILE 538A NOEL AVENUE HOPKINSVILLE, KY 42240	61-1227318	501(C)3	3,528				"FULL GRANT! \$3,528 FOR ANY ITEM (BARTON READING PROGRAM - LEVEL 10, WIDE RANGE ACHIEVEMENT TEST, WOODCOCK READING MASTERY TEST, PRINTING OF TEACHER MANUALS AND STUDENT BOOKS, SCHOLARSHIPS TO HELP DEFRAY COSTS, AND BARTON TILE APPS)"
EASTER SEALS WEST KENTUCKY 801 NORTH 29TH ST PADUCAH, KY 42001	31-1572931	501(C)3	4,000				\$4,000 FOR ANY ITEM ON GRANT LIST - COGNITIVE EDUCATIONAL MATERIALS, SOCIAL/ EMOTIONAL EDUCATIONAL MATERIALS, GROSS MOTOR EDUCATIONAL MATERIALS, FINE MOTOR & SENSORY, EDUCATIONAL MATERIALS; AND FINE MOTOR EDUCATIONAL MATERIALS

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EASTERN KENTUCKY UNIVERSITY - AUTISM 521 LANCASTER AVENUE RICHMOND, KY 40475	61-1011211	501(C)3	10,000				"\$10,000 TO BE USED FOR ITEMS #1-4. (NO AWARD FOR ITEM #5) "
EASTERN KENTUCKY UNIVERSITY - COMMUNICATION DISORDERS 521 LANCASTER AVE DEPT OF PSYCHOLOG RICHMOND, KY 40475	61-1011211	GOVERNMENT	8,980				FULL GRANT! \$8,980 FOR 10 MAICO MA PORTABLE AUDIOMETERSGROUP PROGRAM COORDINATOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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EASTERN KENTUCKY UNIVERSITY - SCHOLARSHIPS COLLEGE OF EDUCATION 521 LANCASTER AVE RICHMOND, KY 40475	61-1011211	GOVERNMENT	18,000				\$18,000 FOR SCHOLARSHIPS FOR GRADUATE STUDENTS SEEKING CERTIFICATION IN SPECIAL EDUCATION
ELIZABETHTOWN INDEPENDENT SCHOOL SYSTEM 219 HELM STREET ELIZABETHTOWN, KY 42749	61-6001403	GOVERNMENT	8,000				\$8,000 TO FUND ALL OF ITEM #6 AND REMAINING AMOUNTS FOR ITEMS 1-5 AND ITEM 8 - NOTHING FOR ITEM NUMBER 7. FURNITURE/EQUIPMENT AND ORIENTATION/MOBILITY SERVICES

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

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EMINENCE INDEPENDENT SCHOOLS 254 WEST BROADWAY EMINENCE, KY 40019	61-6001055	GOVERNMENT	26,400				"\$26,400 TO PURCHASE TRANSIT VAN WITH THE REMAINING AMOUNT TOWARDS ITEMS #2 AND #3. REQUIRE CRUSADE LOGO ON THE VAN. "
ENGLISHTON PARK PRESBYTERIAN MINISTRIES INC PO BOX 240 LEXINGTON, IN 47138	23-7378186	501(C)3	7,000				\$7,000 FOR SALARIES FOR CAMP TUTORS

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
EXCEPTIONAL EQUITATION 2107 MASSIE SCHOOL RD LAGRANGE, KY 40031	31-0951588	501(C)3	2,000				FULL GRANT - \$2,000 FOR SALARY FOR PROGRAM COORDINATOR/INSTRUCTOR
FAMILY ARK INC 101 NOAHS LANE LOUISVILLE, KY 47130	35-1292608	501(C)3	15,000				\$15,000 ADA COMPLIANCE PROJECT - RENOVATIONS

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				\$9,000 FOR SALARIES FOR IN-HOME EDUCATION PROGRAM
FAMILY SCHOLAR HOUSE INC 403 REG SMITH CIRCLE LOUISVILLE, KY 40208	61-1285124	501(C)3	15,000				\$15,000 FOR SALARIES AND/OR ITEMS #1-7 ON GRANT LIST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FAYETTE COUNTY PUBLIC SCHOOL DISTRICT 701 EAST MAIN ST LEXINGTON, KY 40502	61-6001059	501(C)3	10,000				\$10,000 FOR ANY ITEM ON GRANT LIST. 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	15,000				\$15,000 FOR ANY ITEM ON GRANT LIST (IF TURNING IN RECEIPTS FOR ITEM #2, MUST HAVE ITEMIZATION AND BREAKDOWN OF ACTIVITIES BEFORE SPENDING MONIES.)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FLAGET MEMORIAL HOSPITAL 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004	56-2351341	501(C)3	35,000				\$35,000 FOR ITEMS #1 AND #2 ON GRANT LIST (BROSELOW CARTS AND DEFIBRILLATORS)
FLOYD MEMORIAL FOUNDATION 1850 STATE STREET NEW ALBANY, IN 47150	31-0933781	501(C)3	70,000				\$70,000 FOR ANY ITEM ON GRANT LIST (BUBBLE CPAP, PURITAN BENNETT 980 VENTILATOR, VIDEO LARYNGOSCOPE, SYSTEM 8 CORDLESS DRIVER, ISOLETTE AND BILILIGHT, UV DISINFECTION MOONBEAM)

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 SCHOOLS 190 KINGS DAUGHTER DRIVE FRANKFORT, KY 40601	61-6001280	501(C)3	20,000				\$20,000 FOR SALARY FOR A TEACHER
FRIENDS SCHOOL INC 901 BRECKINRIDGE LANE LOUISVILLE, KY 40207	61-1213141	501(C)3	34,000				\$34,000 FOR ANY ITEM (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM) (RESOURCE TEACHER, INCLUSION/PATHWAYS INSTRUCTOR, AND STAR 360 ASSESSMENT SUITE)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FUND FOR THE ARTS 623 WEST MAIN ST LOUISVILLE, KY 40202	61-0479626	501(C)3	6,500				\$6,500 FOR 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				\$8,500 FOR PLAYGROUND SURFACING

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	40,000				\$50,000 FOR CAPITAL CAMPAIGN
GRAVES COUNTY BOARD OF EDUCATION 2290 STATE ROUTE 121 N MAYFIELD, KY 42066	61-6001322	GOVERNMENT	18,800				"\$18,800 FOR ITEMS 1-5 (LEARNING BEHAVIOR DISORDER RESOURCES, VISUAL IMPAIRMENT RESOURCES, MODERATE/SEVERE DISORDERS RESOURCES, SPECIAL EDUCATION ASSISTIVE TECHNOLOGY, AND SPEECH/LANGUAGE RESOURCES)"

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAYSON COUNTY SCHOOLS 790 SHAW STATION ROAD PO BOX 4009 LEITCHFIELD, KY 42754	61-6001310	501(C)3	18,000				\$18,000 FOR ANY ITEM ON GRANT LIST.
GREATER CLARK COUNTY SCHOOLS 2112 UTICA SELLERSBURG ROAD JEFFERSONVILLE, IN 47130	35-1151414	501(C)3	20,000				\$20,000 FOR ANY ITEM (OCCUPATIONAL THERAPY PRODUCTS, TECHNOLOGY NEEDS (DELL LAPTOPS, BOARDMAKER, LAMP APP, HEADPHONES), ACCENT 1000 AND EDUCATIONAL MATERIALS)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GREATER LOUISVILLE ROWING FOUNDATION 6510 GLENRIDGE PARK PLACE 5 LOUISVILLE, KY 40222	61-1208989	501(C)3	4,898				FULL GRANT! (INDOOR ROWER HANDLES; ACTIVE HANDS 2 SETS; BANTAM OARS; CARRIER WHEELS; BIKE ERG; DYNAMIC ERG)
GREEN COUNTY BOARD OF EDUCATION 402 E HODGENVILLE AVE GREENSBURG, KY 42743	60-6001285	GOVERNMENT	23,600				\$23,600 FOR ITEM 1 (TECHNOLOGY) AND ITEM 3 (LITERACY RESOURCES)

