

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **SEP 1, 2018** and ending **AUG 31, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE WHAS CRUSADE FOR CHILDREN, INC.		D Employer identification number 23-7075524
	Doing business as		E Telephone number (502)582-7706
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 7,196,042.
	520 W. CHESTNUT ST.		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40202		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	H(c) Group exemption number
F Name and address of principal officer: DAWN LEE		If "No," attach a list. (see instructions)	
SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.WHASCUSADE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	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
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,561,677.	6,058,798.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	897,050.	764,878.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,458,727.	6,823,676.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,675,000.	5,690,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	11,060.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	386,059.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	976,033.	1,086,478.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,662,093.	6,776,478.
19 Revenue less expenses. Subtract line 18 from line 12	796,634.	47,198.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	32,572,783.	31,846,198.
	22 Net assets or fund balances. Subtract line 21 from line 20	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		Date		
	DAWN LEE, CEO & PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	REBECCA L. PHILLIPS, CPA		04/15/20		P00024055
Firm's name MCM CPAS & ADVISORS LLP			Firm's EIN 27-1235638		
Firm's address 462 S. FOURTH ST., SUITE 2600 LOUISVILLE, KY 40202-3445			Phone no. (502)749-1900		

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

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 [x] No

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 5,690,000. including grants of \$ 5,690,000.) (Revenue \$)

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

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

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

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

4e Total program service expenses 5,690,000.

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website 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 - (502) 582-7706
520 W. CHESTNUT ST., LOUISVILLE, KY 40202

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRENNEN LAWRENCE CHAIRMAN (ENDED 03/2019)	0.10	X		X				0.	0.	0.
(2) ANGELICA WILSON TREASURER (ENDED 12/2018)	0.10	X		X				0.	0.	0.
(3) JEFF NELSON CHAIRMAN (BEGAN 03/2019)	0.10	X		X				0.	0.	0.
(4) GARY STEWART VICE CHAIRMAN	0.10	X		X				0.	0.	0.
(5) DON ALLEN BOARD MEMBER	0.10	X						0.	0.	0.
(6) JENNIFER ERHARD BOARD MEMBER	0.10	X						0.	0.	0.
(7) BILL GODFREY BOARD MEMBER (BEGAN 03/2019)	0.10	X						0.	0.	0.
(8) KELLY GRANGIER BOARD MEMBER	0.10	X						0.	0.	0.
(9) JOE GRAFFIS BOARD MEMBER (BEGAN 03/2019)	0.10	X						0.	0.	0.
(10) KATHERINE LANGAN SECRETARY (BEGAN 08/2018)	0.10	X						0.	0.	0.
(11) KYLE JUDD BOARD MEMBER (BEGAN 03/2019)	0.10	X						0.	0.	0.
(12) PAMELA STEPHENS BOARD MEMBER	0.10	X						0.	0.	0.
(13) CLARENCE GLOVER BOARD MEMBER (BEGAN 03/2019)	0.10	X						0.	0.	0.
(14) SHAWN KAELIN BOARD MEMBER	0.10	X						0.	0.	0.
(15) LISA COLUMBIA BOARD MEMBER	0.10	X						0.	0.	0.
(16) JEAN O'BRIEN BOARD MEMBER	0.10	X						0.	0.	0.
(17) CHRISTY MORENO BOARD MEMBER	0.10	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DEBBIE LEIST BOARD MEMBER	0.10	X						0.	0.	0.
(19) JOSH EVERETT BOARD MEMBER	0.10	X						0.	0.	0.
(20) TOM MOBLEY BOARD MEMBER (ENDED 03/2019)	0.10	X						0.	0.	0.
(21) DAVE GOLDSMITH BOARD MEMBER	0.10	X						0.	0.	0.
(22) KEVIN BURKE BOARD MEMBER	0.10	X						0.	0.	0.
(23) DENNIS STILGER BOARD MEMBER (BEGAN 03/2019)	0.10	X						0.	0.	0.
(24) JENNIFER FRIES BOARD MEMBER (BEGAN 03/2019)	0.10	X						0.	0.	0.
(25) MARCUS WARREN BOARD MEMBER (BEGAN 03/2019)	0.10	X						0.	0.	0.
(26) MEAGHAN REYNOLDS TREASURER (BEGAN 12/2018)	0.10	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								246,295.	0.	27,512.
d Total (add lines 1b and 1c)								246,295.	0.	27,512.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) PAT WALSH BOARD MEMBER (BEGAN 03/2019)	0.10	X						0.	0.	0.
(28) STACY GRIGGS BOARD MEMBER (BEGAN 03/2019)	0.10	X						0.	0.	0.
(29) SUSAN CILONE BOARD MEMBER (BEGAN 03/2019)	0.10	X						0.	0.	0.
(30) DAWN LEE PRESIDENT & CEO	40.00			X				134,957.	0.	10,090.
(31) JOHN BLIM VICE-PRESIDENT	40.00			X				111,338.	0.	17,422.
Total to Part VII, Section A, line 1c								246,295.		27,512.

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a 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	2 a _____	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					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities		350,672.		
		(ii) Other				
		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.	
	8 a 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						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a 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				
11 a _____						
	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, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	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 Sch 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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	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 instr). Complete Part II of Sch 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	278,614.		
	b Less: accumulated depreciation	221,152.		
	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 Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,823,676.
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 Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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		X
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	X	
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.	X	
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? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization <p align="center">THE WHAS CRUSADE FOR CHILDREN, INC.</p>	Employer identification number <p align="center">23-707524</p>
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	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	90.28	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	91.96	%
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"/>

Schedule A (Form 990 or 990-EZ) 2018

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 in line 12 on 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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
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>		
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>		
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>		
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>		
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 10b below.</i>		
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>		

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?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11c		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 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. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result 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			

Schedule A (Form 990 or 990-EZ) 2018

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.)

Multiple horizontal lines for supplemental information input.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

Employer identification number

THE WHAS CRUSADE FOR CHILDREN, INC.

23-7075524

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE WHAS CRUSADE FOR CHILDREN, INC.	Employer identification number 23-7075524
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 323,485.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 205,041.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 161,436.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 138,323.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE WHAS CRUSADE FOR CHILDREN, INC.

23-7075524

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization THE WHAS CRUSADE FOR CHILDREN INC.	Employer identification number 23-7075524
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

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 instructions and 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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 (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	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 83.95 %
- b Permanent endowment 16.05 %
- 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:

	Yes	No
(i) unrelated organizations	x	
(ii) related organizations		x
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

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 10c.)				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. (Col. (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. (Col. (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.

PART V, LINE 4:

THE PRIMARY OBJECTIVE OF THE INVESTMENTS OF THE ENDOWMENT FUND IS TO

PROVIDE FOR LONG-TERM GROWTH OF PRINCIPAL AND INCOME WITHOUT UNDUE

EXPOSURE TO RISK. THIS WILL EVENTUALLY ENABLE THE OPERATING ENDOWMENT TO

COVER THE CRUSADE'S OPERATING COSTS, WHILE MAKING MORE GRANTS TO SUPPORT

CHILDREN WITH SPECIAL NEEDS IN THE REGION.

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.

Part XIII Supplemental Information (continued)

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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN CHARITABLE TRUSTS	-78,038.
CHANGE IN BENEFICIAL INTEREST HELD BY OTHERS	32,969.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-45,069.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECOVERY OF PRIOR YEAR GRANTS	303,267.
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**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

**Open to Public
Inspection**

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

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash 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.	0.			\$32,000 TO FULLY FUND ITEM #2 - HURRICANE BUBBLE TUBE, \$15,000 FOR ITEM #3 - SALARY FOR LBD
ALLEGRO DANCE PROJECT 315 SIERRA DRIVE LEXINGTON, KY 40505	46-4066462	GOVERNMENT	5,000.	0.			\$5,000 FOR OUTREACH INSTRUCTION COMPENSATION AND LIVE MUSIC ACCOMPANIMENT (NOT TO
AMERICAN PRINTING HOUSE FOR THE BLIND - 1839 FRANKFORT AVE. - LOUISVILLE, KY 40206	61-0444640	501(C)3	10,000.	0.			\$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.	0.			\$20,000 FOR ANY ITEM - MEDALLION SERIES MINI RECEIVERS, MEDALLION SERIES MINI SMOKE ALARMS,
ANCHORAGE INDEPENDENT SCHOOL DISTRICT - 11400 RIDGE ROAD - ANCHORAGE, KY 40223	61-6000099	501(C)3	25,000.	0.			\$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.	0.			\$11,000 FOR ANY ITEM ON GRANT LIST (FIBER OPTIC SOFTIE BEANBAG FOR THERAPY, RAINBOW ARCH

