

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2020 calendar year, or tax year beginning **SEP 1, 2020** and ending **AUG 31, 2021**

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

**C** Name of organization: **THE WHAS CRUSADE FOR CHILDREN, INC.**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**520 W. CHESTNUT ST.**  
 City or town, state or province, country, and ZIP or foreign postal code  
**LOUISVILLE, KY 40202**

**D** Employer identification number: **23-7075524**

**E** Telephone number: **(502) 582-7706**

**F** Name and address of principal officer: **DAWN LEE**  
**SAME AS C ABOVE**

**G** Gross receipts \$: **8,156,787.**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

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

**J** Website: **WWW.WHASCUSADE.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1980** **M** State of legal domicile: **KY**

**H(c)** Group exemption number **▶**

**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	22
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5	Total number of individuals employed in calendar year 2020 (Part VII, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	300
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 28	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 4,546,914.	Current Year 6,684,674.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	684,480.	1,374,719.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,231,394.	8,059,393.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,800,000.	5,100,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses	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)	4,651.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	313,304.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,030,581.	995,075.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,835,232.	6,095,075.
19	Revenue less expenses. Subtract line 18 from line 12	-603,838.	1,964,318.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 31,774,989.	End of Year 41,322,659.
	21	Total liabilities (Part X, line 26)	5,955,760.	6,233,428.
	22	Net assets or fund balances. Subtract line 21 from line 20	25,819,229.	35,089,231.

**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: *[Signature]* Date: **5-12-22**  
 DAWN LEE, CEO & PRESIDENT  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: **THERESA BATLINER, CPA** Preparer's signature: *[Signature]* Date: **05/09/22** Check if self-employed:  PTIN: **P00543162**  
 Firm's name: **MCM CPAS & ADVISORS LLP** Firm's EIN: **27-1235638**  
 Firm's address: **462 SOUTH 4TH STREET SUITE 2600 LOUISVILLE, KY 40202** Phone no. (502) **749-1900**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning SEP 1, 2020, and ending AUG 31, 2021

# 2020

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

THE WHAS CRUSADE FOR CHILDREN, INC.

23-7075524

Name and title of officer or person subject to tax

DAWN LEE

CEO & PRESIDENT

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>8,059,393.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy


of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize MCM CPAS & ADVISORS LLP to enter my PIN 75524  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax 

Date 5-12-22

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

57172704321  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Theresa J. Batliner, CPA Date 05/09/22

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

*8437.TX/1*

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning SEP 1, 2020, and ending AUG 31, 2021

# 2020

Department of the Treasury  
Internal Revenue Service

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**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

THE WHAS CRUSADE FOR CHILDREN, INC.

23-7075524

Name and title of officer or person subject to tax

DAWN LEE

CEO & PRESIDENT

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	8,059,393.
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	3b	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	5b	
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	6b	
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	7b	

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize MCM CPAS & ADVISORS LLP to enter my PIN 75524  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

57172704321

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date 05/09/22

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  THE WHAS CRUSADE FOR CHILDREN, INC.	Taxpayer identification number (TIN)  23-7075524
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 520 W. CHESTNUT ST.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40202	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DAWN LEE

- The books are in the care of ▶ 520 W. CHESTNUT ST. - LOUISVILLE, KY 40202  
Telephone No. ▶ (502)582-7706 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until JULY 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning SEP 1, 2020, and ending AUG 31, 2021.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2020** calendar year, or tax year beginning **SEP 1, 2020** and ending **AUG 31, 2021**

<b>B</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	<b>C</b> Name of organization THE WHAS CRUSADE FOR CHILDREN, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 520 W. CHESTNUT ST. City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40202 <b>F</b> Name and address of principal officer: DAWN LEE SAME AS C ABOVE	<b>D</b> Employer identification number 23-7075524 <b>E</b> Telephone number (502) 582-7706 <b>G</b> Gross receipts \$ 8,156,787. <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ WWW.WHASCUSADE.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1980
		<b>M</b> State of legal domicile: KY

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: TO PROVIDE MEDICAL AND EDUCATIONAL SUPPORT TO SPECIAL NEEDS CHILDREN.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	22
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	22
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) .....	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	300
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	0.
	Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	Prior Year 4,546,914.
<b>9</b> Program service revenue (Part VIII, line 2g) .....		0.	0.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		684,480.	1,374,719.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		0.	0.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		5,231,394.	8,059,393.
Expenses		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	4,800,000.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	4,651.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 313,304.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g) .....	1,030,581.	995,075.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	5,835,232.	6,095,075.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	-603,838.	1,964,318.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	Beginning of Current Year 31,774,989.	End of Year 41,322,659.
	<b>21</b> Total liabilities (Part X, line 26) .....	5,955,760.	6,233,428.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	25,819,229.	35,089,231.

**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.

<b>Sign Here</b>	Signature of officer DAWN LEE, CEO & PRESIDENT Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name THERESA BATLINER, CPA	Preparer's signature Date 05/09/22
	Firm's name ▶ MCM CPAS & ADVISORS LLP Firm's address ▶ 462 SOUTH 4TH STREET SUITE 2600 LOUISVILLE, KY 40202	Check if self-employed <input type="checkbox"/> PTIN P00543162 Firm's EIN ▶ 27-1235638 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 \$ 5,100,000. including grants of \$ 5,100,000. ) (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 on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 5,100,000.