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				\$20,000 FOR AQUATHERAPY AND HIPPO THERAPY SCHOLARSHIPS FOR CHILDREN WITH AUTISM
GREEN RIVER REGIONAL EDUCATIONAL COOPERATIVE 230 TECHNOLOGY WAY BOWLING GREEN, KY 42101	61-1346957	501(C)3	10,000				\$10,000 FOR 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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HANCOCK COUNTY PUBLIC SCHOOLS 83 STATE ROUTE 3543 LOUISVILLE, KY 42348	61-6001293	501(C)3	4,000				\$4,000 FOR ANY ITEM - SENSORY PROCESSING RESOURCES, ACADEMIC/INSTRUCTIONAL RESOURCES, ASSISTIVE TECHNOLOGY DEVICES, SPEECH INSTRUCTIONAL RESOURCES
HARDIN COUNTY SCHOOLS SPECIAL EDUCATION DEPARTMENT 521 CHARLEMAGNE BLVD STE 100 ELIZABETHTOWN, KY 42701	61-6001274	501(C)3	67,500				\$67,500 TO FULLY FUND ITEMS 1-4 AND ITEMS 6-7. REMAINING FUNDS MAY BE SPENT ON ITEM 5 (SCHOOL/SUPPORT SERV TECH/RESOURCES & EARLY CHILDHOOD)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HARDIN MEMORIAL HEALTH FOUNDATION 913 NORTH DIXIE AVE ELIZABETHTOWN, KY 42701	61-1251585	501(C)3	95,000				\$95,000 FOR ANY ITEM ON GRANT LIST (RAPID THERMAL INFUSER (1) - PEDIATRIC ED, VEIN ILLUMINATORS (3) - PEDIATRIC ED, PANDA BED WARMER (1) - NICU/BIRTHPLACE, INTERACTIVE METRONOME (1) - PEDIATRIC THERAPY CENTER, PEDIATRIC SPEECH, OCCUPATIONAL AND PHYSICAL THERAPY TOOLS, CARDIAC MONITORS (2) - NICU, INFANT AND NEONATAL STETHOSCOPES (20) AND HALO SLEEPSACKS (200) - NICU/BIRTHPLACE, PIGG-O-STAT (1) - PEDIATRIC IMAGING)
HARRISON COUNTY EXCEPTIONAL LEARNERS COOPERATIVE 121 HIGH SCHOOL ROAD CORYDON, IN 47112	35-1172509	501(C)3	19,000				\$19,000 FOR ANY ITEM ON GRANT LIST.

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HARRISON COUNTY HOSPITAL 1141 HOSPITAL DRIVE NW CORYDON, IN 47112	35-1180407	501(C)3	26,000				\$26,000 FOR STRYKER NARA BASSINETS
HART COUNTY BOARD OF EDUCATION 25 QUALITY ST MUNFORDVILLE, KY 42765	61-6001333	501(C)3	15,886				\$15,886 FOR ITEMS 1-5 WITH CRUSADE NAMING RIGHTS ON PLAYGROUND.

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	501(C)3	25,000				\$25,000 FOR I-READY AND ACHIEVE 3000
HEUSER HEARING & LANGUAGE ACADEMY 111 E KENTUCKY STREET LOUISVILLE, KY 40203	61-0492369	501(C)3	28,000				\$28,000 FOR ANY ITEM ON GRANT LIST - SPEECH THERAPY, PHONE SYSTEM, AND STREAM LAB (TEACHER TRAINING NOT ALLOWED)

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				\$13,400 FOR READING INTERVENTION TUTORS
HOME OF THE INNOCENTS 1100 EAST MARKET ST LOUISVILLE, KY 40206	61-0445834	501(C)3	80,000				\$80,000 TO FUND ALL OF ITEMS #1 AND #2, AND REMAINING AMOUNT FOR ANY OTHER ITEM ON GRANT LIST (AUDIOLOGY - ABR UNIT, UPGRADE X-RAY PACS SYSTEM, MONROE BEDS (4), STOCKTON BEDS (8), POSEY BEDS (2), CRIB, STRETCHERS (2))

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HOSPARUS HEALTH 3532 EPHRAIM MCDOWELL DRIVE LOUISVILLE, KY 40205	61-0921718	501(C)3	40,000				\$40,000 FOR ANY ITEM ON GRANT LIST (KOURAGEOUS KIDS PEDIATRICIAN, KIDS CHAPLAIN, AND GRIEF COUNSELOR)
JCPS - ASSISTIVE TECHNOLOGY PROGRAM 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	60,500				\$60,500 FOR 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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JCPS - AUTISM PROGRAM 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	8,700				\$8,700 FOR ANY ITEM ON LIST - NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM - SOCIAL/BEHAVIORAL (SOCIAL SKILLS CURRICULUM, MATERIALS, WORKBOOKS); ACADEMIC (TASK BOXES, FILE FOLDER ACTIVITIES); SELF-REGULATION/SENSORY (TIME TIMERS, CHAIR STRAPS, PUTTY, SQUISH PADS)
JCPS - COMMUNICATION DISORDERS PROGRAM 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	7,940				\$7940 FOR IPAD TABLETS (10 PACK) (\$3,970 PER PACK)

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JCPS - DEAF AND HARD OF HEARING PROGRAM 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	30,000				\$30,000 FOR BLUETOOTH READY HEARING AIDS AND WIRELESS TEACHER MICROPHONES
JCPS - EARLY CHILDHOOD SERVICES 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	5,400				\$5,400 TO PURCHASE 3 FROG STREET THREES - ENGLISH CURRICULUM (\$1,799.99 PER UNIT)

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	45,000				\$45,000 TOWARDS ANY LINE ITEM REQUESTED ON GRANT - SITE LICENSES FOR NEWS-2-YOU WEEKLY ON-LINE NEWSPAPER SUBSCRIPTION; UNIQUE LEARNING SYSTEM; AND SYMBOLSTIX PRIME
JCPS - OTPT PROGRAM 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	46,000				\$46,000 TOWARDS ANY ITEM ON GRANT LIST (NOT TO EXCEED AMOUNT REQUESTED FOR EACH LINE ITEM)

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	5,434				5 AIRA SUBSCRIPTIONS (\$890 PER UNIT) PLUS ALL OF ITEM #2 (PE EQUIPMENT)
JEFFERSONVILLE TOWNSHIP PUBLIC LIBRARY FOUNDATION PO BOX 1548 211 E COURT AVE JEFFERSONVILLE, IN 47131	35-6001711	501(C)3	6,000				\$6,000 FOR ANY ITEM ON GRANT LIST

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JEWISH COMMUNITY OF LOUISVILLE INC 3600 DUTCHMANS LANE LOUISVILLE, KY 40205	61-0444765	501(C)3	110,000				\$85,000 FOR ITEM #1 CAPITAL CAMPAIGN (SINGLE YEAR ONLY); \$25,000 FOR ITEMS 2 AND 3 (YACHAD ADVOCATES FOR CAMP AND ELC SPECIAL EDUCATION COORDINATOR (SINGLE YEAR ONLY))
JUNIOR ACHIEVEMENT OF KENTUCKIANA INC 1401 W MUHAMMAD ALI BLVD LOUISVILLE, KY 40203	61-0476694	501(C)3	4,125				\$4,125 TOTAL - \$3,125 FOR ITEM #2 PROGRAM MATERIALS AND \$1,000 FOR ITEM #1 PROGRAM COORDINATOR SALARIES