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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2018)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARHHC, INC. P.O. BOX 2013, 225 COLLEGE STREET ELIZABETHTOWN, KY 42701	61-6030361	501(C)3	6,000.	0.			\$6,000 FOR PERSONNEL SALARY
ASBURY UNIVERSITY ONE MACKLEM DR. WILMORE, KY 40390	61-0458355	501(C)3	23,000.	0.			\$23,000.00 FOR SCHOLARSHIPS FOR STUDENTS SEEKING SPECIAL EDUCATION CERTIFICATION.
BAPTIST HEALTH FOUNDATION GREATER LOUISVILLE, INC. - 4007 KRESGE WAY - LOUISVILLE, KY 40207	20-0292291	501(C)3	93,000.	0.			\$93,000 FOR ANY ITEM ON GRANT LIST (GE GIRAFFE OMNIBED, SKYTRON C SECTION OPERATING TABLE,
BARDSTOWN INDEPENDENT SCHOOLS 308 NORTH 5TH STREET BARDSTOWN, KY 40004	61-6001009	501(C)3	25,000.	0.			\$25,000 FOR THE BARDSTOWN EARLY CHILDHOOD EDUCATION CENTER MULTISENSORY ROOM AND BARDSTOWN PRIMARY
BARREN RIVER AREA CHILD ADVOCACY CENTER - 103 E. 12TH ST. - BOWLING GREEN, KY 42101	61-1337449	501(C)3	10,000.	0.			\$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.	0.			SENSORY ITEMS ON GRANT LIST
BELLARMINE UNIVERSITY 2001 NEWBURG ROAD LOUISVILLE, KY 40205	61-0482955	501(C)3	50,000.	0.			\$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.	0.			\$18,000 FOR SCHOLARSHIPS FOR STUDENTS SEEKING SPECIAL EDUCATION TEACHING CERTIFICATION
BEST BUDDIES KENTUCKY 1911A BARDSTOWN ROAD LOUISVILLE, KY 40205	52-1614576	501(C)3	6,500.	0.			\$6,500 TOWARDS ITEM #1 PROGRAM MANAGER SALARY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BIG BROTHERS BIG SISTERS OF KENTUCKIANA, INC. - 1519 GARDINER LANE - LOUISVILLE, KY 40218	61-6057856	501(C)3	5,000.	0.			\$5,000 FOR ANY ITEM ON GRANT - MONITOR, SUPPORT & EVALUATE MENTORS AND YOUTH; ENROLL, TRAIN &
BINGHAM CHILD GUIDANCE CLINIC 200 E. CHESTNUT ST. LOUISVILLE, KY 40202	61-0445838	501(C)3	50,000.	0.			\$50,000 FOR ANY ITEM - EXPANSION OF PSYCHOLOGICAL TESTING SERVICES AND TRANSITIONAL
BLUEGRASS CENTER FOR AUTISM 1250 BARDSTOWN ROAD, SUITE 15 LOUISVILLE, KY 40204	27-2279128	501(C)3	30,000.	0.			\$30,000 FOR ANY ITEM (PROGRAM COORDINATOR SALARY AND ASSISTANT LEAD INSTRUCTORS)
BOYS AND GIRLS CLUBS INC 3900 CRITTENDEN DRIVE LOUISVILLE, KY 40209	61-0568789	501(C)3	9,500.	0.			\$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.	0.			\$30,000 TOTAL - \$7,995 FOR ITEM #2 - SPOT DOT EMBOSSEER WITH SOFTWARE AND THE REMAINDER TOWARDS
BULLITT COUNTY BOARD OF EDUCATION 1040 HIGHWAY 44 EAST SHEPHERDSVILLE, KY 40165	61-6001357	501(C)3	54,000.	0.			\$54,000 FOR ANY ITEM ON GRANT LIST (ADAPTIVE SEATING, ASSISTIVE TECHNOLOGY, SENSORY
CAMP TESSA OF MEADE CO. 938 OLD STATE ROAD BRANDENBURG, KY 40108	46-1042442	501(C)3	5,000.	0.			\$5,000 FOR SALARIES AND ANY ITEM ON GRANT LIST (TRANSPORTATION, FIELD TRIPS, MUSIC THERAPY,
CAMP TESSA, INC. 521 CHARLEMAGNE BLVD. ELIZABETHTOWN, KY 42701	20-2632503	501(C)3	7,000.	0.			\$7,000 FOR ITEM #1 - SALARIES
CAMPBELLSVILLE INDEPENDENT SCHOOLS 136 SOUTH COLUMBIA AVE. CAMPBELLSVILLE, KY 42718	61-6001031	GOVERNMENT	18,000.	0.			SPEECH/LANGUAGE/LITERACY/ HELP/ADAPTIVE AND TECHNOLOGY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CARROLL COUNTY SCHOOLS 813 HAWKINS ST. CARROLLTON, KY 41008	61-6001259	501(C)3	5,000.	0.			\$5,000 FOR ANY ITEM ON GRANT LIST - SCHOLASTIC BOOK TEACHER LIBRARIES, ACHIEVE 3000, AMAZON
CASA OF CALLOWAY AND MARSHALL COUNTIES INC (BY THE LAKES) - 1003 POPLAR STREET - MURRAY, KY 42071	20-4033610	501(C)3	5,000.	0.			\$5,000 TOWARDS PART-TIME ADVOCATE COORDINATOR'S SALARY
CASA OF LEXINGTON 1155 HARRY SYKES WAY LEXINGTON, KY 40504	61-1339185	501(C)3	18,000.	0.			\$18,000 TOWARDS THE VOLUNTEER MANAGER'S SALARY
CASA OF SOUTH CENTRAL KY, INC. P.O. BOX 867/316 EAST 10TH STREET BOWLING GREEN, KY 42102	61-1334266	501(C)3	5,000.	0.			\$5,000 TOWARDS THE ADVOCATE COORDINATOR'S SALARY
CASA OF THE HEARTLAND P.O. BOX 6065 ELIZABETHTOWN, KY 42702	26-0876943	501(C)3	11,250.	0.			\$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.	0.			\$10,000 FOR ADVOCACY SUPERVISORY SALARY
CASA PROGRAM FOR BULLITT COUNTY, INC. - P.O. BOX 1025 - SHEPHERDSVILLE, KY 40165	61-1454102	501(C)3	16,000.	0.			\$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.	0.			\$140,000 FOR ANY ITEM (YOUTH CARE WORKER, EDUCATIONAL MANAGER, INTERPRETER SERVICES,
CENTRAL KENTUCKY EDUCATION COOPERATIVE - 2331 FORTUNE DRIVE, SUITE 110 - LEXINGTON, KY 40509	61-1204854	501(C)3	30,000.	0.			\$30,000 FOR ITEMIZED MATERIALS AND EQUIPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CHILD DEVELOPMENT CENTER OF THE BLUEGRASS - 290 ALUMNI DRIVE - LEXINGTON, KY 40503	61-0543367	501(C)3	2,000.	0.			\$2,000 FOR FUNDING FOR ALLEGRO DANCE PROGRAM
CLARK COUNTY YOUTH SHELTER AND FAMILY SERVICES, INC. - PO BOX 886, 118 EAST CHESTNUT - JEFFERSONVILLE, IN 47131	31-1126065	501(C)3	13,000.	0.			\$13,000 FOR ANY ITEM (YOUTH WORKER, RESIDENTIAL CASE WORKER AND RESIDENTIAL
CLOVERPORT INDEPENDENT SCHOOL DISTRICT - 301 POPLAR ST. - CLOVERPORT, KY 40111	61-6001396	501(C)3	40,000.	0.			\$40,000 FOR ALL OF ITEMS #1 AND 2 (3 PROCOLOR INTERACTIVE ADJUSTABLE TABLE, 10 LENOVO N23 YOGA
COMMONWEALTH THEATRE CENTER 1123 PAYNE ST. LOUISVILLE, KY 40204	61-0902722	501(C)3	6,000.	0.			\$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.	0.			\$10,000 FOR THERAPIST FOR ELEMENTARY & MIDDLE SCHOOL AND THERAPIST FOR HIGH SCHOOL
COMMUNITY ACTION OF SOUTHERN INDIANA - 1613 EAST EIGHTH ST. - JEFFERSONVILLE, IN 47130	02-0591170	501(C)3	10,738.	0.			\$10,738 FOR ITEMS #2-5 FOR EQUIPMENT W/BASE, TRICYCLES, VETERINARIAN CLINIC
CRITICALLY LOVED 14110 BECKLEY TRACE LOUISVILLE, KY 40245	81-5273913	501(C)3	4,000.	0.			\$4,000 FOR THERAPY WITH A LICENSED PSYCHOLOGIST FOR 7 SPECIAL NEEDS CHILDREN AND MOTIONAL THERAPY FOR
CYSTIC FIBROSIS FOUNDATION 1941 BISHOP LN. STE 108 LOUISVILLE, KY 40218	13-1930701	501(C)3	5,000.	0.			\$5,000 FOR ANY ITEM ON GRANT LIST
DORMAN PRESCHOOL CENTER, INC. P.O. BOX 853 SHELBYVILLE, KY 40065	61-0620554	501(C)3	25,000.	0.			\$25,000 FOR ANY ITEM ON GRANT LIST (LEAD TEACHER PARTIAL SALARY, DEVELOPMENTAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWN SYNDROME ASSOCIATION OF CENTRAL KENTUCKY - 1050 CHINOE ROAD, SUITE 204 - LEXINGTON, KY 40502	38-3682694	501(C)3	3,000.	0.			\$3,000 FOR ANY ITEM (EDUCATION COORDINATOR SALARY, SUPPLEMENTAL STAFF-SUMMER ENRICHMENT
DOWN SYNDROME OF LOUISVILLE 5001 S. HURSTBOURNE PARKWAY LOUISVILLE, KY 40291	61-1214126	501(C)3	20,000.	0.			\$20,000 FOR ANY ITEM ON GRANT LIST (4 SUMMER EDUCATION ENRICHMENT TEACHERS AND 7 TEACHING
DREAM RIDERS OF KENTUCKY INCORPORATED - P. O. BOX 172, 4705 WINKLER ROAD - PHILPOT, KY 42366	01-0802025	501(C)3	5,000.	0.			\$5,000 FOR SCHOLARSHIPS FOR EQUINE ASSISTED THERAPEUTIC SERVICES INSTRUCTOR SPECIAL
DREAMS WITH WINGS 1579 BARDSTOWN ROAD LOUISVILLE, KY 40205	61-1371540	501(C)3	8,500.	0.			\$8,500 FOR ITEMS #1-5 (SALARIES, WHITEBOARD, KITCHEN SMALL APPLIANCES AND SUPPLIES, ART
DYSLEXIA ASSOC. OF PENNRYRILE 538A NOEL AVENUE HOPKINSVILLE, KY 42240	61-1227318	501(C)3	3,528.	0.			"FULL GRANT! \$3,528 FOR ANY ITEM (BARTON READING PROGRAM - LEVEL 10, WIDE RANGE ACHIEVEMENT TEST,
EASTER SEALS WEST KENTUCKY 801 NORTH 29TH ST. PADUCAH, KY 42001	31-1572931	501(C)3	4,000.	0.			\$4,000 FOR ANY ITEM ON GRANT LIST - COGNITIVE EDUCATIONAL MATERIALS, SOCIAL/ EMOTIONAL
EASTERN KENTUCKY UNIVERSITY - AUTISM - 521 LANCASTER AVENUE - RICHMOND, KY 40475	61-1011211	501(C)3	10,000.	0.			"\$10,000 TO BE USED FOR ITEMS #1-4. (NO AWARD FOR ITEM #5) Ø
EASTERN KENTUCKY UNIVERSITY - COMMUNICATION DISORDERS - 521 LANCASTER AVE., DEPT. OF PSYCHOLOGY - RICHMOND, KY 40475	61-1011211	GOVERNMENT	8,980.	0.			FULL GRANT! \$8,980 FOR 10 MAICO MA PORTABLE AUDIOMETERS GROUP PROGRAM COORDINATOR
EASTERN KENTUCKY UNIVERSITY - SCHOLARSHIPS - COLLEGE OF EDUCATION, 521 LANCASTER AVE. - RICHMOND, KY 40475	61-1011211	GOVERNMENT	18,000.	0.			\$18,000 FOR SCHOLARSHIPS FOR GRADUATE STUDENTS SEEKING CERTIFICATION IN SPECIAL EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELIZABETHTOWN INDEPENDENT SCHOOL SYSTEM - 219 HELM STREET - ELIZABETHTOWN, KY 42749	61-6001403	GOVERNMENT	8,000.	0.			\$8,000 TO FUND ALL OF ITEM #6 AND REMAINING AMOUNTS FOR ITEMS 1-5 AND ITEM 8 - NOTHING FOR ITEM
EMINENCE INDEPENDENT SCHOOLS 254 WEST BROADWAY EMINENCE, KY 40019	61-6001055	GOVERNMENT	26,400.	0.			"\$26,400 TO PURCHASE TRANSIT VAN WITH THE REMAINING AMOUNT TOWARDS ITEMS #2 AND #3. REQUIRE
ENGLISHTON PARK PRESBYTERIAN MINISTRIES, INC. - PO BOX 240 - LEXINGTON, IN 47138	23-7378186	501(C)3	7,000.	0.			\$7,000 FOR SALARIES FOR CAMP TUTORS
EXCEPTIONAL EQUITATION 2107 MASSIE SCHOOL RD. LAGRANGE, KY 40031	31-0951588	501(C)3	2,000.	0.			FULL GRANT - \$2,000 FOR SALARY FOR PROGRAM COORDINATOR/INSTRUCTOR
FAMILY ARK, INC. 101 NOAH'S LANE LOUISVILLE, KY 47130	35-1292608	501(C)3	15,000.	0.			\$15,000 ADA COMPLIANCE PROJECT - RENOVATIONS
FAMILY ENRICHMENT CTR. 1133 ADAMS STREET BOWLING GREEN, KY 42101	61-0956466	501(C)3	9,000.	0.			\$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.	0.			\$15,000 FOR SALARIES AND/OR ITEMS #1-7 ON GRANT LIST
FAYETTE COUNTY PUBLIC SCHOOL DISTRICT - 701 EAST MAIN ST. - LEXINGTON, KY 40502	61-6001059	501(C)3	10,000.	0.			\$10,000 FOR ANY ITEM ON GRANT LIST. BALANCE BEAMS, CLIMBING STAIRS PER SCHOOL, CONES,
FEAT OF LOUISVILLE 1100 E. MARKET ST. LOUISVILLE, KY 40206	61-1374663	501(C)3	15,000.	0.			\$15,000 FOR ANY ITEM ON GRANT LIST (IF TURNING IN RECEIPTS FOR ITEM #2, MUST HAVE ITEMIZATION AND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLAGET MEMORIAL HOSPITAL 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004	56-2351341	501(C)3	35,000.	0.			\$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.	0.			\$70,000 FOR ANY ITEM ON GRANT LIST (BUBBLE CPAP, PURITAN BENNETT 980 VENTILATOR, VIDEO
FRANKLIN COUNTY SCHOOLS 190 KINGS DAUGHTER DRIVE FRANKFORT, KY 40601	61-6001280	501(C)3	20,000.	0.			\$20,000 FOR SALARY FOR A TEACHER
FRIENDS SCHOOL, INC. 901 BRECKINRIDGE LANE LOUISVILLE, KY 40207	61-1213141	501(C)3	34,000.	0.			\$34,000 FOR ANY ITEM (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM) (RESOURCE TEACHER,
FUND FOR THE ARTS 623 WEST MAIN ST. LOUISVILLE, KY 40202	61-0479626	501(C)3	6,500.	0.			\$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.	0.			\$8,500 FOR PLAYGROUND SURFACING
GILDA'S CLUB LOUISVILLE 633 BAXTER AVE. LOUISVILLE, KY 40204	20-1635170	501(C)3	40,000.	0.			\$50,000 FOR CAPITAL CAMPAIGN
GRAVES COUNTY BOARD OF EDUCATION 2290 STATE ROUTE 121 N MAYFIELD, KY 42066	61-6001322	GOVERNMENT	18,800.	0.			\$18,800 FOR ITEMS 1-5 (LEARNING BEHAVIOR DISORDER RESOURCES, VISUAL IMPAIRMENT
GRAYSON COUNTY SCHOOLS 790 SHAW STATION ROAD, P.O. BOX 40 LEITCHFIELD, KY 42754	61-6001310	501(C)3	18,000.	0.			\$18,000 FOR ANY ITEM ON GRANT LIST.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER CLARK COUNTY SCHOOLS 2112 UTICA SELLERSBURG ROAD JEFFERSONVILLE, IN 47130	35-1151414	501(C)3	20,000.	0.			\$20,000 FOR ANY ITEM (OCCUPATIONAL THERAPY PRODUCTS, TECHNOLOGY NEEDS(DELL LAPTOPS,
GREATER LOUISVILLE ROWING FOUNDATION - 6510 GLENRIDGE PARK PLACE #5 - LOUISVILLE, KY 40222	61-1208989	501(C)3	4,898.	0.			FULL GRANT! (INDOOR ROWER HANDLES; ACTIVE HANDS 2 SETS; BANTAM OARS; CARRIER WHEELS;
GREEN COUNTY BOARD OF EDUCATION 402 E. HODGENVILLE AVE. GREENSBURG, KY 42743	60-6001285	GOVERNMENT	23,600.	0.			\$23,600 FOR ITEM 1 (TECHNOLOGY) AND ITEM 3 (LITERACY RESOURCES)
GREEN HILL THERAPY 1410 LONG RUN ROAD LOUISVILLE, KY 40245	61-1378588	501(C)3	20,000.	0.			\$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.	0.			\$10,000 FOR ANY ITEM ON GRANT LIST.
HANCOCK COUNTY PUBLIC SCHOOLS 83 STATE ROUTE 3543 LOUISVILLE, KY 42348	61-6001293	501(C)3	4,000.	0.			\$4,000 FOR ANY ITEM - SENSORY PROCESSING RESOURCES, ACADEMIC/INSTRUCTIONAL
HARDIN COUNTY SCHOOLS SPECIAL EDUCATION DEPARTMENT - 521 CHARLEMAGNE BLVD., STE. 100 - ELIZABETHTOWN, KY 42701	61-6001274	501(C)3	67,500.	0.			\$67,500 TO FULLY FUND ITEMS 1-4 AND ITEMS 6-7. REMAINING FUNDS MAY BE SPENT ON ITEM 5
HARDIN MEMORIAL HEALTH FOUNDATION 913 NORTH DIXIE AVE. ELIZABETHTOWN, KY 42701	61-1251585	501(C)3	95,000.	0.			\$95,000 FOR ANY ITEM ON GRANT LIST (RAPID THERMAL INFUSER (1) - PEDIATRIC ED, VEIN ILLUMINATORS (3)
HARRISON COUNTY EXCEPTIONAL LEARNERS COOPERATIVE - 121 HIGH SCHOOL ROAD - CORYDON, IN 47112	35-1172509	501(C)3	19,000.	0.			\$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.	0.			\$26,000 FOR STRYKER NARA BASSINETS
HART COUNTY BOARD OF EDUCATION 25 QUALITY ST. MUNFORDVILLE, KY 42765	61-6001333	501(C)3	15,886.	0.			\$15,886 FOR ITEMS 1-5 WITH CRUSADE NAMING RIGHTS ON PLAYGROUND.
HENRY COUNTY PUBLIC SCHOOLS 326 SOUTH MAIN ST. NEW CASTLE, KY 40050	61-6001335	501(C)3	25,000.	0.			\$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.	0.			\$28,000 FOR ANY ITEM ON GRANT LIST - SPEECH THERAPY, PHONE SYSTEM, AND STREAM LAB (TEACHER
HINDMAN SETTLEMENT SCHOOL, INC. PO BOX 844, 56 EDUCATION LANE HINDMAN, KY 41822	61-0447248	501(C)3	13,400.	0.			\$13,400 FOR READING INTERVENTION TUTORS
HOME OF THE INNOCENTS 1100 EAST MARKET ST. LOUISVILLE, KY 40206	61-0445834	501(C)3	80,000.	0.			\$80,000 TO FUND ALL OF ITEMS #1 AND #2, AND REMAINING AMOUNT FOR ANY OTHER ITEM ON GRANT LIST
HOSPARUS HEALTH 3532 EPHRAIM MCDOWELL DRIVE LOUISVILLE, KY 40205	61-0921718	501(C)3	40,000.	0.			\$40,000 FOR ANY ITEM ON GRANT LIST (KOURAGEOUS KIDS PEDIATRICIAN, KIDS CHAPLAIN, AND GRIEF
JCPS - ASSISTIVE TECHNOLOGY PROGRAM - 3332 NEWBURG ROAD - LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	60,500.	0.			\$60,500 FOR ANY ITEM ON GRANT LIST.
JCPS - AUTISM PROGRAM 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	8,700.	0.			\$8,700 FOR ANY ITEM ON LIST - NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM -

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JCPS - COMMUNICATION DISORDERS PROGRAM - 3332 NEWBURG ROAD - LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	7,940.	0.			\$7940 FOR IPAD TABLETS (10 PACK) (\$3,970 PER PACK)
JCPS - DEAF AND HARD OF HEARING PROGRAM - 3332 NEWBURG ROAD - LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	30,000.	0.			\$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.	0.			\$5,400 TO PURCHASE 3 FROG STREET THREES - ENGLISH CURRICULUM (\$1,799.99 PER UNIT)
JCPS - MODERATE TO SEVERE DISABILITIES - 3332 NEWBURG ROAD - LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	45,000.	0.			\$45,000 TOWARDS ANY LINE ITEM REQUESTED ON GRANT - SITE LICENSES FOR NEWS-2-YOU WEEKLY ON-LINE
JCPS - OT/PT PROGRAM 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	46,000.	0.			\$46,000 TOWARDS ANY ITEM ON GRANT LIST (NOT TO EXCEED AMOUNT REQUESTED FOR EACH LINE ITEM)
JCPS - VISUALLY IMPAIRED PROGRAM 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	5,434.	0.			5 AIRA SUBSCRIPTIONS (\$890 PER UNIT) PLUS ALL OF ITEM #2 (PE EQUIPMENT)
JEFFERSONVILLE TOWNSHIP PUBLIC LIBRARY FOUNDATION - P.O. BOX 1548, 211 E. COURT AVE. - JEFFERSONVILLE, IN 47131	35-6001711	501(C)3	6,000.	0.			\$6,000 FOR ANY ITEM ON GRANT LIST
JEWISH COMMUNITY OF LOUISVILLE INC. - 3600 DUTCHMANS LANE - LOUISVILLE, KY 40205	61-0444765	501(C)3	110,000.	0.			\$85,000 FOR ITEM #1 CAPITAL CAMPAIGN (SINGLE YEAR ONLY); \$25,000 FOR ITEMS 2 AND 3 (YACHAD
JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. - 1401 W. MUHAMMAD ALI BLVD. - LOUISVILLE, KY 40203	61-0476694	501(C)3	4,125.	0.			\$4,125 TOTAL - \$3,125 FOR ITEM #2 PROGRAM MATERIALS AND \$1,000 FOR ITEM #1 PROGRAM COORDINATOR

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KENTUCKIANA CHILDREN'S CENTER 1810 BROWNSBORO RD. LOUISVILLE, KY 40206	61-6014488	501(C)3	22,000.	0.			\$22,000 FOR ANY ITEM ON GRANT LIST (PEDIATRIC CHIROPRACTOR, PEDIATRIC CRANIOSACRAL THERAPIST,
KENTUCKY CENTER FOR SPECIAL CHILDREN SERVICES/CARRIAGE HOUSE - 13101 EASTPOINT PARK BLVD. - LOUISVILLE, KY 40223	61-0680753	501(C)3	68,500.	0.			\$68,500 FOR ANY ITEM ON GRANT LIST
KENTUCKY CENTER FOR THE ARTS FOUNDATION, INC. - 501 W. MAIN ST. - LOUISVILLE, KY 40202	31-0999046	501(C)3	31,000.	0.			\$31,000 TOWARDS ANY ITEM ON GRANT LIST (EXCEPTION: NO FUNDING APPROVED FOR EXPENSES FOR THE FAMILY
KENTUCKY EDUCATIONAL DEVELOPMENT CORPORATION - 904 ROSE ROAD - ASHLAND, KY 41102	61-0659010	501(C)3	15,000.	0.			\$15,000 FOR EARLY NUMERACY CURRICULUM KITS
KENTUCKY HEMOPHILIA FOUNDATION 1850 TAYLOR AVENUE, SUITE 2 LOUISVILLE, KY 40213	61-0656750	501(C)3	6,761.	0.			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.	0.			FULL GRANT! \$7,162.40 FOR ANY ITEM ON GRANT LIST.
LARUE COUNTY PUBLIC SCHOOLS 208 COLLEGE ST. HODGENVILLE, KY 42748	61-6001298	501(C)3	9,000.	0.			STEAM ROLLER, STANDING DESK CONVERTER, CID SPICE 2ND EDITION, CID SPICE LIFE AUDITORY CURRICULUM,
LEARNING FOR LIFE, LINCOLN CHAPTER 12001 SYCAMORE STATION PL. LOUISVILLE, KY 40299	46-5501637	501(C)3	18,000.	0.			"\$18,000 FOR ANY ITEM ON GRANT LIST (ACCESSIBLE BUS TRANSPORTATION, HANDICAPPED ACCESSIBLE
LEXINGTON HEARING & SPEECH 350 HENRY CLAY BLVD. LEXINGTON, KY 40502	61-0593951	501(C)3	10,000.	0.			\$10,000 FOR AUDITORY VERBAL THERAPY SERVICES