**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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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>		X
4 <b>Section 501(c)(3) organizations.</b> 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>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
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>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>	X	
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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	



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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (22), 1b (22), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed KY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on 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

**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. See instructions for the order in which to list the persons above.

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) DAWN LEE PRESIDENT & CEO	40.00			X			154,633.	0.	10,359.	
(2) JOHN BLIM VICE-PRESIDENT	40.00			X			126,697.	0.	15,789.	
(3) JENNIFER ERHARD BOARD MEMBER (ENDED 3/21)	0.10	X					0.	0.	0.	
(4) KELLY GRANGIER BOARD MEMBER	0.10	X					0.	0.	0.	
(5) PAMELA STEPHENS BOARD MEMBER	0.10	X					0.	0.	0.	
(6) SHAWN KAE LIN BOARD MEMBER	0.10	X					0.	0.	0.	
(7) LISA COLUMBIA BOARD MEMBER	0.10	X					0.	0.	0.	
(8) JEAN O'BRIEN BOARD MEMBER	0.10	X					0.	0.	0.	
(9) CHRISTY MORENO BOARD MEMBER (ENDED 8/21)	0.10	X					0.	0.	0.	
(10) DEBBIE LEIST BOARD MEMBER	0.10	X					0.	0.	0.	
(11) JOSH EVERETT BOARD MEMBER	0.10	X					0.	0.	0.	
(12) SUSAN CILONE BOARD MEMBER	0.10	X					0.	0.	0.	
(13) DAVE GOLDSMITH BOARD MEMBER	0.10	X					0.	0.	0.	
(14) KEVIN BURKE BOARD MEMBER	0.10	X					0.	0.	0.	
(15) JOE GRAFFIS BOARD MEMBER	0.10	X					0.	0.	0.	
(16) PAT WALSH BOARD MEMBER	0.10	X					0.	0.	0.	
(17) STACY GRIGGS BOARD MEMBER (ENDED 3/21)	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) KYLE JUDD BOARD MEMBER (ENDED 3/21)	0.10	X						0.	0.	0.
(19) DENNIS STILGER BOARD MEMBER	0.10	X						0.	0.	0.
(20) BILL FREY BOARD MEMBER	0.10	X						0.	0.	0.
(21) JENNIFER FRIES BOARD MEMBER	0.10	X						0.	0.	0.
(22) JEREMY SHUMATE BOARD MEMBER	0.10	X						0.	0.	0.
(23) MICHAEL CARR BOARD MEMBER	0.10	X						0.	0.	0.
(24) MICHAEL WADE BOARD MEMBER	0.10	X						0.	0.	0.
(25) JEFF NELSON CHAIRMAN	0.10	X		X				0.	0.	0.
(26) MEAGHAN REYNOLDS TREASURER	0.10	X		X				0.	0.	0.
<b>1b Subtotal</b>								281,330.	0.	26,148.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								281,330.	0.	26,148.

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 <b>former</b> officer, director, 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

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>				
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	128,900.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	6,555,774.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 115,996.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		6,684,674.			
Program Service Revenue	<b>2 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		673,021.		673,021.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses					
	<b>6 c</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	799,092.			
			(ii) Other				
	<b>7 b</b>	Less: cost or other basis and sales expenses		97,394.			
<b>7 c</b>	Gain or (loss)		701,698.				
<b>d</b>	Net gain or (loss)		701,698.		701,698.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
<b>8 b</b>	Less: direct expenses						
<b>c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>9 b</b>	Less: direct expenses						
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>10 b</b>	Less: cost of goods sold						
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d					
<b>12</b>	<b>Total revenue.</b> See instructions		8,059,393.	0.	0.	1,374,719.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,100,000.	5,100,000.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....				
<b>10</b> Payroll taxes .....				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	14,968.		14,968.	
<b>c</b> Accounting .....	15,968.		15,968.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	40,100.		40,100.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	5,166.			5,166.
<b>12</b> Advertising and promotion .....	1,580.		582.	998.
<b>13</b> Office expenses .....	76,898.		37,661.	39,237.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....				
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	15,867.		15,283.	584.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	10,706.		10,706.	
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> REIMBURSED SALARIES & B	700,191.		466,789.	233,402.
<b>b</b> MISCELLANEOUS	79,875.		79,667.	208.
<b>c</b> FUNDRAISING EXPENSES	14,397.			14,397.
<b>d</b> FOOD	9,544.			9,544.
<b>e</b> All other expenses	9,815.		47.	9,768.
<b>25</b> Total functional expenses. Add lines 1 through 24e	6,095,075.	5,100,000.	681,771.	313,304.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,971,787.	<b>1</b>	2,585,397.
	<b>2</b> Savings and temporary cash investments .....	754,991.	<b>2</b>	3,327,523.
	<b>3</b> Pledges and grants receivable, net .....	358,078.	<b>3</b>	157,761.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	14,000.	<b>9</b>	15,696.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 284,899.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 238,991.		
	<b>11</b> Investments - publicly traded securities .....	25,796,549.	<b>11</b>	31,978,159.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	17,136.	<b>12</b>	17,496.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,815,692.	<b>15</b>	3,194,719.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	31,774,989.	<b>16</b>	41,322,659.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	78,034.	<b>17</b>	59,762.
	<b>18</b> Grants payable .....	5,748,826.	<b>18</b>	6,173,666.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	128,900.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	5,955,760.	<b>26</b>	6,233,428.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	21,105,054.	<b>27</b>	29,934,943.
	<b>28</b> Net assets with donor restrictions .....	4,714,175.	<b>28</b>	5,154,288.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	25,819,229.	<b>32</b>	35,089,231.
<b>33</b> Total liabilities and net assets/fund balances .....	31,774,989.	<b>33</b>	41,322,659.	