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KENTUCKIANA CHILDREN'S CENTER 1810 BROWNSBORO RD LOUISVILLE, KY 40206	61-6014488	501(C)3	22,000				\$22,000 FOR ANY ITEM ON GRANT LIST (PEDIATRIC CHIROPRACTOR, PEDIATRIC CRANIOSACRAL THERAPIST, AVANT LASER, CONTRACTED REGISTERED DIETICIAN, LICENSED MASSAGE THERAPIST)
KENTUCKY CENTER FOR SPECIAL CHILDREN SERVICES CARRIAGE HOUSE 13101 EASTPOINT PARK BLVD LOUISVILLE, KY 40223	61-0680753	501(C)3	68,500				\$68,500 FOR 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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KENTUCKY CENTER FOR THE ARTS FOUNDATION INC 501 W MAIN ST LOUISVILLE, KY 40202	31-0999046	501(C)3	31,000				\$31,000 TOWARDS ANY ITEM ON GRANT LIST (EXCEPTION: NO FUNDING APPROVED FOR EXPENSES FOR THE FAMILY HEALTH CENTER AND YOUTH DETENTION) (AIH CONTRACTED TEACHING ARTISTS/ARTIST RESIDENCIES; ARFR CONTRACTED TEACHING ARTISTS/ARTIST RESIDENCIES; AIH ART SUPPLIES/CONSUMABLES USED BY CHILDREN IN ACTIVITIES; ARFR ART SUPPLIES/CONSUMABLES USED BY CHILDREN IN ACTIVITIES; ARFR KCARD TICKET SUBSIDY)
KENTUCKY EDUCATIONAL DEVELOPMENT CORPORATION 904 ROSE ROAD ASHLAND, KY 41102	61-0659010	501(C)3	15,000				\$15,000 FOR EARLY NUMERACY CURRICULUM KITS

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	6,761				FULL GRANT! \$6,761 FOR ANY ITEM ON GRANT LIST
LAKE CUMBERLAND COMMUNITY ACTION AGENCY 23 INDUSTRY DRIVE JAMESTOWN, KY 42629	61-0855431	501(C)3	7,162				FULL GRANT! \$7,162.40 FOR ANY ITEM ON GRANT LIST.

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LARUE COUNTY PUBLIC SCHOOLS 208 COLLEGE ST HODGENVILLE, KY 42748	61-6001298	501(C)3	9,000				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 \$9,000 FOR ANY ITEM ON GRANT LIST (TECHNOLOGY, CURRICULA, RESOURCE CLASSROOM INSTRUCTIONAL MATERIALS AND PRESCHOOL CURRICULUM)
LEARNING FOR LIFE LINCOLN CHAPTER 12001 SYCAMORE STATION PL LOUISVILLE, KY 40299	46-5501637	501(C)3	18,000				"\$18,000 FOR ANY ITEM ON GRANT LIST (ACCESSIBLE BUS TRANSPORTATION, HANDICAPPED ACCESSIBLE PORTA POTTIES, ARTS AND CRAFTS SUPPLIES, BUBBLE BUG, KENTUCKY SCIENCE CENTER, BAIT FOR FISHING, MAINTENANCE, ETC.) "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				\$10,000 FOR AUDITORY VERBAL THERAPY SERVICES
LIFESPRING HEALTH SYSTEMS 460 SPRING ST JEFFERSONVILLE, IN 47130	35-1097350	501(C)3	3,000				\$3,000 FOR THERAPEUTIC RESOURCES

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LIGHTHOUSE PROMISE INC 5312 SHEPHERDSVILLE ROAD LOUISVILLE, KY 40228	61-1362760	501(C)3	3,500				\$3,500 TOTAL - \$2,000 TOWARDS THE HEALTH AND BACK TO SCHOOL FAIR AND \$1,500 TOWARDS THE ROUNDTABLE PROGRAM
LINCOLN COUNTY SCHOOL DISTRICT 305 DANVILLE ST STANFORD, KY 40484	61-6001365	501(C)3	5,614				\$5,614 FOR ITEMS 1, 2, 4, & 5 (ADA ACCESSIBLE SWING SET/WITH PLATFORM SWING, PLATFORM MATS TO PLACE UNDER THE SWING SETS, FREESTANDING TIC-TAC-TOE ADA ACCESSIBLE EQUIPMENT FOR PLAYGROUND, FREESTANDING "PRETEND YOU ARE DRIVING A CAR" ADA ACCESSIBLE PLAYGROUND EQUIPMENT) CONDITIONAL: REQUIRE NAMING RIGHTS WITH CRUSADE LOGO DISPLAYED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MADISON AREA EDUCATIONAL SPECIAL SERVICES UNIT 702 ELM STREET MADISON, IN 47250	35-1371543	501(C)3	5,000				\$5,000 FOR ANY ITEM ON GRANT LIST
MADISON CONSOLIDATED SCHOOLS 2421 WILSON AVE MADISON, IN 47250	35-6002609	501(C)3	20,000				\$20,000 FOR SENSORY MOTOR 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
MARION COUNTY BOARD OF EDUCATION 755 EAST MAIN ST LEBANON, KY 40033	61-6001309	GOVERNMENT	5,950				FULL GRANT! \$5,950 RIFTON CHAIRS WITH SEAT BELTS AND STABILITY FEET
MARYHURST INC 1015 DORSEY LANE LOUISVILLE, KY 40223	31-1542209	501(C)3	34,000				\$34,000 FOR ALL OF ITEMS #2 AND #3 (SENSORY THERAPY TOOLS AND SENSORY ITEMS) AND THE REST FOR ITEM #1 (PSYCHIATRIC 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
MEADE COUNTY BOARD OF EDUCATION 1155 OLD EKRON RD BRANDENBURG, KY 40108	61-6001248	501(C)3	58,000				\$58,000 FOR ANY ITEM ON GRANT LIST (SURFACING (TURF), FENCING, SHADE, ADAPTED SWING, MUSIC EQUIPMENT WITH CRUSADE NAMING RIGHTS)
MEREDITH-DUNN SCHOOL 3023 MELBOURNE AVE LOUISVILLE, KY 40220	23-7339248	501(C)3	15,000				\$15,000 TO PURCHASE WILSON READING PROGRAM MATERIALS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIRACLE LEAGUE OF LOUISVILLE INC 800 LILLY CREEK ROAD SUITE 102 LOUISVILLE, KY 40243	61-1740095	501(C)3	65,000				\$65,000 TOWARDS PEBBLE-FLEX POROUS BASEBALL FIELD SURFACE COVERING 15,956 SQUARE FEET
MOUNTAIN COMPREHENSIVE CARE CENTER INC 104 SOUTH FRONT AVENUE PRESTONBURG, KY 41653	61-0663787	501(C)3	13,000				\$13,000 FOR ANY ITEM ON GRANT LIST (PROGRAM SUPPLIES FOR COUNCIL, COMMUNITY-BASED OUTINGS/ACTIVITIES, AND SUPPLIES/ACTIVITIES FOR SUMMER CAMPS)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NELSON COUNTY SCHOOLS 288 WILDCAT LANE BARDSTOWN, KY 40004	61-6001240	501(C)3	13,000				\$13,000 FOR ANY ITEM (ALTA GLIDE INCLUSIVE GLIDER AND INCLUSIVE WHIRL)
NORTHERN KENTUCKY CHILDRENS LAW CENTER INC 1002 RUSSELL STREET COVINGTON, KY 41011	61-1167352	501(C)3	12,000				\$12,000 FOR ANY ITEM, INCREASED ATTORNEY TIME OF EDUCATION ADVOCACY IN LOUISVILLE AREA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES 5516 EAST ALEXANDRIA PIKE COLD SPRING, KY 41076	61-1106680	501(C)3	2,400				\$2,400 FOR ANY ITEM (TABLET DEVICES, TABLET ACCESSORIES (CASES, SCREEN PROTECTORS, STYLUS), APPS FOR TABLET DEVICES, LOW TECH COMMUNICATION DEVICES & ACCESSORIES, LARGE BUILD SIZE 3D PRINTER AND FILAMENT, TACTILETALK TOOLKIT (TACTILE OVERLAYS FOR TABLET DEVICES))
OLDHAM COUNTY BOARD OF EDUCATION 1900 BUTTON LANE LAGRANGE, KY 40031	61-6001306	501(C)3	50,000				\$50,000 FOR ANY ITEM 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
ORANGE COUNTY REHABILITATIVE AND DEVELOPMENTAL SERVICES FIRST CHANCE CENTER P O BOX 267 PAOLI, IN 47454	35-1160833	501(C)3	22,000				\$22,000 FOR ANY ITEM ON GRANT LIST (PLAYGROUND, COMMUNICATION BUILDER WITH ICON MAKER, 31 BAGS PLAYGROUND MULCH, 28-NORSK TRULY REVERSIBLE FOAM MATS)
OUR LADY OF PROVIDENCE JR-SR HIGH SCHOOL 707 PROVIDENCE WAY CLARKSVILLE, IN 47129	35-0894977	501(C)3	17,207				FULL GRANT! \$17,207 FOR ANY ITEM (FURNITURE, TRAINING MATERIALS, AND RENOVATION/CONSTRUCTION) WITH CRUSADE SIGNAGE