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LIFESPRING HEALTH SYSTEMS 460 SPRING ST. JEFFERSONVILLE, IN 47130	35-1097350	501(C)3	3,000.	0.			\$3,000 FOR THERAPEUTIC RESOURCES
LIGHTHOUSE PROMISE, INC. 5312 SHEPHERDSVILLE ROAD LOUISVILLE, KY 40228	61-1362760	501(C)3	3,500.	0.			\$3,500 TOTAL - \$2,000 TOWARDS THE HEALTH AND BACK TO SCHOOL FAIR AND \$1,500 TOWARDS THE
LINCOLN COUNTY SCHOOL DISTRICT 305 DANVILLE ST. STANFORD, KY 40484	61-6001365	501(C)3	5,614.	0.			\$5,614 FOR ITEMS 1, 2, 4, & 5 (ADA ACCESSIBLE SWING SET/WITH PLATFORM SWING, PLATFORM MATS TO PLACE
MADISON AREA EDUCATIONAL SPECIAL SERVICES UNIT - 702 ELM STREET - MADISON, IN 47250	35-1371543	501(C)3	5,000.	0.			\$5,000 FOR ANY ITEM ON GRANT LIST
MADISON CONSOLIDATED SCHOOLS 2421 WILSON AVE. MADISON, IN 47250	35-6002609	501(C)3	20,000.	0.			\$20,000 FOR SENSORY MOTOR EQUIPMENT
MARION COUNTY BOARD OF EDUCATION 755 EAST MAIN ST. LEBANON, KY 40033	61-6001309	GOVERNMENT	5,950.	0.			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.	0.			\$34,000 FOR ALL OF ITEMS #2 AND #3 (SENSORY THERAPY TOOLS AND SENSORY ITEMS) AND THE REST FOR
MEADE COUNTY BOARD OF EDUCATION 1155 OLD EKRON RD. BRANDENBURG, KY 40108	61-6001248	501(C)3	58,000.	0.			\$58,000 FOR ANY ITEM ON GRANT LIST (SURFACING (TURF), FENCING, SHADE, ADAPTED SWING, MUSIC
MEREDITH-DUNN SCHOOL 3023 MELBOURNE AVE. LOUISVILLE, KY 40220	23-7339248	501(C)3	15,000.	0.			\$15,000 TO PURCHASE WILSON READING PROGRAM MATERIALS

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MIRACLE LEAGUE OF LOUISVILLE, INC. 800 LILLY CREEK ROAD, SUITE 102 LOUISVILLE, KY 40243	61-1740095	501(C)3	65,000.	0.			\$65,000 TOWARDS PEBBLE-FLEX POROUS BASEBALL FIELD SURFACE COVERING 15,956 SQUARE
MOUNTAIN COMPREHENSIVE CARE CENTER, INC. - 104 SOUTH FRONT AVENUE - PRESTONBURG, KY 41653	61-0663787	501(C)3	13,000.	0.			\$13,000 FOR ANY ITEM ON GRANT LIST (PROGRAM SUPPLIES FOR COUNCIL, COMMUNITY-BASED
NELSON COUNTY SCHOOLS 288 WILDCAT LANE BARDSTOWN, KY 40004	61-6001240	501(C)3	13,000.	0.			\$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.	0.			\$12,000 FOR ANY ITEM, INCREASED ATTORNEY TIME OF EDUCATION ADVOCACY IN LOUISVILLE AREA
NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES - 5516 EAST ALEXANDRIA PIKE - COLD SPRING, KY 41076	61-1106680	501(C)3	2,400.	0.			\$2,400 FOR ANY ITEM (TABLET DEVICES, TABLET ACCESSORIES (CASES, SCREEN PROTECTORS,
OLDHAM COUNTY BOARD OF EDUCATION 1900 BUTTON LANE LAGRANGE, KY 40031	61-6001306	501(C)3	50,000.	0.			\$50,000 FOR ANY ITEM ON GRANT LIST
ORANGE COUNTY REHABILITATIVE AND DEVELOPMENTAL SERVICES/FIRST CHANCE CENTER - P. O. BOX 267 - PAOLI, IN 47454	35-1160833	501(C)3	22,000.	0.			\$22,000 FOR ANY ITEM ON GRANT LIST (PLAYGROUND, COMMUNICATION BUILDER WITH ICON MAKER, 31 BAGS
OUR LADY OF PROVIDENCE JR.-SR. HIGH SCHOOL - 707 PROVIDENCE WAY - CLARKSVILLE, IN 47129	35-0894977	501(C)3	17,207.	0.			FULL GRANT! \$17,207 FOR ANY ITEM (FURNITURE, TRAINING MATERIALS, AND RENOVATION/CONSTRUCTION)
OWEN COUNTY SCHOOL DISTRICT 1600 HIGHWAY 22 EAST OWENTON, KY 40359	61-6001340	501(C)3	5,000.	0.			\$5,000 FOR JUNO SYSTEM WITH BLUETOOTH AND LESSON CAPTURE

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OWENSBORO DANCE THEATRE 2705 BRECKENRIDGE ST. OWENSBORO, KY 42303	61-1040701	501(C)3	13,000.	0.			30 MINUTE CLASS SESSIONS AT 6 SCHOOLS, 30 MINUTE CLASS SESSIONS AT PUZZLE PIECES, 30 MINUTE CLASS
OWENSBORO HEALTH FOUNDATION, INC. P.O. BOX 22505 OWENSBORO, KY 42304	61-1251763	501(C)3	31,000.	0.			" \$31,000 FOR ANY ITEM ON GRANT LIST (ACCUVIEN VEIN VISUALIZATION SYSTEM, VIDEO-ASSISTED INTUBATION
"PAOLI COMMUNITY SCHOOL CORPORATION" THROOP ELEMENTARY SCHOOL" - 301 ELM STREET - PAOLI, IN 47454	35-1102768	501(C)3	12,000.	0.			\$12,000 FOR PRIO LAMP COMMUNICATION DEVICES
PAWS WITH PURPOSE, INC. P.O. BOX 5448 LOUISVILLE, KY 40255	20-0681397	501(C)3	22,000.	0.			\$22,000 FOR ANY ITEM ON GRANT LIST (DIRECTOR OF TRAINING, TRAINING ASSISTANTS,
PERSONAL COUNSELING SERVICE, INC. 1205 APPLGATE LANE CLARKSVILLE, IN 47129	31-0919635	501(C)3	28,000.	0.			\$28,000 FOR ANY ITEM ON GRANT LIST (ONE-ON-ONE TALK AND MUSIC THERAPY FOR CHILDREN AND YOUTH
PITT ACADEMY 75157 WESTPORT ROAD LOUISVILLE, KY 40222	23-7066205	501(C)3	10,000.	0.			\$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.	0.			\$12,500 TOTAL - ITEM #2 TO BE FULLY FUNDED WITH CRUSADE SIGNAGE AND THE REMAINING AMOUNT TO ITEM
RAUCH, INC. 845 PARK PLACE NEW ALBANY, IN 47150	35-1011521	501(C)3	20,000.	0.			\$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.	0.			\$53,000 FOR ANY ITEM ON GRANT LIST (SPRINGFIELD CRIB, MASIMO CARBOXYHEMOGLOBIN

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SAFY OF KENTUCKY 4010 DUPONT CIRCLE, SUITE 379 LOUISVILLE, KY 40207	26-1641642	501(C)3	4,000.	0.			\$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.	0.			\$100,000 TOWARDS CAPITAL REQUEST TO BUILD A LEVEL II NICU AT SAINT JOSEPH LONDON HOSPITAL WITH
SAINT JOSEPH MOUNT STERLING FOUNDATION - 1451 HARRODSBURG ROAD, SUITE D-308 - LEXINGTON, KY 40504	27-2884584	501(C)3	36,000.	0.			\$36,000 TOWARDS THE PURCHASE OF GE GIRAFFE OMNIBEDS WITH MEDICAL ACCESSORIES (2) AND
SHELBY COUNTY PUBLIC SCHOOLS 1155 WEST MAIN ST. SHELBYVILLE, KY 40065	61-6001356	501(C)3	75,000.	0.			\$75,000 TOTAL - \$32,000 FOR ITEM #1, \$43,000 FOR ITEMS #2, #3 AND #4 (TRANSPORTATION,
SOUTH CENTRAL AREA SPECIAL EDUCATION COOPERATIVE - 600 ELM STREET - PAOLI, IN 47454	31-0986767	501(C)3	23,000.	0.			\$23,000 FOR ITEMS #1 AND #3 (CONSULTATIVE SERVICES FOR STUDENTS PRE-SCHOOL-12 AND
SPECIAL OLYMPICS KENTUCKY, INC. 1230 LIBERTY BANK LANE, SUITE 140 LOUISVILLE, KY 40222	61-0954571	501(C)3	16,000.	0.			\$16,000 FOR ANY ITEM ON GRANT LIST.
SPENCER COUNTY PUBLIC SCHOOLS 207 W. MAIN ST. TAYLORSVILLE, KY 40071	61-6001367	GOVERNMENT	35,000.	0.			\$35,000 TOTAL (\$15,000 FOR PASSENGER VAN AND \$20,000 FOR REMAINING ITEMS - TECHNOLOGY,
SPINA BIFIDA ASSOCIATION OF KENTUCKY - 982 EASTERN PARKWAY - LOUISVILLE, KY 40217	31-1081176	501(C)3	21,000.	0.			\$21,000 FOR ANY ITEM ON GRANT LIST (PROGRAM COORDINATOR SALARY, FAMILY FINANCIAL
ST. FRANCIS SCHOOL 11000 US HWY 42 GOSHEN, KY 40026	31-0896538	501(C)3	4,600.	0.			\$4,600 FOR PARTIAL SALARY SUPPORT

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ST JOSEPHS CATHOLIC ORPHAN SOCIETY 2823 FRANKFORT AVE. LOUISVILLE, KY 40206	61-0475286	501(C)3	23,000.	0.			\$23,000 FOR FULL-TIME NURSE AND THERAPY/SENSORY ITEMS
STAGE ONE THE LOUISVILLE CHILDRENS THEATRE INC - 315 W. MARKET ST., SUITE 2S - LOUISVILLE, KY 40202	61-0466715	501(C)3	6,000.	0.			\$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.	0.			"\$7,000 FOR ANY ITEM REQUESTED IN GRANT APPLICATION (NOT TO EXCEED AMOUNT REQUESTED
SUNRISE CHILDREN'S SERVICES 300 HOPE STREET MT. WASHINGTON, KY 40047	61-0597273	501(C)3	16,000.	0.			"\$16,000 FOR 12-PASSENGER VAN FOR GLEN DALE CENTER CHANGE REQUEST APPROVED TO PURCHASE 7
TAYLOR COUNTY BOARD OF EDUCATION 1209 EAST BROADWAY CAMPBELLSVILLE, KY 42718	61-6001256	GOVERNMENT	40,000.	0.			\$40,000 FOR ANY ITEM ON GRANT LIST - (66 PASSENGER CE LIFT BUS, 12 VOLT POWER OUTLET, ENGINE
TELFORD YMCA 100 EAST MAIN ST. RICHMOND, KY 40475	61-6000619	501(C)3	7,110.	0.			\$7,110 FOR ANY ITEM (PERSONNEL, AQUATRAM POOL LIFT AND ACCESSORIES, MAJOR AQUATICS EQUIPMENT,
THE DE PAUL SCHOOL 1925 DUKER AVENUE LOUISVILLE, KY 40205	61-0711082	501(C)3	6,591.	0.			\$6,591.41 FOR IPOD TOUCH DEVICES, PLAYAWAYS, AUDIOBOOKS, HI-LO BOOKS
THE MORTON CENTER, INC. 1028 BARRETT AVE. LOUISVILLE, KY 40204	31-1068020	501(C)3	25,000.	0.			\$25,000 FOR ITEMS 1 & 2 FOR INDIVIDUAL SESSIONS WITH ART THERAPY (6-13) AND INDIVIDUAL SESSIONS
THE REATH CENTER 55 HERITAGE DR. CAMPBELLSVILLE, KY 42718	20-4464384	501(C)3	5,000.	0.			\$5,000 FOR ITEMS 1 & 2 (SCHOLARSHIP FOR RIDERS, INSTRUCTOR SALARIES)