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	8,059,393.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,095,075.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,964,318.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	25,819,229.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	6,427,038.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	878,646.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	35,089,231.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- 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 on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7,120,727.	6,561,677.	6,058,798.	4,546,914.	6,684,674.	30,972,790.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	7,120,727.	6,561,677.	6,058,798.	4,546,914.	6,684,674.	30,972,790.
<b>5</b> 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) .....						572,034.
<b>6 Public support.</b> Subtract line 5 from line 4.						30,400,756.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	7,120,727.	6,561,677.	6,058,798.	4,546,914.	6,684,674.	30,972,790.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	598,320.	707,037.	786,572.	828,466.	673,021.	3,593,416.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						34,566,206.

**12** Gross receipts from related activities, etc. (see instructions) ..... **12**

**13 First 5 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**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	87.95 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	88.39 %

**16a 33 1/3% support test - 2020.** 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 .....

**b 33 1/3% support test - 2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**17a 10% -facts-and-circumstances test - 2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....

**b 10% -facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....

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

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> 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).		

Schedule A (Form 990 or 990-EZ) 2020

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020







**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

THE WHAS CRUSADE FOR CHILDREN, INC.

Employer identification number

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  <b>THE WHAS CRUSADE FOR CHILDREN, INC.</b>	<b>Employer identification number</b>  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	ARCHDIOCESE OF LOUISVILLE  PO BOX 1076  LOUISVILLE, KY 40201	\$ 224,502.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	LG&E AND KU ENERGY LLC  PO BOX 32030  LOUISVILLE, KY 40232	\$ 377,657.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JANE C. EVANS  607 MONTERAY LN  COLD SPRING, KY 41076	\$ 251,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CHARLENE B. WELLS  2059 UPTON ROAD  MAGNOLIA, KY 42757-8124	\$ 248,791.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ESTATE OF ANNE AND HERMAN ZELLER  211 ELINE AVENUE  LOUISVILLE, KY 40207-2901	\$ 136,806.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>THE WHAS CRUSADE FOR CHILDREN, INC.</b>	<b>Employer identification number</b>  23-7075524
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**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  <b>THE WHAS CRUSADE FOR CHILDREN, INC.</b>	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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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

2020

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

**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 make 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 program
  - 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	25,221,385.	24,573,906.	24,855,474.	22,860,407.	19,436,054.
b Contributions	3,172,678.	1,566,903.	612,659.	1,020,484.	1,942,331.
c Net investment earnings, gains, and losses	8,039,170.	1,590,346.	80,143.	1,856,414.	2,165,981.
d Grants or scholarships					
e Other expenditures for facilities and programs	500,000.	1,000,000.			
f Administrative expenses	1,522,115.	1,509,770.	974,370.	881,831.	683,959.
g End of year balance	34,411,118.	25,221,385.	24,573,906.	24,855,474.	22,860,407.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  86.9400 %
  - b Permanent endowment  13.0600 %
  - c Term endowment  .0000 %
- 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? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		130,934.	101,470.	29,464.
d Equipment		118,631.	108,773.	9,858.
e Other		35,334.	28,748.	6,586.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				45,908.



**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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) BENEFICIAL INTEREST BY OTHERS	1,151,618.
(2) BENEFICIAL INTEREST IN CHARITABLE TRUSTS	1,990,358.
(3) CASH SURRENDER VALUE OF LIFE INSURANCE	33,664.
(4) INTEREST RECEIVABLE	19,079.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	3,194,719.

**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)	
<b>Total.</b> (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 FASB 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	15,697,098.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	6,427,038.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	628,844.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	621,923.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	7,677,805.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	8,019,293.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	40,100.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	40,100.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	8,059,393.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	6,427,096.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	628,844.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	628,844.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,798,252.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	40,100.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	256,723.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	296,823.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	6,095,075.