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
OWEN COUNTY SCHOOL DISTRICT 1600 HIGHWAY 22 EAST OWENTON, KY 40359	61-6001340	501(C)3	5,000				\$5,000 FOR JUNO SYSTEM WITH BLUETOOTH AND LESSON CAPTURE
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 \$13,000 FOR ANY ITEM 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
OWENSBORO HEALTH FOUNDATION INC PO BOX 22505 OWENSBORO, KY 42304	61-1251763	501(C)3	31,000				"\$31,000 FOR ANY ITEM ON GRANT LIST (ACCUVIEN VEIN VISUALIZATION SYSTEM, VIDEO-ASSISTED INTUBATION SYSTEM, AND PACIFIER AIDED LULLABY SYSTEMS) WITH CRUSADE SIGNAGE "
PAOLI COMMUNITY SCHOOL CORPORATIONTHROOP ELEMENTARY SCHOOL 301 ELM STREET PAOLI, IN 47454	35-1102768	501(C)3	12,000				\$12,000 FOR PRIO LAMP COMMUNICATION DEVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAWS WITH PURPOSE INC PO BOX 5448 LOUISVILLE, KY 40255	20-0681397	501(C)3	22,000				\$22,000 FOR ANY ITEM ON GRANT LIST (DIRECTOR OF TRAINING, TRAINING ASSISTANTS, MEDICAL/VETERINARY COSTS, TRAINING EQUIPMENT)
PERSONAL COUNSELING SERVICE INC 1205 APPLGATE LANE CLARKSVILLE, IN 47129	31-0919635	501(C)3	28,000				\$28,000 FOR ANY ITEM ON GRANT LIST (ONE-ON-ONE TALK AND MUSIC THERAPY FOR CHILDREN AND YOUTH AND GROUP 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
PITT ACADEMY 75157 WESTPORT ROAD LOUISVILLE, KY 40222	23-7066205	501(C)3	10,000				\$10,000 FOR ANY ITEM REQUESTED IN APPLICATION
PROVIDENCE HOUSE FAMILY PRESERVATION PROGRAM (FPP) 8037 UNRUH DRIVE GEORGETOWN, IN 47122	35-1947580	501(C)3	12,500				\$12,500 TOTAL - ITEM #2 TO BE FULLY FUNDED WITH CRUSADE SIGNAGE AND THE REMAINING AMOUNT TO ITEM #1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAUCH INC 845 PARK PLACE NEW ALBANY, IN 47150	35-1011521	501(C)3	20,000				\$20,000 FOR ITEM NUMBER #1 - THERAPEUTIC DEVELOPMENTAL INTERVENTION THERAPIES
ROCKCASTLE COUNTY HOSPITAL INC 145 NEWCOMB AVE MOUNT VERNON, KY 40456	61-0523304	501(C)3	53,000				\$53,000 FOR ANY ITEM ON GRANT LIST (SPRINGFIELD CRIB, MASIMO CARBOXYHEMOGLOBIN MONITOR, INFANT TRAINING SIMULATOR, TOBI DYNAVox INDI WITH SNAP + CORE, PAPOOSE, ACCUVEIN VEIN FINDER, BILIRUBIN SCANNER, MASIMO PEDIATRIC PULSE OXIMETRY, ETC.)

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
SAFY OF KENTUCKY 4010 DUPONT CIRCLE SUITE 379 LOUISVILLE, KY 40207	26-1641642	501(C)3	4,000				\$4,000 FOR ANY ITEM (STIPEND FOR YOUTH (60 X \$200) AND RESILIENCY SCALES (60 X \$3))
SAINT JOSEPH LONDON FOUNDATION (LEXINGTON KY) 1451 HARRODSBURG ROAD SUITE D-308 LEXINGTON, KY 40504	26-0438748	501(C)3	100,000				\$100,000 TOWARDS CAPITAL REQUEST TO BUILD A LEVEL II NICU AT SAINT JOSEPH LONDON HOSPITAL WITH CRUSADE NAMING RIGHTS