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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.	0.			\$62,000 FOR ITEM #1 (SALARY FOR SOCIAL WORKER)
U OF L - ENDOCRINOLOGY DEPT. OF PEDIATRICS, 571 S. FLOYD ST., STE. 432 - LOUISVILLE, KY 40202	61-1029626	501(C)3	37,750.	0.			\$37,750 FOR ITEMS #1-4 ON GRANT LIST (PERSONNEL COSTS, FLU VACCINATION SUPPLIES: INCLUDING
U OF L - NEURORECOVERY FRAZIER REHAB INSTITUTE, 200 ABRAHAM FLEXNER WAY, 15TH FLOOR - LOUISVILLE, K	61-1029626	501(C)3	15,000.	0.			\$15,000 FOR PEDIATRIC LOCOMOTOR TRAINING HARNESSSES WITH CRUSADE LOGO
"UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION INC OF L PEDIATRIC CARDIOLOGY - DEPT. OF PEDIATRICS, 571 S. FLOYD ST., STE. 432 -	61-1029626	501(C)3	227,032.	0.			\$227,032 FOR ITEMS #1 AND #2 ON GRANT LIST FOR ECHOCARDIOGRAM (ECHO) MACHINES WITH CRUSADE
U OF L - SCHOLARSHIPS 300 EAST MARKET ST., SUITE 300 LOUISVILLE, KY 40202	61-1029626	501(C)3	18,000.	0.			\$18,000 FOR STUDENT SCHOLARSHIPS SEEKING CERTIFICATION IN SPECIAL EDUCATION
U OF L - WEISSKOPF/LEARNING DISORDERS - DEPT. OF PEDIATRICS, 571 S. FLOYD ST., STE. 432 - LOUISVILLE, KY 40202	61-1029626	501(C)3	53,000.	0.			"\$53,000 FOR ANY ITEM ON GRANT LIST: PSYCHOLOGIST SUPPORT FOR EVALUATION & MANAGEMENT SERVICES,
U OF L - WEISSKOPF/NUTRITION CLINIC - DEPT. OF PEDIATRICS, 571 S. FLOYD ST., STE. 432 - LOUISVILLE, KY 40202	61-1029626	501(C)3	95,000.	0.			"\$95,000 FOR ANY ITEMS ON GRANT LIST: PSYCHOLOGIST SUPPORT FOR DIAGNOSTIC EVALUATION, SPEECH
U OF L - WEISSKOPF/STAR PROGRAM DEPT. OF PEDIATRICS, 571 S. FLOYD ST., STE. 432 - LOUISVILLE, KY 40202	61-1029626	501(C)3	60,000.	0.			\$60,000 FOR ITEM #1, CLINICAL STAFF SALARIES AND NUTRITIONISTS, 2.0 FTE
UPSIDE THERAPEUTIC RIDING, INC. 250 KENWOOD HILL ROAD LOUISVILLE, KY 40214	26-1841337	501(C)3	17,000.	0.			\$17,000 FOR HIPPO THERAPY SCHOLARSHIPS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIPS - INDIANAPOLIS 1100 WEST 42ND ST., SUITE 228 INDIANAPOLIS, IN 46208	61-1061973	501(C)3	45,000.	0.			\$45,000 FOR ANY ITEM ON GRANT LIST
VIPS - LEXINGTON 350 HENRY CLAY BLVD. LEXINGTON, KY 40502	61-1061973	501(C)3	45,000.	0.			\$45,000 FOR ITEMS #1 AND #2 ON GRANT LIST: TEACHER OF THE VISUALLY IMPAIRED AND DEVELOPMENTAL
VIPS - LOUISVILLE 1906 GOLDSMITH LANE LOUISVILLE, KY 40218	61-1061973	501(C)3	87,000.	0.			\$87,000 FOR ANY ITEM ON GRANT LIST (TEACHER OF THE VISUALLY IMPAIRED/DIRECT SERVICES,
VOLUNTEERS OF AMERICA MID-STATES, INC. - CLINIC CAPITAL - 570 SOUTH 4TH ST., SUITE 100 - LOUISVILLE, KY 40202	61-0480950	501(C)3	35,000.	0.			\$35,000 SALARY FOR FREEDOM HOUSE MEDICAL STAFF AND CHILDREN'S SERVICES COORDINATOR
VSA KENTUCKY P.O. BOX 3320 BOWLING GREEN, KY 42412	61-1133019	501(C)3	9,000.	0.			\$9,000 FOR SIDE BY SIDE PROGRAM
WASHINGTON COUNTY SCHOOLS 120 MACKVILLE HILL SPRINGFIELD, KY 40069	61-6001364	501(C)3	11,935.	0.			\$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.	0.			\$13,000 FOR ANY ITEM ON GRANT LIST (ALL POWER ADJUSTABLE PARALLEL BARS AND SUPERIOR ROCK
WEST CLARK SCHOOLS 601 RENZ AVENUE SELLERSBURG, IN 47172	35-1146809	501(C)3	16,000.	0.			\$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.	0.			\$19,000 FOR ANY ITEM ON GRANT LIST (SALARIES OF TWO INSTRUCTIONAL ASSISTANTS AND BUS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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	61-6055628	501(C)3	21,000.	0.			\$21,000 FOR ANY ITEM (GRADUATE ASSISTANT SALARY, BEHAVIOR SPECIALIST (CONTRACTUAL
WESTERN KENTUCKY UNIVERSITY RESEARCH FOUNDATION, INC. SCHOLARSHIPS - 1906 COLLEGE HEIGHTS BLVD., #11016 - BOWLING	61-6055628	501(C)3	25,000.	0.			\$25,000 FOR GRADUATE AND UNDERGRADUATE SCHOLARSHIPS
WESTERN KY. UNIVERSITY RESEARCH FOUNDATION/EARLY CHILDHOOD CENTER - 1906 COLLEGE HEIGHTS BLVD., #11016 - BOWLING GREEN, KY 42101	61-6055628	501(C)3	35,000.	0.			EARLY CHILDHOOD SPECIAL EDUCATION TEACHERS, OCCUPATIONAL THERAPY, SENSORY ROOM ITEMS AND
WHITLEY COUNTY BOARD OF EDUCATION 300 MAIN STREET WILLIAMSBURG, KY 40769	61-6001378	501(C)3	2,945.	0.			FULL GRANT! \$2,945 FOR PICTURE IN A FLASH (PIAF) AND SWELL PAPER FOR THE PIAF
WOODFORD COUNTY PUBLIC SCHOOLS 330 PISGAH PIKE WOODFORD, KY 40383	61-6001372	501(C)3	6,000.	0.			\$6,000 FOR ANY ITEM ON GRANT LIST (LANGUAGE FOR WRITING TEACHER MATERIALS, LANGUAGE FOR
WORKING THE PUZZLE FOR AUTISM, INC. - 179 MEADOW LANE - LEBANON, KY 40033	46-0588766	501(C)3	5,000.	0.			\$5,000 FOR ITEMS 2-8 ON THE GRANT LIST.
YMCA BULLITT COUNTY YMCA BRANCH 409 JOE B. HALL AVENUE SHEPHERDSVILLE, KY 40165	61-0444843	501(C)3	8,000.	0.			\$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.	0.			\$5,000 FOR STAFFING FOR YMCA SUMMER CAMP
YMCA OF GREATER LOUISVILLE/SCHOOL AGE CHILDCARE-IN (CLARK & FLOYD CO.) - 4812 HAMBURG PIKE - JEFFERSONVILLE, IN 47130	61-0444843	501(C)3	12,000.	0.			\$12,000 FOR FUNDING FOR SPECIAL NEEDS STAFFING IN CHILDCARE ENRICHMENT PROGRAMS AND SUMMER CAMPS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA SAFE PLACE 2400 CRITTENDEN DRIVE LOUISVILLE, KY 40217	61-0444843	501(C)3	17,000.	0.			\$17,000 FOR YMCA SHELTER HOUSE - PERSONNEL SALARIES FOR YOUTH STAFF MEMBERS
YOUTH, ETHICS & SKILLS CENTER, INC. - 3812 WEST BROADWAY - LOUISVILLE, KY 40211	26-2737625	501(C)3	8,400.	0.			\$8,400 FOR ITEMS 1-5 ON GRANT LIST (NEW ADA COMPLIANT HANDICAPPED WHEELCHAIR RAMP AND
WILDERNESS TRACE CHILD DEVELOPMENT CENTER CORPORATION - 409 N STEWARTS LANE - DANVILLE, KY 40422	61-1230722	501(C)3	10,000.	0.			\$10,000 FOR ANY ITEM (PROFESSIONAL THERAPY PERSONNEL SALARY; PRESCHOOL CIRCLE TIME RUG
YOUNG ADULT DEVELOPMENT IN ACTION/YOUTHBUILD LOUISVILLE - 800 SOUTH PRESTON STREET - LOUISVILLE, KY 40203	61-1374470	501(C)3	4,000.	0.			\$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.	0.			\$40,000 FOR ANY ITEM ON GRANT LIST (OBM BPC SOFTWARE LICENSE KIT, OBM KIT NA, OBM RECOGNIZE
BARREN HEIGHTS CHRISTIAN RETREAT CENTER INC - 11420 WATTERSON CT #800 - LOUISVILLE, KY 40299	32-0121355	501(C)3	7,000.	0.			\$7,000 FOR ITEM #1 -FREENOTES HARMONY PARK QUINTET ENSEMBLE WITH
BELL COUNTY SCHOOL SYSTEM 211 VIRGINIA AVENUE, PO BOX 340 PINEVILLE, KY 40977	61-6001346	501(C)3	11,850.	0.			BELL COUNTY SCHOOL SYSTEM
BURGIN BOARD OF EDUCATION 440 EAST MAIN STREET BURGIN, KY 40310	61-6001391	501(C)3	19,000.	0.			\$19,000 FOR ALL OF ITEMS #1-4 AND THE REMAINDER FOR ITEM #6 WITH SIGNAGE RIGHTS ON THE VAN.
CASA AT WOODLAWN INC (OF THE BLUEGRASS) - "982 EASTERN PARKWAY - LOUISVILLE, KY 40217	26-1841458	501(C)3	6,000.	0.			FULL GRANT! \$6,000 TOWARDS PERSONNEL COSTS OF VOLUNTEER COORDINATORS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 -	61-6027530	501(C)3	600,000.	0.			\$600,000 FOR PEDIATRIC NEUROSURGICAL THEATER WITH CRUSADE FOR CHILDREN NAMING RIGHTS.
CLEVELAND HOME INC/LIFE ADVENTURE CENTER OF THE BLUEGRASS - 570 MILNER ROAD - VERSAILLES, KY 40383	61-0461733	501(C)3	13,000.	0.			\$13,000 FOR 2019 STARTRANS SENATOR WITH WHEELCHAIR LIFT (OR COMPARABLE) (CRUSADE
CLIFF HAGAN BOYS & GIRLS CLUB INC 3415 BUCKLAND SQUARE OWENSBORO, KY 42301	61-0663746	501(C)3	3,000.	0.			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.	0.			FULL GRANT! \$3,220 FOR STAFFING FOR FIELD TRIPS, ART SUPPLIES, AND SIGN LANGUAGE INTERPRETATION
EXPLOITED CHILDRENS HELP ORGANIZATION OF GREATER LOUISVILLE - 1411 ALGONQUIN PARKWAY - LOUISVILLE, KY 40210	31-1094281	501(C)3	15,000.	0.			\$15,000 FOR ANY ITEM (SALARIES FOR PROGRAM & VICTIM SERVICE MANAGER AND TEACHING & TRAINING
FATHER MALONEYS BOYS HAVEN INC./BOYS & GIRLS HAVEN - 2301 GOLDSMITH LANE - LOUISVILLE, KY 40218	61-0479621	501(C)3	90,000.	0.			\$90,000 FOR ANY ITEM ON GRANT LIST (LICENSED CLINICAL THERAPIST SALARIES; LICENSED
FRIENDS OF CANAAN INC 8775 N. CANAAN MAIN STREET MADISON, IN 47224	30-0627217	501(C)3	19,000.	0.			\$19,000 FOR ANY ITEM (SALARY SUPPORT FOR CONTRACTED SPEECH LANGUAGE PATHOLOGIST,
FRIENDS OF OPEN DOOR YOUTH SERVICES - 2524 CORYDON PIKE, SUITE 108 - NEW ALBANY, IN 47150	27-3032876	501(C)3	12,500.	0.			\$12,500 FOR ITEM #2 - VEHICLE
HOSPARUS HEALTH- CAPITAL 3532 EPHRAIM MCDOWELL DRIVE LOUISVILLE, KY 40205	61-0921718	501(C)3	30,000.	0.			\$30,000 FOR HOSPARUS HEALTH GRIEF COUNSELING CENTER EXPANSION (CONTRACTOR