**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	360,622.
CHANGE IN BENEFICIAL INTEREST HELD BY OTHERS	261,301.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	621,923.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

IN KIND SERVICES	628,844.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECOVERY OF PRIOR YEAR GRANTS	256,723.
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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ADAIR COUNTY BOARD OF EDUCATION 1204 GREENSBURG STREET COLUMBIA, KY 42728	61-6001263	GOVERNMENT	39,000.	0.			\$39,000 FOR ANY ITEM ON GRANT LIST - CAPPUCCINO BEVERAGE SYSTEM-5 HOPPER, COFFEE GRINDER, COFFEE
ALLEGRO DANCE PROJECT INC 315 SIERRA DRIVE LEXINGTON, KY 40505	46-4066462	501(C)3	5,000.	0.			\$5,000 FOR OUTREACH INSTRUCTION COMPENSATION AND LIVE MUSIC ACCOMPANIMENT
AMERICAN NATIONAL RED CROSS SHARED SERVICES CENTER AMERICAN RED CROSS KENTUCKY R - 510 E. CHESTNUT ST - LOUISVILLE, KY 40202	53-0196605	501(C)3	9,000.	0.			\$9,000 FOR ITEM NUMBER 1 - PLATELET INCUBATOR
AMERICAN PRINTING HOUSE FOR THE BLIND INC AMERICAN PRINTING HOUSE FOR THE BLIND - 1839 FRANKFORT AVENUE - LOUISVILLE, KY 40206	61-0444640	501(C)3	9,000.	0.			\$9,000 FOR ANY ITEM ON GRANT LIST FOR BRAILLE TALES BOOKS FOR CHILDREN IN KENTUCKY AND SOUTHERN
AMERICANA COMMUNITY CENTER INC PARTIAL CAPITAL - 4801 SOUTHSIDE DR. - LOUISVILLE, KY 40214	61-1251306	501(C)3	8,000.	0.			\$8,000 FOR SALARY FOR A YOUTH PROGRAMS EMPLOYEE, TECHNOLOGY SUPPLIES, AND CREATIVE ARTS SUPPLIES
ANCHORAGE INDEPENDENT SCHOOL DISTRICT - 11400 RIDGE ROAD - ANCHORAGE, KY 40223	61-6000999	501(C)3	25,000.	0.			\$25,000 FOR ITEMS 1-6 (RIFTON ACTIVITY HIGH LOW CHAIRS, LECKEY PAL CLASSROOM SEAT, RIFTON

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 225.