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
SAINT JOSEPH MOUNT STERLING FOUNDATION 1451 HARRODSBURG ROAD SUITE D-308 LEXINGTON, KY 40504	27-2884584	501(C)3	36,000				\$36,000 TOWARDS THE PURCHASE OF GE GIRAFFE OMNIBEDS WITH MEDICAL ACCESSORIES (2) AND CRUSADE SIGNAGE\$36,000 TOWARDS THE PURCHASE OF GE GIRAFFE OMNIBEDS WITH MEDICAL ACCESSORIES (2) AND CRUSADE SIGNAGE
SHELBY COUNTY PUBLIC SCHOOLS 1155 WEST MAIN ST SHELBYVILLE, KY 40065	61-6001356	501(C)3	75,000				\$75,000 TOTAL - \$32,000 FOR ITEM #1, \$43,000 FOR ITEMS #2, #3 AND #4 (TRANSPORTATION, ASSISTIVE TECHNOLOGY, OCCUPATIONAL THERAPY / SENSORY, COMMUNICATION / INSTRUCTIONAL) - DISPLAY CRUSADE FOR CHILDREN LOGO ON VAN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH CENTRAL AREA SPECIAL EDUCATION COOPERATIVE 600 ELM STREET PAOLI, IN 47454	31-0986767	501(C)3	23,000				\$23,000 FOR ITEMS #1 AND #3 (CONSULTATIVE SERVICES FOR STUDENTS PRE-SCHOOL-12 AND CURRICULUM (N2Y PRODUCTS INCLUDE UNIQUE, N2Y, SYMBOLSTIX PRIME AND L 3 SKILLS) SEE CHANGE REQUEST. ITEM #2 APPROVED.
SPECIAL OLYMPICS KENTUCKY INC 1230 LIBERTY BANK LANE SUITE 140 LOUISVILLE, KY 40222	61-0954571	501(C)3	16,000				\$16,000 FOR ANY ITEM 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
SPENCER COUNTY PUBLIC SCHOOLS 207 W MAIN ST TAYLORSVILLE, KY 40071	61-6001367	GOVERNMENT	35,000				\$35,000 TOTAL (\$15,000 FOR PASSENGER VAN AND \$20,000 FOR REMAINING ITEMS - TECHNOLOGY, READING PROGRAMS, THERAPY MATERIALS, ALTERNATIVE SEATING) DISPLAY CRUSADE FOR CHILDREN LOGO ON VAN
SPINA BIFIDA ASSOCIATION OF KENTUCKY 982 EASTERN PARKWAY LOUISVILLE, KY 40217	31-1081176	501(C)3	21,000				\$21,000 FOR ANY ITEM ON GRANT LIST (PROGRAM COORDINATOR SALARY, FAMILY FINANCIAL ASSISTANCE FUND, CHILDREN'S PROGRAMS) FUNDING FOR DIRECT SERVICES TO CHILDREN, NO ADMINISTRATIVE 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
ST FRANCIS SCHOOL 11000 US HWY 42 GOSHEN, KY 40026	31-0896538	501(C)3	4,600				\$4,600 FOR PARTIAL SALARY SUPPORT
ST JOSEPHS CATHOLIC ORPHAN SOCIETY 2823 FRANKFORT AVE LOUISVILLE, KY 40206	61-0475286	501(C)3	23,000				\$23,000 FOR FULL-TIME NURSE AND THERAPY/SENSORY ITEMS

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
STAGE ONE THE LOUISVILLE CHILDRENS THEATRE INC 315 W MARKET ST SUITE 2S LOUISVILLE, KY 40202	61-0466715	501(C)3	6,000				\$6,000 FOR ITEM #1 (SF TICKETS)
SUMMIT ACADEMY OF GREATER LOUISVILLE 11508 MAIN ST LOUISVILLE, KY 40243	61-1214457	501(C)3	7,000				"\$7,000 FOR ANY ITEM REQUESTED IN GRANT APPLICATION (NOT TO EXCEED AMOUNT REQUESTED FOR EACH LINE ITEM)"

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNRISE CHILDREN'S SERVICES 300 HOPE STREET MT WASHINGTON, KY 40047	61-0597273	501(C)3	16,000				"\$16,000 FOR 12-PASSENGER VAN FOR GLEN DALE CENTERCHANGE REQUEST APPROVED TO PURCHASE 7 PASSENGER VAN "\$16,000 FOR 12-PASSENGER VAN FOR GLEN DALE CENTERCHANGE REQUEST APPROVED TO PURCHASE 7 PASSENGER VAN "
TAYLOR COUNTY BOARD OF EDUCATION 1209 EAST BROADWAY CAMPBELLSVILLE, KY 42718	61-6001256	GOVERNMENT	40,000				\$40,000 FOR ANY ITEM ON GRANT LIST - (66 PASSENGER CE LIFT BUS, 12 VOLT POWER OUTLET, ENGINE EXHAUST BRAKE) - DISPLAY CRUSADE FOR CHILDREN LOGO ON BUS

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
TELFORD YMCA 100 EAST MAIN ST RICHMOND, KY 40475	61-6000619	501(C)3	7,110				\$7,110 FOR ANY ITEM (PERSONNEL, AQUATRAM POOL LIFT AND ACCESSORIES, MAJOR AQUATICS EQUIPMENT, MAJOR INDOOR AND OUTDOOR GYM EQUIPMENT, MINOR GYM AND FITNESS, AND EQUIPMENT, MINOR AQUATICS EQUIPMENT)
THE DE PAUL SCHOOL 1925 DUKER AVENUE LOUISVILLE, KY 40205	61-0711082	501(C)3	6,591				\$6,591.41 FOR IPOD TOUCH DEVICES, PLAYAWAYS, AUDIOBOOKS, HI-LO BOOKS

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 MORTON CENTER INC 1028 BARRETT AVE LOUISVILLE, KY 40204	31-1068020	501(C)3	25,000				\$25,000 FOR ITEMS 1 & 2 FOR INDIVIDUAL SESSIONS WITH ART THERAPY (6-13) AND INDIVIDUAL SESSIONS ADOLESCENTS (13-18)
THE REATH CENTER 55 HERITAGE DR CAMPBELLSVILLE, KY 42718	20-4464384	501(C)3	5,000				\$5,000 FOR ITEMS 1 & 2 (SCHOLARSHIP FOR RIDERS, INSTRUCTOR 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
U OF L - DIVISION OF CHILD NEUROLOGY 500 SO PRESTON ST HSC A ROOM 113 LOUISVILLE, KY 40202	61-1029626	501(C)3	62,000				\$62,000 FOR ITEM #1 (SALARY FOR SOCIAL WORKER)
U OF L - ENDROCIINOLOGY DEPT OF PEDIATRICS 571 S FLOYD ST STE 432 LOUISVILLE, KY 40202	61-1029626	501(C)3	37,750				\$37,750 FOR ITEMS #1-4 ON GRANT LIST (PERSONNEL COSTS, FLU VACCINATION SUPPLIES: INCLUDING VACCINES, SYRINGES, NEEDLES, ALCOHOL PADS, INJECTION SUPPLIES FOR HORMONE THERAPY: NEEDLES, DISTRACTION TOOLS INCLUDING SHOT BLOCKER, BUZZY-BEE, BOOKS)

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 - NEURORECOVERY FRAZIER REHAB INSTITUTE 200 ABRAHAM FLEXNER WAY 15TH FLOOR LOUISVILLE, KY 40202	61-1029626	501(C)3	15,000				\$15,000 FOR PEDIATRIC LOCOMOTOR TRAINING HARNESES WITH CRUSADE LOGO
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION INCUOFL PEDIATRIC CARDIOLOGY DEPT OF PEDIATRICS 571 S FLOYD ST STE 432 LOUISVILLE, KY 40202	61-1029626	501(C)3	227,032				\$227,032 FOR ITEMS #1 AND #2 ON GRANT LIST FOR ECHOCARDIOGRAM (ECHO) MACHINES WITH CRUSADE LOGO; REMAINING AMOUNT TO BE SPENT ON OTHER LINE ITEMS.