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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JESSAMINE COUNTY SCHOOLS 871 WILMORE RD. NICHOLASVILLE, KY 40356	61-6001337	501(C)3	4,000.	0.			\$4,000 FOR ITEMS 1-3 (CERTIFIED TEACHER, MILEAGE, SUPPLIES)
KENTUCKY EASTER SEAL SOCIETY INC./EASTER SEALS CARDINAL HILL - 2050 VERSAILLES ROAD - LEXINGTON, KY 40504	61-0444712	501(C)3	1,100.	0.			\$1,100 TEACHERS FOR CHILDCARE, BOOKS, MATERIALS & RESOURCES, SPEAKER COSTS
KENTUCKY SCHOOL FOR THE DEAF CHARITABLE FOUNDATION INC - P.O. BOX 27303 S. SECOND STREET - DANVILLE, KY 40423	61-1091577	501(C)3	15,000.	0.			\$15,000 FOR ITEM #1 (ASL TUTORING PROGRAM)
KIDS CANCER ALLIANCE INC./INDIAN SUMMER CAMP - 611 W MAIN ST STE 300 - LOUISVILLE, KY 40202	61-1256743	501(C)3	15,000.	0.			\$15,000 FOR "CAMPERSHIPS"
LOGAN COUNTY SCHOOLS 2222 BOWLING GREEN RD RUSSELLVILLE, KY 42276	61-6001352	501(C)3	3,000.	0.			\$3,000 FOR ITEMS #1-3 (4-HOPPER CAPPUCCINO DISPENSER, 12-CUP COFFEE BREWER, HOT CHOCOLATE
MASONIC HOME OF KENTUCKY PEDIATRIC DAYCARE INC@PROUTLINGS PEDIATRIC DAY - 3701 FRANKFORT AVE. - MASONIC HOME, KY 40041	27-3248085	501(C)3	7,000.	0.			\$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.	0.			\$13,000 FOR ITEMS #1 AND #2 AND THE REMAINDER FOR ITEMS #3 AND #4 (AUGMENTATIVE AND
NATIVITY ACADEMY AT ST BONIFACE INC - 529 EAST LIBERTY STREET - LOUISVILLE, KY 40202	51-0450314	501(C)3	20,000.	0.			\$20,000 SPECIAL EDUCATION INSTRUCTORS (MASTERS DEGREE); ADAPTIVE FURNITURE (STAND-TO-LEARN
NELCASA INC. PO BOX 726 BARDSTOWN, KY 40004	61-1101749	501(C)3	7,500.	0.			\$7,500 TOWARDS VOLUNTEER COORDINATOR

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 INC./MARTY'S ORCHID HOUSE - 703 SOUTH 31ST STREET - LOUISVILLE, KY 40211-1410	82-2976438	501(C)3	10,000.	0.			10,000 FOR ITEMS 1-5 (LITTLE TYKES ALL OUT CLEVER CLIMBER, OVAL LEARNING LAP, CALVIN THE
PROJECT CAMP INCOME CENTER FOR COURAGEOUS KIDS - 1501 BURNLEY ROAD - SCOTTSVILLE, KY 42164	20-1789905	501(C)3	46,000.	0.			\$46,000 FOR ANY ITEM (CAMPER SPONSORSHIPS AND STAFFING SUPPORT FOR NURSES FOR SUMMER CAMPS)
ROMAN CATHOLIC BISHOP OF LOUISVILLE ARCHDIOCESE OF LOUISVILLE - 3940 POPLAR LEVEL ROAD - LOUISVILLE, KY 40213	61-0447247	501(C)3	40,000.	0.			\$40,000 FOR ANY ITEM ON GRANT LIST (NOT TO EXCEED AMOUNTS REQUESTED IN EACH LINE ITEM)
SAINT JOSEPH BEREHA HOSPITAL FOUNDATION, INC. - 1451 HARRODSBURG ROAD, SUITE D-308 - LEXINGTON, KY 40504	26-0152877	501(C)3	14,000.	0.			\$14,000 FOR ITEMS #1 AND #4 (ASSESSMENTS AND SUPPLIES, SPEECH THERAPY ITEMS)
SHRINERS HOSPITALS FOR CHILDREN 110 CONN TERRACE LEXINGTON, KY 40508	36-2193608	501(C)3	30,000.	0.			\$30,000 FOR ANY ITEM ON GRANT LIST (SYSTEM 8 CORDLESS DRIVE, CORDLESS DRIVER AND SABO
SPALDING UNIVERSITY, INC. 845 SOUTH THIRD STREET LOUISVILLE, KY 40203	61-0444780	501(C)3	7,394.	0.			FULL GRANT! \$7,394 FOR ANY ITEM ON GRANT LIST.
ST JOSEPH HOSPITAL FOUNDATION INC THE WOMEN'S HOSPITAL AT SAINT JOSEPH EAS - 1451 HARRODSBURG ROAD, SUITE D-308 - LEXINGTON, KY	61-1159649	501(C)3	36,000.	0.			\$36,000 FOR ANY ITEM ON GRANT LIST (NATUS NICVIEW CAMERA SYSTEM (16), MEDELA SYMPHONY BREAST
T J SAMSON COMMUNITY HOSPITAL 310 NORTH L ROGERS WELLS BLVD. GLASGOW, KY 42141	61-0461767	501(C)3	30,000.	0.			\$30,000 FOR ANY ITEM ON GRANT REQUEST (SALARIES, PORTABLE SINK, DIAPER CHANGING TABLE, TRAIN
THE POINT ARC OF NORTHERN KENTUCKY INC. - 104 W. PIKE STREET - COVINGTON, KY 41011	23-7259409	501(C)3	12,000.	0.			\$12,000 FOR ANY ITEM ON GRANT LIST (CLASSROOM FURNISHINGS, WAITING, CONSULTATION,

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 STABLES - FAYETTE COUNTY PUBLIC SCHOOL DISTRICT - 701 EAST MAIN STREET - LEXINGTON, KY 40502	61-6001059	501(C)3	3,500.	0.			\$3,500 FOR ANY ITEM ON GRANT LIST.
TRUSTEES OF INDIANA UNIVERSITY 509 EAST 3RD STREET BLOOMINGTON, IN 47401-3654	35-6001673	501(C)3	9,000.	0.			\$9,000 FOR UNDERGRADUATE (SENIOR) AND GRADUATE SCHOLARSHIPS SEEKING SPECIAL EDUCATION
UNIVERSITY OF LOUISVILLE, SCHOOL OF MUSIC, MUSIC THERAPY CLINIC - 2217 S. THIRD STREET - LOUISVILLE, KY 40292	61-1014882	501(C)3	30,400.	0.			\$30,400 FOR ITEMS #2 - 5 TO PURCHASE AND OUTFIT THE VAN WITH PROPER SIGNAGE FOR WHAS CRUSADE
WEST WASHINGTON SCHOOL CORPORATION 8026 W. BATT RD. CAMPBELLSBURG, IN 47108	35-1067761	501(C)3	42,000.	0.			\$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.	0.			\$40,000 FOR ANY ITEM ON GRANT LIST (OBM BPC SOFTWARE LICENSE KIT, OBM KIT NA, OBM RECOGNIZE

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

Part III can be duplicated if additional space is needed.

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

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

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

Part IV Supplemental Information

BENEFIT TO SPECIAL NEEDS CHILDREN AND ARE NOT GENERAL OPERATING GRANTS.

- NO GRANTS ARE MADE FOR ADMINISTRATIVE NEEDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ADAIR COUNTY BOARD OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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

NAME OF ORGANIZATION OR GOVERNMENT: ALLEGRO DANCE PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,000 FOR OUTREACH INSTRUCTION

COMPENSATION AND LIVE MUSIC ACCOMPANIMENT (NOT TO EXCEED AMOUNT REQUESTED

FOR EACH ITEM)

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN NATIONAL RED CROSS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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.)

NAME OF ORGANIZATION OR GOVERNMENT: APPALACHIAN REGIONAL HEALTHCARE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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

Part IV Supplemental Information

FOR APPS FOR I-PAD INSTRUCTION FOR SPEECH AND OCCUPATIONAL THERAPY)

FOR REMAINING ITEMS ON GRANT LIST

NAME OF ORGANIZATION OR GOVERNMENT:

BAPTIST HEALTH FOUNDATION GREATER LOUISVILLE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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)

NAME OF ORGANIZATION OR GOVERNMENT: BARDSTOWN INDEPENDENT SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$25,000 FOR THE BARDSTOWN EARLY

CHILDHOOD EDUCATION CENTER MULTISENSORY ROOM AND BARDSTOWN PRIMARY SCHOOL

MULTISENSORY ROOM (NO FREIGHT, INSTALLATION/PRODUCT TRAINING)

NAME OF ORGANIZATION OR GOVERNMENT:

BIG BROTHERS BIG SISTERS OF KENTUCKIANA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,000 FOR ANY ITEM ON GRANT -

MONITOR, SUPPORT & EVALUATE MENTORS AND YOUTH; ENROLL, TRAIN & MATCH

YOUTH; RECRUIT, SCREEN & TRAIN MENTORS

TRAIN MENTORS

NAME OF ORGANIZATION OR GOVERNMENT: BINGHAM CHILD GUIDANCE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$50,000 FOR ANY ITEM - EXPANSION OF

PSYCHOLOGICAL TESTING SERVICES AND TRANSITIONAL CARE CLINIC - NO

RENOVATION COSTS

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

BRECKINRIDGE COUNTY BOARD OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$30,000 TOTAL - \$7,995 FOR ITEM #2 -

SPOT DOT EMBOSSESSER WITH SOFTWARE AND THE REMAINDER TOWARDS THE CONTRACTED

PHYSICAL THERAPY SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: BULLITT COUNTY BOARD OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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

NAME OF ORGANIZATION OR GOVERNMENT: CAMP TESSA OF MEADE CO.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,000 FOR SALARIES AND ANY ITEM ON

GRANT LIST (TRANSPORTATION, FIELD TRIPS, MUSIC THERAPY, GAMES AND

SUPPLIES)

NAME OF ORGANIZATION OR GOVERNMENT: CARROLL COUNTY SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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

NAME OF ORGANIZATION OR GOVERNMENT: CENTERSTONE OF KENTUCKY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$140,000 FOR ANY ITEM (YOUTH CARE

WORKER, EDUCATIONAL MANAGER, INTERPRETER SERVICES, SPEECH LANGUAGE

PATHOLOGIST, AND IPADS AND COMMUNICATION SOFTWARE)

Part IV Supplemental Information

PHYSICAL THERAPIST PT, EQUIPMENT, AND ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT:

CLARK COUNTY YOUTH SHELTER AND FAMILY SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$13,000 FOR ANY ITEM (YOUTH WORKER, RESIDENTIAL CASE WORKER AND RESIDENTIAL THERAPIST)

DIRECTOR/THERAPIST SALARY

NAME OF ORGANIZATION OR GOVERNMENT:

CLOVERPORT INDEPENDENT SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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)