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

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**  
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Schedule I (Form 990) 2020**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
APPALACHIAN REGIONAL HEALTHCARE INC - 2260 EXECUTIVE DRIVE - LEXINGTON, KY 40505	52-0795508	501(C)3	14,500.	0.			\$14,500 FOR ANY ITEM ON GRANT LIST - RIFTON ACTIVITY CHAIR, ACTIVITY PANELS, SOUTHPAW SMALL
ARC OF THE GREATER LOUISVILLE AREA NEW GRANT - 177 TRAVIS RD - SHEPHERDSVILLE, KY 40165	82-4406914	501(C)3	8,000.	0.			\$8,000 FOR AN ALTA GLIDE WITH 12 FOOT RAMP FOR AN INCLUSIVE PLAYGROUND, NO AWARD FOR FREIGHT EXPENSE
ASBURY UNIVERSITY 1 MACKLEM DR. WILMORE, KY 40390	61-0458355	501(C)3	20,000.	0.			\$20,000 GRANT AWARD FOR ASBURY UNIVERSITY SCHOOL OF EDUCATION SCHOLARSHIP FUND. WE ARE GRATEFUL
BAPTIST HEALTH FOUNDATION GREATER LOUISVILLE INC - 4000 KRESGE WAY - LOUISVILLE, KY 40207	20-0292291	501(C)3	100,000.	0.			\$100,000 FOR ANY ITEM ON GRANT LIST - OXYGEN BLENDERS, PANDA WARMERS, LD BIRTHING BEDS, LD
BAPTIST HEALTH FOUNDATION HARDIN FKA HARDIN MEMORIAL HOSPITAL FOUNDATION INC. - 913 NORTH DIXIE AVENUE - ELIZABETHTOWN, KY 42701	61-1251585	501(C)3	88,000.	0.			\$88,000 FOR ANY ITEM ON GRANT LIST - GLIDESCOPIES, SYRINGE PUMPS, NARA BASSINETS, PORTABLE
BAPTIST HEALTH FOUNDATION MADISONVILLE INC - 900 HOSPITAL DRIVE - MADISONVILLE, KY 42431	47-2893430	501(C)3	10,000.	0.			\$10,000 FOR ANY ITEM ON GRANT LIST - PEDIATRIC THERAPY CARE EXPANSION EQUIPMENT, REPLACEMENT
BAPTIST HEALTH FOUNDATION PADUCAH INC - 2501 KENTUCKY AVENUE PADUCAH, KENTUCKY 42003 - PADUCAH, KY 42003	26-4057759	501(C)3	15,000.	0.			\$15,000 FOR ANY ITEM ON GRANT LIST - SKYLIFE PHOTOTHERAPY SYSTEM, CLOUD COVER PLUS, CLOUD
BARDSTOWN INDEPENDENT SCHOOLS 308 NORTH 5TH ST BARDSTOWN, KY 40004	61-6001009	501(C)3	12,495.	0.			\$12,495 FOR SNOEZELEN ROOM EQUIPMENT
BARREN HEIGHTS CHRISTIAN RETREAT CENTER INC CAPITAL - TENNIS AND BASKETBALL COUR - 11420 WATTERSON COURT, SUITE 800, LOUISVILLE, KY	32-0121355	501(C)3	10,000.	0.			\$10,000 FOR RESURFACING OF BARREN RIVER LAKE RETREAT CENTER TENNIS AND BASKETBALL COURTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BARREN RIVER AREA CHILD ADVOCACY CENTER INC. - 103 E. 12TH AVE - BOWLING GREEN, KY 42101	61-1337449	501(C)3	10,000.	0.			\$10,000 FOR SALARIES FOR FORENSIC INTERVIEWERS, SALARY FOR PREVENTION EDUCATION COORDINATOR
BATH COUNTY SCHOOLS CROSSROADS ELEMENTARY SCHOOL BATH COUNTY BOARD OF EDUCATION - 405 WEST MAIN STREET - OWINGSVILLE, KY 40360	61-6001341	501(C)3	10,000.	0.			\$10,000 FOR ITEMS 1-3 - TEACH TOWN BASICS, TEACHTOWN SOCIAL SKILLS TEACHER SUBSCRIPTION,
BELLARMINE UNIVERSITY BELLARMINE - SCHOLARSHIPS - 2001 NEWBURG RD - LOUISVILLE, KY 40205	61-0482955	501(C)3	18,000.	0.			\$18,000 FOR PARTIAL TUITION SCHOLARSHIPS TO STUDENTS SEEKING SPECIAL EDUCATION TEACHING
BELLARMINE UNIVERSITY BELLARMINE - KIDS ON THE MOVE - 2001 NEWBURG RD - LOUISVILLE, KY 40205	61-0482955	501(C)3	75,000.	0.			\$75,000 TOTAL GRANT AWARD (\$35,000 FOR ITEMS 1-3 ON GRANT LIST: ICANBIKE CAMP, GOBABYGO, VUZIX AR
BEST BUDDIES INTERNATIONAL INC 3044 BARDSTOWN RD, #1274 LOUISVILLE, KY 40205	52-1614576	501(C)3	6,000.	0.			\$6,000 TOWARDS THE PROGRAM MANAGER SALARY
BIG BROTHERS BIG SISTERS OF KENTUCKIANA INC - 1519 GARDINER LANE - LOUISVILLE, KY 40218	61-6057856	501(C)3	7,000.	0.			\$7,000 FOR SALARY FOR MATCH SUPPORT STAFF, ENROLLMENT STAFF, AND MENTOR
BLUEGRASS CENTER FOR AUTISM INC 9810 BLUEGRASS PARKWAY LOUISVILLE, KY 40299	27-2279128	501(C)3	30,000.	0.			\$30,000 TOWARDS THE SALARY FOR A COMMUNITY COORDINATOR POSITION
BLUEGRASS THERAPY AND EQUINE CENTER INC NEW GRANT - P.O. BOX 991603 - LOUISVILLE, KY 42069	83-1834488	501(C)3	4,000.	0.			\$4,000 FOR ITEM1 FOR HIPPO-THERAPIST SALARY PART/TIME, NO FUNDING FOR PURCHASE OF A HORSE.
BOONE COUNTY PUBLIC SCHOOLS 8270 U.S. HWY. 42 FLORENCE, KY 41042	61-6001252	GOVERNMENT	18,000.	0.			\$18,000 FOR ITEMS 1-7 ON GRANT LIST - SELF REGULATION WITH SUPERFLEX ALL IN ONE BUNDLE, SHOULD

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BORDEN-HENRYVILLE SCHOOL CORPORATION NEW GRANT - MERGED SCHOOLS - 207 EAST MAIN ST. - BORDEN, IN 47106	85-1661046	501(C)3	10,000.	0.			\$10,000 FOR ITEMS 1-4, AND ITEMS 6-8 TEACHTOWN BASICS SUBSCRIPTION, TEACHER SET, NEWS-2-YOU
BOY SCOUTS OF AMERICALINCOLN HERITAGE COUNCIL - 12001 SYCAMORE STATION PLACE - LOUISVILLE, KY 40299	61-0445839	501(C)3	12,000.	0.			\$12,000 GRANT AWARD FOR ITEMS 1-5 AND 7. (ACCESSIBLE BUS TRANSPORTATION,
BOYS & GIRLS CLUBS INC BOYS & GIRLS CLUBS OF KENTUCKIANA - 3900 CRITTENDEN DR - LOUISVILLE, KY 40209	61-0568789	501(C)3	15,000.	0.			FULL GRANT!!! \$15,000 FOR CLUB MEMBERSHIPS
BRECKINRIDGE COUNTY BOARD OF EDUCATION - 86 AIRPORT ROAD - HARDINSBURG, KY 40143	61-6001288	GOVERNMENT	25,000.	0.			\$25,000 FOR CONTRACTED PHYSICAL THERAPY SERVICES AND HUMANWARE REVEAL CCTV MAGNIFIER
BULLITT COUNTY PUBLIC SCHOOLS 1040 HWY 44 EAST SHEPHERDSVILLE, KY 40165	61-6001357	GOVERNMENT	30,000.	0.			\$30,000 FOR ANY ITEM ON GRANT LIST - OCCUPATIONAL AND PHYSICAL THERAPY EQUIPMENT, ASSISTIVE
BURGIN BOARD OF EDUCATION PO BOX B BURGIN, KY 40310	61-6001391	501(C)3	21,000.	0.			TOTAL AWARD \$21,000 - (\$16,000 FOR ITEMS 1-3 - AUDIOMETER, SPEECH MATERIALS, AND PRESCHOOL
CAMP TESSA INC 620 N MULBERRY ST. ELIZABETHTOWN, KY 42701	20-2632503	501(C)3	5,000.	0.			\$5,000 FOR SALARIES FOR CAMP TESSA - TEACHING EFFECTIVE SOCIAL SKILLS TO STUDENTS WITH AUTISM
CAMP TESSA OF MEADE COUNTY INC 938 OLD STATE ROAD BRANDENBURG, KY 40108	46-1042442	501(C)3	4,000.	0.			\$4,000 FOR FIELD TRIPS, MUSIC THERAPY, AND SUPPLIES, NO FUNDING ALLOWED FOR
CAMPBELLSVILLE INDEPENDENT SCHOOLS 136 SOUTH COLUMBIA AVENUE CAMPBELLSVILLE, KY 42718	61-6001031	501(C)3	14,000.	0.			\$14,000 FOR ANY ITEM ON GRANT LIST - CURRICULUM, MOTOR/SENSORY, AND TECHNOLOGY (NOT TO EXCEED