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 - SCHOLARSHIPS 300 EAST MARKET ST SUITE 300 LOUISVILLE, KY 40202	61-1029626	501(C)3	18,000				\$18,000 FOR STUDENT SCHOLARSHIPS SEEKING CERTIFICATION IN SPECIAL EDUCATION
U OF L - WEISSKOPFLEARNING DISORDERS DEPT OF PEDIATRICS 571 S FLOYD ST STE 432 LOUISVILLE, KY 40202	61-1029626	501(C)3	53,000				"\$53,000 FOR ANY ITEM ON GRANT LIST: PSYCHOLOGIST SUPPORT FOR EVALUATION & MANAGEMENT SERVICES, DEVELOPMENTAL BEHAVIORAL PEDIATRICIAN, SPEECH PATHOLOGY SUPPORT FOR DIAGNOSTIC EVALUATION SERVICES AND SOCIAL WORKER SUPPORT FOR DIAGNOSTIC EVALUATION"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	95,000				"\$95,000 FOR ANY ITEMS ON GRANT LIST: PSYCHOLOGIST SUPPORT FOR DIAGNOSTIC EVALUATION, SPEECH PATHOLOGY SUPPORT, OCCUPATIONAL THERAPIST SUPPORT, SOCIAL WORKER SUPPORT AND DEVELOPMENTAL BEHAVIORAL PEDIATRIC SUPPORT "
U OF L - WEISSKOPFSTAR PROGRAM DEPT OF PEDIATRICS 571 S FLOYD ST STE 432 LOUISVILLE, KY 40202	61-1029626	501(C)3	60,000				\$60,000 FOR ITEM #1, CLINICAL STAFF SALARIES AND NUTRITIONISTS, 2.0 FTETHERAPIST 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				\$17,000 FOR HIPPO THERAPY SCHOLARSHIPS
VIPS - INDIANAPOLIS 1100 WEST 42ND ST SUITE 228 INDIANAPOLIS, IN 46208	61-1061973	501(C)3	45,000				\$45,000 FOR ANY ITEM 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
VIPS - LEXINGTON 350 HENRY CLAY BLVD LEXINGTON, KY 40502	61-1061973	501(C)3	45,000				\$45,000 FOR ITEMS #1 AND #2 ON GRANT LIST: TEACHER OF THE VISUALLY IMPAIRED AND DEVELOPMENTAL INTERVENTIONIST
VIPS - LOUISVILLE 1906 GOLDSMITH LANE LOUISVILLE, KY 40218	61-1061973	501(C)3	87,000				\$87,000 FOR ANY ITEM ON GRANT LIST (TEACHER OF THE VISUALLY IMPAIRED/DIRECT SERVICES, TEACHER OF THE VISUALLY IMPAIRED KIDS TOWN PRESCHOOL, LEAD TEACHER - TWO-DAY 2S 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
VOLUNTEERS OF AMERICA MID-STATES INC - CLINIC CAPITAL 570 SOUTH 4TH ST SUITE 100 LOUISVILLE, KY 40202	61-0480950	501(C)3	35,000				\$35,000 SALARY FOR FREEDOM HOUSE MEDICAL STAFF AND CHILDREN'S SERVICES COORDINATOR
VSA KENTUCKY PO BOX 3320 BOWLING GREEN, KY 42412	61-1133019	501(C)3	9,000				\$9,000 FOR 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	501(C)3	11,935				\$11,935 FOR LAPTOP COMPUTERS WITH BUSINESS DOCK, ACTIVE PEN, AND MINI DISPLAYPORT
WENDELL FOSTER'S CAMPUS FOR DEVELOPMENTAL DISABILITIES 815 TRIPLETT ST OWENSBORO, KY 42303	61-0490868	501(C)3	13,000				\$13,000 FOR ANY ITEM ON GRANT LIST (ALL POWER ADJUSTABLE PARALLEL BARS AND SUPERIOR ROCK CLIMBING WALL)

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	501(C)3	16,000				\$16,000 FOR ANY ITEM ON GRANT LIST
WEST POINT INDEPENDENT BOARD OF EDUCATION 209 N 13TH STREET WEST POINT, KY 49177	61-6001374	501(C)3	19,000				\$19,000 FOR ANY ITEM ON GRANT LIST (SALARIES OF TWO INSTRUCTIONAL ASSISTANTS AND BUS MONITOR AND UNIQUE LEARNING SYSTEM AND MOBY MAX)

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	61-6055628	501(C)3	21,000				\$21,000 FOR ANY ITEM (GRADUATE ASSISTANT SALARY, BEHAVIOR SPECIALIST (CONTRACTUAL SERVICES), INDIVIDUAL SCHOLARSHIP ASSISTANCE)
WESTERN KENTUCKY UNIVERSITY RESEARCH FOUNDATION INC SCHOLARSHIPS 1906 COLLEGE HEIGHTS BLVD 11016 BOWLING GREEN, KY 42101	61-6055628	501(C)3	25,000				\$25,000 FOR 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	61-6055628	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	501(C)3	2,945				FULL GRANT! \$2,945 FOR PICTURE IN A FLASH (PIAF) AND SWELL PAPER FOR THE PIAF

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	501(C)3	6,000				\$6,000 FOR ANY ITEM ON GRANT LIST (LANGUAGE FOR WRITING TEACHER MATERIALS, LANGUAGE FOR WRITING STUDENT WORKBOOKS, AND LANGUAGE FOR WRITING TEXT BOOKS)
WORKING THE PUZZLE FOR AUTISM INC 179 MEADOW LANE LEBANON, KY 40033	46-0588766	501(C)3	5,000				\$5,000 FOR ITEMS 2-8 ON THE GRANT LIST.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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YMCA BULLITT COUNTY YMCA BRANCH 409 JOE B HALL AVENUE SHEPHERDSVILLE, KY 40165	61-0444843	501(C)3	8,000				\$8,000 FOR STAFF AIDES AND SWIM LESSONS FOR SPECIAL NEEDS CHILDREN
YMCA - NEW ALBANY SOUTHERN INDIANA - SUMMER CAMPS 545 SOUTH 2ND ST LOUISVILLE, KY 40202	61-0444843	501(C)3	5,000				\$5,000 FOR STAFFING FOR YMCA SUMMER CAMP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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YMCA OF GREATER LOUISVILLESCHOOL AGE CHILDCARE-IN (CLARK & FLOYD CO) 4812 HAMBURG PIKE JEFFERSONVILLE, IN 47130	61-0444843	501(C)3	12,000				\$12,000 FOR FUNDING FOR SPECIAL NEEDS STAFFING IN CHILDCARE ENRICHMENT PROGRAMS AND SUMMER CAMPS
YMCA SAFE PLACE 2400 CRITTENDEN DRIVE LOUISVILLE, KY 40217	61-0444843	501(C)3	17,000				\$17,000 FOR YMCA SHELTER HOUSE - PERSONNEL SALARIES FOR YOUTH STAFF MEMBERS\$40,000 FOR ANY ITEM ON GRANT LIST (OBM BPC SOFTWARE LICENSE KIT, OBM KIT NA, OBM RECOGNIZE LICENSE KIT, TECOTHERM NEO W/ DISPOSABLE STARTER KIT, TECOTHERM NEO MOUNT FOR STRYKER, TECOTHERM NON-VENTED FILL UP SET, TECOTHERM HOSES & CLEANING LOOP, ETC)

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	8,400				\$8,400 FOR ITEMS 1-5 ON GRANT LIST (NEW ADA COMPLIANT HANDICAPPED WHEELCHAIR RAMP AND LANDING PLATFORM, MICROSOFT 2016, TECHNOBUDGET LITERACY PROGRAM, TECHNO KIDS COMPUTER CURRICULUM, MOBILE/ STACKABLE FURNITURE CATEGORY)
WILDERNESS TRACE CHILD DEVELOPMENT CENTER CORPORATION 409 N STEWARTS LANE DANVILLE, KY 40422	61-1230722	501(C)3	10,000				\$10,000 FOR ANY ITEM (PROFESSIONAL THERAPY PERSONNEL SALARY; PRESCHOOL CIRCLE TIME RUG WITH ALPHABET; PRESCHOOL STORAGE CABINET)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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YOUNG ADULT DEVELOPMENT IN ACTION YOUTH BUILD LOUISVILLE 800 SOUTH PRESTON STREET LOUISVILLE, KY 40203	61-1374470	501(C)3	4,000				\$4,000 FOR ITEM #1 (PENN FOSTER PROGRAM)
BAPTIST HEALTH FOUNDATION PADUCAH INC 2501 KENTUCKY AVE PADUCAH, KY 42003	26-4057759	501(C)3	40,000				\$40,000 FOR ANY ITEM ON GRANT LIST (OBM BPC SOFTWARE LICENSE KIT, OBM KIT NA, OBM RECOGNIZE LICENSE KIT, TECOTHERM NEO W/ DISPOSABLE STARTER KIT, TECOTHERM NEO MOUNT FOR STRYKER, TECOTHERM NON-VENTED FILL UP SET, TECOTHERM HOSES & CLEANING LOOP, ETC)