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY ACTION OF SOUTHERN INDIANA

(H) PURPOSE OF GRANT OR ASSISTANCE: \$10,738 FOR ITEMS #2-5 FOR EQUIPMENT

W/BASE, TRICYCLES, VETERINARIAN CLINIC FACADE, SURFACING FOR NEW

EQUIPMENT AND AGGREGATE BASE \$10,738 FOR ITEMS #2-5 FOR EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: CRITICALLY LOVED

(H) PURPOSE OF GRANT OR ASSISTANCE: \$4,000 FOR THERAPY WITH A LICENSED

PSYCHOLOGIST FOR 7 SPECIAL NEEDS CHILDREN AND MOTIONAL THERAPY FOR 6

SPECIAL NEEDS CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: DORMAN PRESCHOOL CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$25,000 FOR ANY ITEM ON GRANT LIST

(LEAD TEACHER PARTIAL SALARY, DEVELOPMENTAL INTERVENTIONIST PARTIAL

SALARY, SPEECH AND OCCUPATIONAL THERAPY)

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

DOWN SYNDROME ASSOCIATION OF CENTRAL KENTUCKY

(H) PURPOSE OF GRANT OR ASSISTANCE: \$3,000 FOR ANY ITEM (EDUCATION

COORDINATOR SALARY, SUPPLEMENTAL STAFF-SUMMER ENRICHMENT PROGRAM,

SUPPLEMENTAL STAFF-LEARNING PROGRAM)

THERAPIST AND ASSISTANT STIPENDS

NAME OF ORGANIZATION OR GOVERNMENT: DOWN SYNDROME OF LOUISVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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)

NAME OF ORGANIZATION OR GOVERNMENT: DREAM RIDERS OF KENTUCKY INCORPORATED

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,000 FOR SCHOLARSHIPS FOR EQUINE

ASSISTED THERAPEUTIC SERVICES

INSTRUCTOR SPECIAL PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: DREAMS WITH WINGS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$8,500 FOR ITEMS #1-5 (SALARIES,

WHITEBOARD, KITCHEN SMALL APPLIANCES AND SUPPLIES, ART SUPPLIES (CANVAS,

PAINT, BRUSHES) AND SCHOLARSHIPS)

NAME OF ORGANIZATION OR GOVERNMENT: DYSLEXIA ASSOC. OF PENNRYRILE

(H) PURPOSE OF GRANT OR ASSISTANCE: "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,

Part IV Supplemental Information

SCHOLARSHIPS TO HELP DEFRAY COSTS, AND BARTON TILE APPS)Ø

NAME OF ORGANIZATION OR GOVERNMENT: EASTER SEALS WEST KENTUCKY

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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

NAME OF ORGANIZATION OR GOVERNMENT:

ELIZABETHTOWN INDEPENDENT SCHOOL SYSTEM

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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

NAME OF ORGANIZATION OR GOVERNMENT: EMINENCE INDEPENDENT SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: "\$26,400 TO PURCHASE TRANSIT VAN

WITH THE REMAINING AMOUNT TOWARDS ITEMS #2 AND #3. REQUIRE CRUSADE LOGO

ON THE VAN. Ø

NAME OF ORGANIZATION OR GOVERNMENT: FAYETTE COUNTY PUBLIC SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: \$10,000 FOR ANY ITEM ON GRANT LIST.

BALANCE BEAMS, CLIMBING STAIRS PER SCHOOL, CONES, FLOOR TILES, AND BEAN

BAGS

NAME OF ORGANIZATION OR GOVERNMENT: FEAT OF LOUISVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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.)

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FLOYD MEMORIAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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)

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS SCHOOL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$34,000 FOR ANY ITEM (NOT TO EXCEED

AMOUNTS REQUESTED FOR EACH LINE ITEM) (RESOURCE TEACHER,

INCLUSION/PATHWAYS INSTRUCTOR, AND STAR 360 ASSESSMENT SUITE)

NAME OF ORGANIZATION OR GOVERNMENT: GRAVES COUNTY BOARD OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: "\$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)

NAME OF ORGANIZATION OR GOVERNMENT: GREATER CLARK COUNTY SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$20,000 FOR ANY ITEM (OCCUPATIONAL

THERAPY PRODUCTS, TECHNOLOGY NEEDS (DELL LAPTOPS, BOARDMAKER, LAMP APP,

HEADPHONES), ACCENT 1000 AND EDUCATIONAL MATERIALS)

NAME OF ORGANIZATION OR GOVERNMENT: GREATER LOUISVILLE ROWING FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FULL GRANT! (INDOOR ROWER HANDLES;

ACTIVE HANDS 2 SETS; BANTAM OARS; CARRIER WHEELS; BIKE ERG; DYNAMIC ERG)

NAME OF ORGANIZATION OR GOVERNMENT: HANCOCK COUNTY PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$4,000 FOR ANY ITEM - SENSORY

Part IV Supplemental Information

PROCESSING RESOURCES, ACADEMIC/INSTRUCTIONAL RESOURCES, ASSISTIVE

TECHNOLOGY DEVICES, SPEECH INSTRUCTIONAL RESOURCES

NAME OF ORGANIZATION OR GOVERNMENT:

HARDIN COUNTY SCHOOLS SPECIAL EDUCATION DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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)

NAME OF ORGANIZATION OR GOVERNMENT: HARDIN MEMORIAL HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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)

NAME OF ORGANIZATION OR GOVERNMENT: HEUSER HEARING & LANGUAGE ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: \$28,000 FOR ANY ITEM ON GRANT LIST -

SPEECH THERAPY, PHONE SYSTEM, AND STREAM LAB (TEACHER TRAINING NOT

ALLOWED)

NAME OF ORGANIZATION OR GOVERNMENT: HOME OF THE INNOCENTS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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))

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: HOSPARUS HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: \$40,000 FOR ANY ITEM ON GRANT LIST

(KOURAGEOUS KIDS PEDIATRICIAN, KIDS CHAPLAIN, AND GRIEF COUNSELOR)

NAME OF ORGANIZATION OR GOVERNMENT: JCPS - AUTISM PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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)

NAME OF ORGANIZATION OR GOVERNMENT:

JCPS - MODERATE TO SEVERE DISABILITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH COMMUNITY OF LOUISVILLE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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))

NAME OF ORGANIZATION OR GOVERNMENT:

JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$4,125 TOTAL - \$3,125 FOR ITEM #2

PROGRAM MATERIALS AND \$1,000 FOR ITEM #1 PROGRAM COORDINATOR SALARIES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: KENTUCKIANA CHILDREN'S CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: \$22,000 FOR ANY ITEM ON GRANT LIST

(PEDIATRIC CHIROPRACTOR, PEDIATRIC CRANIOSACRAL THERAPIST, AVANT LASER,
CONTRACTED REGISTERED DIETICIAN, LICENSED MASSAGE THERAPIST)

NAME OF ORGANIZATION OR GOVERNMENT:

KENTUCKY CENTER FOR THE ARTS FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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)

NAME OF ORGANIZATION OR GOVERNMENT: LARUE COUNTY PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: 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)

NAME OF ORGANIZATION OR GOVERNMENT: LEARNING FOR LIFE, LINCOLN CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: "\$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.) 0

THERAPY ACTIVITIES, SUPPLIES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LIGHTHOUSE PROMISE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$3,500 TOTAL - \$2,000 TOWARDS THE HEALTH AND BACK TO SCHOOL FAIR AND \$1,500 TOWARDS THE ROUNDTABLE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: LINCOLN COUNTY SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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

NAME OF ORGANIZATION OR GOVERNMENT: MARYHURST, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$34,000 FOR ALL OF ITEMS #2 AND #3 (SENSORY THERAPY TOOLS AND SENSORY ITEMS) AND THE REST FOR ITEM #1 (PSYCHIATRIC SERVICES)

NAME OF ORGANIZATION OR GOVERNMENT: MEADE COUNTY BOARD OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$58,000 FOR ANY ITEM ON GRANT LIST (SURFACING (TURF), FENCING, SHADE, ADAPTED SWING, MUSIC EQUIPMENT WITH CRUSADE NAMING RIGHTS)

NAME OF ORGANIZATION OR GOVERNMENT: MIRACLE LEAGUE OF LOUISVILLE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$65,000 TOWARDS PEBBLE-FLEX POROUS BASEBALL FIELD SURFACE COVERING 15,956 SQUARE FEET

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

MOUNTAIN COMPREHENSIVE CARE CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$13,000 FOR ANY ITEM ON GRANT LIST

(PROGRAM SUPPLIES FOR COUNCIL, COMMUNITY-BASED OUTINGS/ACTIVITIES, AND
SUPPLIES/ACTIVITIES FOR SUMMER CAMPS)

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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))

NAME OF ORGANIZATION OR GOVERNMENT:

ORANGE COUNTY REHABILITATIVE AND DEVELOPMENTAL SERVICES/FIRST CHANCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: \$22,000 FOR ANY ITEM ON GRANT LIST

(PLAYGROUND, COMMUNICATION BUILDER WITH ICON MAKER, 31 BAGS PLAYGROUND

MULCH, 28-NORSK TRULY REVERSIBLE FOAM MATS)

NAME OF ORGANIZATION OR GOVERNMENT:

OUR LADY OF PROVIDENCE JR.-SR. HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FULL GRANT! \$17,207 FOR ANY ITEM

(FURNITURE, TRAINING MATERIALS, AND RENOVATION/CONSTRUCTION) WITH CRUSADE

SIGNAGE

NAME OF ORGANIZATION OR GOVERNMENT: OWENSBORO DANCE THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: 30 MINUTE CLASS SESSIONS AT 6

SCHOOLS, 30 MINUTE CLASS SESSIONS AT PUZZLE PIECES, 30 MINUTE CLASS

Part IV Supplemental Information

SESSIONS AT WENDELL FOSTER CTR., SCHOLARSHIPS FOR 10 YOUTH, COMMUNITY

PERFORMANCE-"NO \$13,000 FOR ANY ITEM ON GRANT LIST

NAME OF ORGANIZATION OR GOVERNMENT: OWENSBORO HEALTH FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: "\$31,000 FOR ANY ITEM ON GRANT LIST

(ACCUVIEN VEIN VISUALIZATION SYSTEM, VIDEO-ASSISTED INTUBATION SYSTEM,

AND PACIFIER AIDED LULLABY SYSTEMS) WITH CRUSADE SIGNAGE Ø

NAME OF ORGANIZATION OR GOVERNMENT: PAWS WITH PURPOSE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$22,000 FOR ANY ITEM ON GRANT LIST

(DIRECTOR OF TRAINING, TRAINING ASSISTANTS, MEDICAL/VETERINARY COSTS,

TRAINING EQUIPMENT)

NAME OF ORGANIZATION OR GOVERNMENT: PERSONAL COUNSELING SERVICE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$28,000 FOR ANY ITEM ON GRANT LIST

(ONE-ON-ONE TALK AND MUSIC THERAPY FOR CHILDREN AND YOUTH AND GROUP

THERAPY)

NAME OF ORGANIZATION OR GOVERNMENT:

PROVIDENCE HOUSE FAMILY PRESERVATION PROGRAM (FPP)

(H) PURPOSE OF GRANT OR ASSISTANCE: \$12,500 TOTAL - ITEM #2 TO BE FULLY

FUNDED WITH CRUSADE SIGNAGE AND THE REMAINING AMOUNT TO ITEM #1

NAME OF ORGANIZATION OR GOVERNMENT: ROCKCASTLE COUNTY HOSPITAL INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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.)