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CASA AT WOODLAWN INC (OF THE BLUEGRASS) - PO BOX 45 - DANVILLE, KY 40423	26-1841458	501(C)3	6,000.	0.			\$6,000 FOR SALARY FOR TWO VOLUNTEER COORDINATORS
CASA OF CALLOWAY AND MARSHALL COUNTIES INC (BY THE LAKES) CASA BY THE LAKES - 2371 US HWY 641 N - MURRAY, KY 42071	20-4033610	501(C)3	7,000.	0.			\$7,000 FOR FULLTIME ADVOCATE COORDINATOR/TRAINER SALARY
CASA OF LEXINGTON 3245 LOCH NESS DR LEXINGTON, KY 40517	61-1339185	501(C)3	14,000.	0.			\$14,000 FOR PARTIAL SALARY FOR ONE VOLUNTEER MANAGER
CASA OF SOUTH CENTRAL KENTUCKY, INC. - P.O. BOX 867 316 EAST 10TH AVENUE - BOWLING GREEN, KY 42102-0867	61-1334266	501(C)3	5,000.	0.			\$5,000 FOR PARTIAL SALARY FOR ONE ADVOCATE COORDINATOR
CASA OF THE HEARTLAND INC PO BOX 6065 ELIZABETHTOWN, KY 42702-6065	26-0876943	501(C)3	10,000.	0.			\$10,000 TO SUPPORT THE SALARY FOR TWO ADVOCATE VOLUNTEER MANAGERS
CASA PROGRAM FOR BULLITT COUNTY INC - 340 S BUCKMAN ST / PO BOX 1025 - SHEPHERDSVILLE, KY 40165	61-1454102	501(C)3	16,000.	0.			\$16,000.00 TOWARDS SALARIES FOR THE VOLUNTEER COORDINATOR AND EXECUTIVE DIRECTOR
CASA, INC. CASA OF THE RIVER REGION - 982 EASTERN PARKWAY, BOX 9 - LOUISVILLE, KY 40217	61-1066568	501(C)3	5,000.	0.			\$5,000.00 FOR "LESSONLY" LESSON MANAGEMENT SYSTEM FOR ITS VOLUNTEER TRAINING PROGRAM
CEREBRAL PALSY KIDS CENTER KIDS CENTER FOR PEDIATRIC THERAPIES - 982 EASTERN PARKWAY - LOUISVILLE, KY 40217	61-0492378	501(C)3	20,000.	0.			\$20,000 FOR THE SPEECH-LANGUAGE THERAPY PROGRAM. WE ARE GRATEFUL FOR AN ENDOWED GIFT IN
CHILD DEVELOPMENT CENTERS OF THE BLUEGRASS INC - 290 ALUMNI DRIVE - LEXINGTON, KY 40503	61-0543367	501(C)3	2,000.	0.			\$2,000 FOR FUNDING FOR ALLEGRO DANCE PROGRAM