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 HEIGHTS CHRISTIAN RETREAT CENTER INC 11420 WATTERSON CT 800 LOUISVILLE, KY 40299	32-0121355	501(C)3	7,000				\$7,000 FOR ITEM #1 -FREENOTES HARMONY PARK QUINTET ENSEMBLE WITH CRUSADE SIGNAGE \$7,000 FOR ITEM #1 -FREENOTES HARMONY PARK QUINTET ENSEMBLE WITH CRUSADE SIGNAGE
BELL COUNTY SCHOOL SYSTEM 211 VIRGINIA AVENUE PO BOX 340 PINEVILLE, KY 40977	61-6001346	501(C)3	11,850				BELL COUNTY SCHOOL SYSTEM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BURGIN BOARD OF EDUCATION 440 EAST MAIN STREET BURGIN, KY 40310	61-6001391	501(C)3	19,000				\$19,000 FOR ALL OF ITEMS #1-4 AND THE REMAINDER FOR ITEM #6 WITH SIGNAGE RIGHTS ON THE VAN. (NOTHING FOR ITEM #5)
CASA AT WOODLAWN INC (OF THE BLUEGRASS) 982 EASTERN PARKWAY LOUISVILLE, KY 40217	26-1841458	501(C)3	6,000				FULL GRANT! \$6,000 TOWARDS PERSONNEL COSTS OF 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
CHILDRENS HOSPITAL FOUNDATION NORTON CHILDREN'S HOSPITAL - CAPITAL REQUEST 234 E GRAY STREET SUITE 450 LOUISVILLE, KY 40202	61-6027530	501(C)3	600,000				\$600,000 FOR PEDIATRIC NEUROSURGICAL THEATER WITH CRUSADE FOR CHILDREN NAMING RIGHTS. RECOMMENDATION TO PURSUE MATCHING FUNDS.
CLEVELAND HOME INCLIFE ADVENTURE CENTER OF THE BLUEGRASS 570 MILNER ROAD VERSAILLES, KY 40383	61-0461733	501(C)3	13,000				\$13,000 FOR 2019 STARTRANS SENATOR WITH WHEELCHAIR LIFT (OR COMPARABLE) (CRUSADE SIGNAGE REQUIRED)

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
CLIFF HAGAN BOYS & GIRLS CLUB INC 3415 BUCKLAND SQUARE OWENSBORO, KY 42301	61-0663746	501(C)3	3,000				FULL GRANT! \$3,000 FOR HORSEBACK RIDING AND MUSIC LESSONS
COMMUNITY ARTS CENTER INC 401 W MAIN STREET DANVILLE, KY 40422	16-1674338	501(C)3	3,220				FULL GRANT! \$3,220 FOR STAFFING FOR FIELD TRIPS, ART SUPPLIES, AND SIGN LANGUAGE INTERPRETATION

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
EXPLOITED CHILDRENS HELP ORGANIZATION OF GREATER LOUISVILLE 1411 ALGONQUIN PARKWAY LOUISVILLE, KY 40210	31-1094281	501(C)3	15,000				\$15,000 FOR ANY ITEM (SALARIES FOR PROGRAM & VICTIM SERVICE MANAGER AND TEACHING & TRAINING MATERIALS)
FATHER MALONEYS BOYS HAVEN INCBOYS & GIRLS HAVEN 2301 GOLDSMITH LANE LOUISVILLE, KY 40218	61-0479621	501(C)3	90,000				\$90,000 FOR ANY ITEM ON GRANT LIST (LICENSED CLINICAL THERAPIST SALARIES; LICENSED REGISTERED NURSE; AND MEDICAL CONSULTATION FEES (PHYSICIAN))

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
FRIENDS OF CANAAN INC 8775 N CANAAN MAIN STREET MADISON, IN 47224	30-0627217	501(C)3	19,000				\$19,000 FOR ANY ITEM (SALARY SUPPORT FOR CONTRACTED SPEECH LANGUAGE PATHOLOGIST, CONTRACTED OCCUPATIONAL THERAPIST, CONTRACTED PYSCHO-EDUCATIONAL EVALUATOR, AND SALARY SUPPORT FOR STUDENT MENTOR) (NOT TO EXCEED AMOUNTS SPECIFIED IN LINE ITEMS)
FRIENDS OF OPEN DOOR YOUTH SERVICES 2524 CORYDON PIKE SUITE 108 NEW ALBANY, IN 47150	27-3032876	501(C)3	12,500				\$12,500 FOR ITEM #2 - VEHICLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HOSPARUS HEALTH- CAPITAL 3532 EPHRAIM MCDOWELL DRIVE LOUISVILLE, KY 40205	61-0921718	501(C)3	30,000				\$30,000 FOR HOSPARUS HEALTH GRIEF COUNSELING CENTER EXPANSION (CONTRACTOR FEES/CONSTRUCTION/IT STARTUP COSTS/FURNISHINGS) WITH CRUSADE FOR CHILDREN NAMING RIGHTS
JESSAMINE COUNTY SCHOOLS 871 WILMORE RD NICHOLASVILLE, KY 40356	61-6001337	501(C)3	4,000				\$4,000 FOR ITEMS 1-3 (CERTIFIED TEACHER, MILEAGE, SUPPLIES)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KENTUCKY EASTER SEAL SOCIETY INCEASTER SEALS CARDINAL HILL 2050 VERSAILLES ROAD LEXINGTON, KY 40504	61-0444712	501(C)3	1,100				\$1,100 TEACHERS FOR CHILDCARE, BOOKS, MATERIALS & RESOURCES, SPEAKER COSTS
KENTUCKY SCHOOL FOR THE DEAF CHARITABLE FOUNDATION INC PO BOX 27303 S SECOND STREET DANVILLE, KY 40423	61-1091577	501(C)3	15,000				\$15,000 FOR ITEM #1 (ASL TUTORING PROGRAM)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KIDS CANCER ALLIANCE INCINDIAN SUMMER CAMP 611 W MAIN ST STE 300 LOUISVILLE, KY 40202	61-1256743	501(C)3	15,000				\$15,000 FOR "CAMPERSHIPS"
LOGAN COUNTY SCHOOLS 2222 BOWLING GREEN RD RUSSELLVILLE, KY 42276	61-6001352	501(C)3	3,000				\$3,000 FOR ITEMS #1-3 (4-HOPPER CAPPUCCINO DISPENSER, 12-CUP COFFEE BREWER, HOT CHOCOLATE DISPENSER)

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

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MASONIC HOME OF KENTUCKY PEDIATRIC DAYCARE INCSPROUTLINGS PEDIATRIC DAY 3701 FRANKFORT AVE MASONIC HOME, KY 40041	27-3248085	501(C)3	7,000				\$7,000 FOR ANY ITEM ON GRANT LIST (COMMERCIAL INDOOR PLAY STRUCTURE WITH ACCESSORIES)
MCCRACKEN COUNTY PUBLIC SCHOOLS 5347 BENTON ROAD PADUCAH, KY 42003	61-6001342	501(C)3	13,000				\$13,000 FOR ITEMS #1 AND #2 AND THE REMAINDER FOR ITEMS #3 AND #4 (AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC) LIBRARY, CONCORD ELEMENTARY SENSORY ROOM (EXPANSION), LONE OAK INTERMEDITE SENSORY ROOM (NEW UNIT), LONE OAK ELEMENTARY SENSORY ROOM (NEW UNIT))