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

SAINT JOSEPH LONDON FOUNDATION (LEXINGTON, KY)

(H) PURPOSE OF GRANT OR ASSISTANCE: \$100,000 TOWARDS CAPITAL REQUEST TO

BUILD A LEVEL II NICU AT SAINT JOSEPH LONDON HOSPITAL WITH CRUSADE NAMING

RIGHTS

NAME OF ORGANIZATION OR GOVERNMENT:

SAINT JOSEPH MOUNT STERLING FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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

NAME OF ORGANIZATION OR GOVERNMENT: SHELBY COUNTY PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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

NAME OF ORGANIZATION OR GOVERNMENT:

SOUTH CENTRAL AREA SPECIAL EDUCATION COOPERATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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.

NAME OF ORGANIZATION OR GOVERNMENT: SPENCER COUNTY PUBLIC SCHOOLS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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

NAME OF ORGANIZATION OR GOVERNMENT: SPINA BIFIDA ASSOCIATION OF KENTUCKY

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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

NAME OF ORGANIZATION OR GOVERNMENT: SUMMIT ACADEMY OF GREATER LOUISVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: "\$7,000 FOR ANY ITEM REQUESTED IN

GRANT APPLICATION (NOT TO EXCEED AMOUNT REQUESTED FOR EACH LINE ITEM)Ø

NAME OF ORGANIZATION OR GOVERNMENT: SUNRISE CHILDREN'S SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: "\$16,000 FOR 12-PASSENGER VAN FOR

GLEN DALE CENTERØCHANGE REQUEST APPROVED TO PURCHASE 7 PASSENGER VAN "

"\$16,000 FOR 12-PASSENGER VAN FOR GLEN DALE CENTERØCHANGE REQUEST

APPROVED TO PURCHASE 7 PASSENGER VAN "

NAME OF ORGANIZATION OR GOVERNMENT: TAYLOR COUNTY BOARD OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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

NAME OF ORGANIZATION OR GOVERNMENT: TELFORD YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: \$7,110 FOR ANY ITEM (PERSONNEL

Part IV Supplemental Information

AQUATRAM POOL LIFT AND ACCESSORIES, MAJOR AQUATICS EQUIPMENT, MAJOR

INDOOR AND OUTDOOR GYM EQUIPMENT, MINOR GYM AND FITNESS, AND EQUIPMENT,

MINOR AQUATICS EQUIPMENT)

NAME OF ORGANIZATION OR GOVERNMENT: THE MORTON CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$25,000 FOR ITEMS 1 & 2 FOR

INDIVIDUAL SESSIONS WITH ART THERAPY (6-13) AND INDIVIDUAL SESSIONS

ADOLESCENTS (13-18)

NAME OF ORGANIZATION OR GOVERNMENT: U OF L - ENDRICINOLOGY

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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)

NAME OF ORGANIZATION OR GOVERNMENT:

"UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION INC OF L PEDIATRIC CARDIOLOGY

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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.

NAME OF ORGANIZATION OR GOVERNMENT: U OF L - WEISSKOPF/LEARNING DISORDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: "\$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

Part IV Supplemental Information

SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: U OF L - WEISSKOPF/NUTRITION CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: "\$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 Ø

NAME OF ORGANIZATION OR GOVERNMENT: U OF L - WEISSKOPF/STAR PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: \$60,000 FOR ITEM #1, CLINICAL STAFF

SALARIES AND NUTRITIONISTS, 2.0 FTE

THERAPIST SUPPORT, SOCIAL WORKER SUPPORT AND DEVELOPMENTAL BEHAVIORAL

PEDIATRIC SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: VIPS - LEXINGTON

(H) PURPOSE OF GRANT OR ASSISTANCE: \$45,000 FOR ITEMS #1 AND #2 ON GRANT

LIST: TEACHER OF THE VISUALLY IMPAIRED AND DEVELOPMENTAL INTERVENTIONIST

NAME OF ORGANIZATION OR GOVERNMENT: VIPS - LOUISVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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)

NAME OF ORGANIZATION OR GOVERNMENT:

WENDELL FOSTER'S CAMPUS FOR DEVELOPMENTAL DISABILITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: \$13,000 FOR ANY ITEM ON GRANT LIST

(ALL POWER ADJUSTABLE PARALLEL BARS AND SUPERIOR ROCK CLIMBING WALL)

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

WEST POINT INDEPENDENT BOARD OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$19,000 FOR ANY ITEM ON GRANT LIST

(SALARIES OF TWO INSTRUCTIONAL ASSISTANTS AND BUS MONITOR AND UNIQUE

LEARNING SYSTEM AND MOBY MAX)

NAME OF ORGANIZATION OR GOVERNMENT:

WESTERN KENTUCKY UNIVERSITY RESEARCH FOUNDATION, INC. KELLY AUTISM PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: \$21,000 FOR ANY ITEM (GRADUATE

ASSISTANT SALARY, BEHAVIOR SPECIALIST (CONTRACTUAL SERVICES), INDIVIDUAL

SCHOLARSHIP ASSISTANCE)

NAME OF ORGANIZATION OR GOVERNMENT:

WESTERN KY. UNIVERSITY RESEARCH FOUNDATION/EARLY CHILDHOOD CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: EARLY CHILDHOOD SPECIAL EDUCATION

TEACHERS, OCCUPATIONAL THERAPY, SENSORY ROOM ITEMS AND FINANCIAL AID FOR

CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: WOODFORD COUNTY PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$6,000 FOR ANY ITEM ON GRANT LIST

(LANGUAGE FOR WRITING TEACHER MATERIALS, LANGUAGE FOR WRITING STUDENT

WORKBOOKS, AND LANGUAGE FOR WRITING TEXT BOOKS)

NAME OF ORGANIZATION OR GOVERNMENT: YMCA SAFE PLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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.

Part IV Supplemental Information

TECOTHERM NEO MOUNT FOR STRYKER, TECOTHERM NON-VENTED FILL UP SET,

TECOTHERM HOSES & CLEANING LOOP, ETC)

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH, ETHICS & SKILLS CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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)

NAME OF ORGANIZATION OR GOVERNMENT:

WILDERNESS TRACE CHILD DEVELOPMENT CENTER CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$10,000 FOR ANY ITEM (PROFESSIONAL

THERAPY PERSONNEL SALARY; PRESCHOOL CIRCLE TIME RUG WITH ALPHABET;

PRESCHOOL STORAGE CABINET)

NAME OF ORGANIZATION OR GOVERNMENT: BAPTIST HEALTH FOUNDATION PADUCAH INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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)

NAME OF ORGANIZATION OR GOVERNMENT:

BARREN HEIGHTS CHRISTIAN RETREAT CENTER INC

(H) PURPOSE OF GRANT OR ASSISTANCE:

\$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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BURGIN BOARD OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$19,000 FOR ALL OF ITEMS #1-4 AND

THE REMAINDER FOR ITEM #6 WITH SIGNAGE RIGHTS ON THE VAN. (NOTHING FOR

ITEM #5)

NAME OF ORGANIZATION OR GOVERNMENT:

"CHILDRENS HOSPITAL FOUNDATION/NORTON CHILDREN'S HOSPITAL - CAPITAL REQUEST

(H) PURPOSE OF GRANT OR ASSISTANCE: \$600,000 FOR PEDIATRIC NEUROSURGICAL

THEATER WITH CRUSADE FOR CHILDREN NAMING RIGHTS. RECOMMENDATION TO PURSUE

MATCHING FUNDS.

NAME OF ORGANIZATION OR GOVERNMENT:

CLEVELAND HOME INC/LIFE ADVENTURE CENTER OF THE BLUEGRASS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$13,000 FOR 2019 STARTRANS SENATOR

WITH WHEELCHAIR LIFT (OR COMPARABLE) (CRUSADE SIGNAGE REQUIRED)

NAME OF ORGANIZATION OR GOVERNMENT:

EXPLOITED CHILDRENS HELP ORGANIZATION OF GREATER LOUISVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: \$15,000 FOR ANY ITEM (SALARIES FOR

PROGRAM & VICTIM SERVICE MANAGER AND TEACHING & TRAINING MATERIALS)

NAME OF ORGANIZATION OR GOVERNMENT:

FATHER MALONEYS BOYS HAVEN INC./BOYS & GIRLS HAVEN

(H) PURPOSE OF GRANT OR ASSISTANCE: \$90,000 FOR ANY ITEM ON GRANT LIST

(LICENSED CLINICAL THERAPIST SALARIES; LICENSED REGISTERED NURSE; AND

MEDICAL CONSULTATION FEES (PHYSICIAN))

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF CANAAN INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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)

NAME OF ORGANIZATION OR GOVERNMENT: HOSPARUS HEALTH- CAPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: \$30,000 FOR HOSPARUS HEALTH GRIEF

COUNSELING CENTER EXPANSION (CONTRACTOR FEES/CONSTRUCTION/IT STARTUP

COSTS/FURNISHINGS) WITH CRUSADE FOR CHILDREN NAMING RIGHTS

NAME OF ORGANIZATION OR GOVERNMENT: LOGAN COUNTY SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$3,000 FOR ITEMS #1-3 (4-HOPPER

CAPPUCCINO DISPENSER, 12-CUP COFFEE BREWER, HOT CHOCOLATE DISPENSER)

NAME OF ORGANIZATION OR GOVERNMENT: MCCRACKEN COUNTY PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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))

NAME OF ORGANIZATION OR GOVERNMENT: NATIVITY ACADEMY AT ST BONIFACE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$20,000 SPECIAL EDUCATION

INSTRUCTORS (MASTERS DEGREE); ADAPTIVE FURNITURE (STAND-TO-LEARN DESKS);

ADAPTIVE SPECIAL NEEDS EDUCATIONAL TOOLS; APPLE IPAD PRO W/ KEYPAD

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

ORCHID HOUSE INC./MARTY'S ORCHID HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: 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

NAME OF ORGANIZATION OR GOVERNMENT: SHRINERS HOSPITALS FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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.)

NAME OF ORGANIZATION OR GOVERNMENT:

ST JOSEPH HOSPITAL FOUNDATION INC@THE WOMEN'S HOSPITAL AT SAINT JOSEPH EAS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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))

NAME OF ORGANIZATION OR GOVERNMENT: T J SAMSON COMMUNITY HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: \$30,000 FOR ANY ITEM ON GRANT

REQUEST (SALARIES, PORTABLE SINK, DIAPER CHANGING TABLE, TRAIN TABLE,

KITCHEN SET, CARPET, ETC.)

NAME OF ORGANIZATION OR GOVERNMENT:

THE POINT ARC OF NORTHERN KENTUCKY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$12,000 FOR ANY ITEM ON GRANT LIST

(CLASSROOM FURNISHINGS, WAITING, CONSULTATION, OBSERVATION, ROOM

FURNISHINGS, KILN FOR ART CLASSROOM)

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: TRUSTEES OF INDIANA UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: \$9,000 FOR UNDERGRADUATE (SENIOR)

AND GRADUATE SCHOLARSHIPS SEEKING SPECIAL EDUCATION CERTIFICATION

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF LOUISVILLE, SCHOOL OF MUSIC, MUSIC THERAPY CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$30,400 FOR ITEMS #2 - 5 TO PURCHASE

AND OUTFIT THE VAN WITH PROPER SIGNAGE FOR WHAS CRUSADE FOR CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: BAPTIST HEALTH FOUNDATION PADUCAH INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$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)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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 instructions and the latest information.

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 ▶ (SUPPLIES)	X	3	8,081.	DONOR ESTIMATE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2018

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ 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

FORM 990, PART VI, SECTION A, LINE 4:

THE ARTICLES OF INCORPORATION HAVE BEEN AMENDED TO STATE THAT THE
CORPORATION SHALL HAVE NO MEMBERS.

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.

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.

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.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN FUNDS HELD BY OTHERS 160,000.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization <u>THE WHAS CRUSADE FOR CHILDREN, INC.</u>	Employer identification number <u>23-7075524</u>
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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.

TOTAL TO FORM 990, PART XI, LINE 9 258,198.

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.