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CHILDRENS HOSPITAL FOUNDATION NORTON CHILDREN'S HOSPITAL EPILEPSY EQUIPMENT - 234 E. GRAY STREET	61-6027530	501(C)3	280,111.	0.			TOTAL GRANT AWARD \$280,111.10 - (\$46,877.75 FOR ITEM 3 CURRY 8 SOFTWARE AND THE
CLARK COUNTY YOUTH SHELTER AND FAMILY SERVICES INC - PO BOX 886 118 EAST CHESTNUT STREET - JEFFERSONVILLE, IN 47131	31-1126065	501(C)3	15,000.	0.			\$15,000 FOR ITEMS 1-4 ON GRANT LIST - SALARIES FOR FY YOUTH WORKER, PT YOUTH WORKER, RESIDENTIAL
CLOVERPORT INDEPENDENT SCHOOL DISTRICT - 301 POPLAR ST. - CLOVERPORT, KY 40111	61-6001396	501(C)3	50,000.	0.			\$50,000 FOR ANY ITEM ON GRANT LIST - SALARY FOR PROGRAM ASSISTANTS, HANDICAP ACCESSIBLE VAN,
COMMONWEALTH HEALTH FOUNDATION MED CENTER HEALTH FOUNDATION NEW GRANT - 800 PARK STREET - BOWLING GREEN, KY 42101	61-1362000	501(C)3	10,000.	0.			\$10,000 FOR ANY ITEM ON GRANT LIST - BILLISOFT SYSTEMS, NATUS NEOBLUE PHOTOTHERAPY LIGHTS, AND
COMMONWEALTH THEATRE CENTER INC 1123 PAYNE STREET LOUISVILLE, KY 40204	61-0902722	501(C)3	5,600.	0.			\$5,600 FOR ANY ITEM ON THE GRANT LIST - RESILIENCY RESIDENCY, DRAMA CLUB, THE PIGS AND
COMMUNITY ACTION OF SOUTHERN INDIANA INC - 201 E 15TH STREET - JEFFERSONVILLE, IN 47130	02-0591170	501(C)3	21,000.	0.			\$21,000.00 FOR ANY ITEM ON GRANT LIST - PLAYGROUND EQUIPMENT, RECTANGULAR PRESCHOOL
COMMUNITY MEDICAL ASSOCIATES INC 224 EAST BROADWAY, 5TH FLOOR LOUISVILLE, KY 40202-2025	61-1276316	501(C)3	58,000.	0.			\$58,000 TO SUPPORT SALARIES FOR PSYCHOLOGISTS, SPEECH PATHOLOGIST, OCCUPATIONAL
COMMUNITY MEDICAL ASSOCIATES INC 224 EAST BROADWAY, 5TH FLOOR LOUISVILLE, KY 40202-2025	61-1276316	501(C)3	48,000.	0.			\$48,000 FOR A NUTRITIONIST - CLINICAL STAFF FOR THE PEDIATRIC NUTRITION PROGRAM
CRITICALLY LOVED P.O. BOX 43047 LOUISVILLE, KY 40253	81-5273913	501(C)3	4,000.	0.			\$4,000 FOR THERAPY SESSIONS WITH A LICENSED PSYCHOLOGIST AND SESSIONS FOR EMOTIONAL THERAPY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CYSTIC FIBROSIS FOUNDATION 1941 BISHOP LANE, SUITE 108 LOUISVILLE, KY 40218	13-1930701	501(C)3	4,000.	0.			\$4,000 FOR CYSTIC FIBROSIS SPECIALIZED PEDIATRIC CARE AND RESEARCH SUPPORT AT
DEAF YOUTH SPORTS FESTIVAL INC P. O. BOX 421304 INDIANAPOLIS, IN 46242	01-0702831	501(C)3	13,000.	0.			\$13,000 FOR SCHOLARSHIPS FOR MDO/S WEEK-LONG EVENT
DORMAN PRESCHOOL CENTER 719 BURKS BRANCH RD SHELBYVILLE, KY 40065	61-0620554	501(C)3	21,000.	0.			\$21,000 FOR SALARY FOR LEAD TEACHER(S), OUTDOOR MATERIALS, LITERACY AND MATH MATERIALS
DOWN SYNDROME ASSOCIATION OF CENTRAL KENTUCKY INC DSACK - 2265 HARRODSBURG ROAD SUITE 370 - LEXINGTON, KY 40504	38-3682694	501(C)3	8,000.	0.			\$8,000 FOR EDUCATION COORDINATOR SALARY AND SUPPLEMENTAL STAFF
DOWN SYNDROME OF LOUISVILLE INC 5001 S HURSTBOURNE PARKWAY LOUISVILLE, KY 40291	61-1214126	501(C)3	18,000.	0.			\$18,000 FOR ANY ITEM ON GRANT LIST - SALARIES FOR DIRECTOR OF EDUCATIONAL & CLINICAL SERVICES,
DOWN SYNDROME SUPPORT GROUP OF SOUTH CENTRAL KENTUCKY INC - 522 STATE STREET - BOWLING GREEN, KY 42101	61-1357521	501(C)3	7,000.	0.			\$7,000 FOR ANY ITEM ON GRANT LIST (SALARIES FOR A MUSIC THERAPIST, SPEECH THERAPIST, CLASSROOM
DREAMS WITH WINGS, INC. 1579 BARDSTOWN ROAD LOUISVILLE, KY 40205	61-1371540	501(C)3	7,000.	0.			\$7,000 FOR ANY ITEM ON GRANT LIST - SALARIES (STAFF/BEHAVIOR/GUEST INSTRUCTORS), PROGRAM
DYSLEXIA ASSOCIATION OF THE PENNYRILE INC - 538A NOEL AVENUE - HOPKINSVILLE, KY 42240	61-1227318	501(C)3	2,100.	0.			\$2,100 FOR ITEMS 1 AND 2 ON THE GRANT LIST - HIGH INTEREST LOW LEVEL BOOK PACKS AND TOTES
EASTER SEALS WEST KENTUCKY INC 801 NORTH 29TH STREET PADUCAH, KY 42001	31-1572931	501(C)3	2,000.	0.			\$2,000 FOR ACTIVITY PANELS (SOUND AND ACTIVITY), MOTOR PATHWAY MAT, AMAZON FIRE KIDS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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EASTERN KENTUCKY UNIVERSITY EKU SPECIAL EDUCATION SCHOLARSHIPS - 521 LANCASTER AVE. - RICHMOND, KY 40475	61-1011211	GOVERNMENT	21,000.	0.			\$21,000 FOR SPECIAL EDUCATION GRADUATE STUDENT SCHOLARSHIPS. WE ARE GRATEFUL FOR AN
EASTERN KENTUCKY UNIVERSITY EKU DEVELOPMENTAL DISABILITIES CLINIC AUTISM SOCIAL - 521 LANCASTER AVE. - RICHMOND, KY 40475	61-1011211	GOVERNMENT	5,600.	0.			FULL GRANT! \$5,600.00 FOR PSYCHOLOGY MASTERS OR GRAD STUDENT STIPEND AND OCCUPATIONAL THERAPY
EMINENCE INDPENDENT SCHOOL 254 WEST BROADWAY EMINENCE, KY 40019	61-6001055	GOVERNMENT	23,000.	0.			\$23,000 FOR ANY ITEM ON THE GRANT LIST - MULTI-SENSORY CLASSROOMS, SENSORY ROOM ITEMS,
ENGLISHTON PARK INC. ENGLISHTON PARK ACADEMIC REMEDIATION AND TRAINING CENTER EN - PO BOX 240 - LEXINGTON, IN 47138	23-7378186	501(C)3	4,500.	0.			\$4,500 FOR TUTORING SUPERVISOR STIPEND
EXPLOITED CHILDRENS HELP ORGANIZATION OF GREATER LOUISVILLE - 1411 ALGONQUIN PARKWAY - LOUISVILLE, KY 40210	31-1094281	501(C)3	10,250.	0.			\$10,250 TOTAL GRANT AWARD (\$5,000 FOR SALARY-PROGRAM COORDINATOR AND \$5,250
FAMILY & CHILDREN'S PLACE 525 ZANE STREET LOUISVILLE, KY 40203	61-0549561	501(C)3	26,000.	0.			\$26,000 TOTAL GRANT AWARD. \$20,000 FOR SALARIES AND \$6,000 FOR ALL OTHER LINE ITEMS.
FAMILY ARK INC 101 NOAHS LANE JEFFERSONVILLE, IN 47130	35-1292608	501(C)3	16,000.	0.			\$16,000 TOWARDS THE PULSE TEMPO SURFACE MOUNT FOR THE SENSORY PLAY EQUIPMENT FOR CHILDREN OF
FAMILY ENRICHMENT CENTER INC 1133 ADAMS STREET BOWLING GREEN, KY 42101	61-0956466	501(C)3	6,500.	0.			\$6,500 FOR THE WEE CARE - LITTLE LEARNERS PROGRAM SALARY
FAMILY SCHOLAR HOUSE INC 403 REG SMITH CIRCLE LOUISVILLE, KY 40208	61-1285124	501(C)3	13,000.	0.			\$13,000 TOWARDS SALARIES FOR A HEALTH COACH, MUSIC THERAPIST, AND ART THERAPIST