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIVITY ACADEMY AT ST BONIFACE INC 529 EAST LIBERTY STREET LOUISVILLE, KY 40202	51-0450314	501(C)3	20,000				\$20,000 SPECIAL EDUCATION INSTRUCTORS (MASTERS DEGREE); ADAPTIVE FURNITURE (STAND-TO-LEARN DESKS); ADAPTIVE SPECIAL NEEDS EDUCATIONAL TOOLS; APPLE IPAD PRO W/ KEYPAD
NELCASA INC PO BOX 726 BARDSTOWN, KY 40004	61-1101749	501(C)3	7,500				\$7,500 TOWARDS VOLUNTEER COORDINATOR

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
ORCHID HOUSE INCMARTY'S ORCHID HOUSE 703 SOUTH 31ST STREET LOUISVILLE, KY 402111410	82-2976438	501(C)3	10,000				10,000 FOR ITEMS 1-5 (LITTLE TYKES ALL OUT CLEVER CLIMBER, OVAL LEARNING LAP, CALVIN THE CATERPILLAR, PLAYHOUSE WITH ROOF, GRASSMATS) REQUIRE NAMING RIGHTS WITH CRUSADE LOGO
PROJECT CAMP INCOME CENTER FOR COURAGEOUS KIDS 1501 BURNLEY ROAD SCOTTSVILLE, KY 42164	20-1789905	501(C)3	46,000				\$46,000 FOR ANY ITEM (CAMPER SPONSORSHIPS AND STAFFING SUPPORT FOR NURSES FOR SUMMER CAMPS)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ROMAN CATHOLIC BISHOP OF LOUISVILLE ARCHDIOCESE OF LOUISVILLE 3940 POPLAR LEVEL ROAD LOUISVILLE, KY 40213	61-0447247	501(C)3	40,000				\$40,000 FOR ANY ITEM ON GRANT LIST (NOT TO EXCEED AMOUNTS REQUESTED IN EACH LINE ITEM)
SAINT JOSEPH BEREA HOSPITAL FOUNDATION INC 1451 HARRODSBURG ROAD SUITE D-308 LEXINGTON, KY 40504	26-0152877	501(C)3	14,000				\$14,000 FOR ITEMS #1 AND #4 (ASSESSMENTS AND SUPPLIES, SPEECH THERAPY ITEMS)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SHRINERS HOSPITALS FOR CHILDREN 110 CONN TERRACE LEXINGTON, KY 40508	36-2193608	501(C)3	30,000				\$30,000 FOR ANY ITEM ON GRANT LIST (SYSTEM 8 CORDLESS DRIVE, CORDLESS DRIVER AND SABO PERFORATED CONTAINER BUNDLE, SAGITTAL SAW ATTACHMENT, SYSTEM 8 BATTERY PACK, SMALL, SYSTEM 8 BATTERY PACK, LARGE, ETC.)
SPALDING UNIVERSITY INC 845 SOUTH THIRD STREET LOUISVILLE, KY 40203	61-0444780	501(C)3	7,394				FULL GRANT! \$7,394 FOR 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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ST JOSEPH HOSPITAL FOUNDATION INC THE WOMEN'S HOSPITAL AT SAINT JOSEPH EAS 1451 HARRODSBURG ROAD SUITE D-308 LEXINGTON, KY 40504	61-1159649	501(C)3	36,000				\$36,000 FOR ANY ITEM ON GRANT LIST (NATUS NICVIEW CAMERA SYSTEM (16), MEDELA SYMPHONY BREAST PUMP (18), GE GIRAFFE OMNIBED WITH MEDICAL ACCESSORIES (1))
T J SAMSON COMMUNITY HOSPITAL 310 NORTH L ROGERS WELLS BLVD GLASGOW, KY 42141	61-0461767	501(C)3	30,000				\$30,000 FOR ANY ITEM ON GRANT REQUEST (SALARIES, PORTABLE SINK, DIAPER CHANGING TABLE, TRAIN TABLE, KITCHEN SET, CARPET, ETC.)

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 POINT ARC OF NORTHERN KENTUCKY INC 104 W PIKE STREET COVINGTON, KY 41011	23-7259409	501(C)3	12,000				\$12,000 FOR ANY ITEM ON GRANT LIST (CLASSROOM FURNISHINGS, WAITING, CONSULTATION, OBSERVATION, ROOM FURNISHINGS, KILN FOR ART CLASSROOM)
THE STABLES - FAYETTE COUNTY PUBLIC SCHOOL DISTRICT 701 EAST MAIN STREET LEXINGTON, KY 40502	61-6001059	501(C)3	3,500				\$3,500 FOR 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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TRUSTEES OF INDIANA UNIVERSITY 509 EAST 3RD STREET BLOOMINGTON, IN 474013654	35-6001673	501(C)3	9,000				\$9,000 FOR UNDERGRADUATE (SENIOR) AND GRADUATE SCHOLARSHIPS SEEKING SPECIAL EDUCATION CERTIFICATION
UNIVERSITY OF LOUISVILLE SCHOOL OF MUSIC MUSIC THERAPY CLINIC 2217 S THIRD STREET LOUISVILLE, KY 40292	61-1014882	501(C)3	30,400				\$30,400 FOR ITEMS #2 - 5 TO PURCHASE AND OUTFIT THE VAN WITH PROPER SIGNAGE FOR WHAS CRUSADE FOR CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST WASHINGTON SCHOOL CORPORATION 8026 W BATT RD CAMPBELLSBURG, IN 47108	35-1067761	501(C)3	42,000				\$42,000 FOR CHAIR LIFT ACTIVITY BUS WITH CRUSADE FOR CHILDREN SIGNAGE
BAPTIST HEALTH FOUNDATION PADUCAH INC 2501 KENTUCKY AVE PADUCAH, KY 42003	26-4057759	501(C)3	40,000				\$40,000 FOR ANY ITEM ON GRANT LIST (OBM BPC SOFTWARE LICENSE KIT, OBM KIT NA, OBM RECOGNIZE LICENSE KIT, TECOTHERM NEO W/ DISPOSABLE STARTER KIT, TECOTHERM NEO MOUNT FOR STRYKER, TECOTHERM NON-VENTED FILL UP SET, TECOTHERM HOSES & CLEANING LOOP, ETC)

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.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

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	11	193,513	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	32	16,776	DONOR ESTIMATE
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens . . .				
24 Archeological artifacts				
25 Other ▶ (<u>SUPPLIES</u>)	X	3	8,081	DONOR ESTIMATE
26 Other ▶ (<u> </u>)				
27 Other ▶ (<u> </u>)				
28 Other ▶ (<u> </u>)				

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

29

0

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

30a

Yes

No

b If "Yes," describe the arrangement in Part II.

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

31

Yes

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

32a

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.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 51227J

Schedule M (Form 990) (2018)

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

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

23-7075524

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE ARTICLES OF INCORPORATION HAVE BEEN AMENDED TO STATE THAT THE CORPORATION SHALL HAVE NO 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 FUNDS HELD BY OTHERS 160,000. CHANGE IN BENEFICIAL INTEREST IN CHARITABLE TRUSTS 39,683. ENDOWMENT - CHANGE IN BENEFICIAL INTEREST IN CHARITABLE TRUSTS -78,038. ENDOWMENT - CHANGE IN BENEFICIAL INTEREST IN FUNDS HELD BY OTHERS -166,714. RETURN OF GRANT FUNDS PAID OUT IN PRIOR YEARS 303,267.

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.