Schedule I (Form 990)

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FATHER MALONEYS BOYS HAVEN INC 2301 GOLDSMITH LANE LOUISVILLE, KY 40218	61-0479621	501(C)3	74,000.	0.			\$74,000 TOWARDS SALARIES FOR A LICENSED REGISTERED NURSE, LICENSED CLINICAL THERAPIST, AND MEDICAL
FEAT OF LOUISVILLE INC 1100 EAST MARKET STREET LOUISVILLE, KY 40206	61-1374663	501(C)3	13,500.	0.			\$13,500 TOTAL GRANT AWARD TOWARDS ITEMS 1 AND 4 ON THE ITEMZIED LIST.
FLAGET MEMORIAL HOSPITAL FOUNDATION INC - 4305 NEW SHEPHERDSVILLE ROAD - BARDSTOWN, KY 40004	56-2351341	501(C)3	21,819.	0.			(\$10,000 FOR SALARIES FOR \$21,819.00 FOR THE FLAGET EMERGENCY DEPARTMENT AND BIRTH CENTER IMPROVEMENTS (EMERGENCY DEPARTMENT
FLOYD MEMORIAL FOUNDATION INC 1850 STATE STREET NEW ALBANY, IN 47150	31-0933781	501(C)3	33,626.	0.			\$33,626 FOR 1 PANDA WARMER AND 5 BASSINETS
FRANKLIN COUNTY SCHOOLS 190 KINGS DAUGHTERS DRIVE FRANKFORT, KY 40383	61-6001280	501(C)3	14,000.	0.			\$14,000 FOR SONDAY SYSTEM LPL- LET'S PLAY LEARN CLASSROOM SET, AND SONDAY SYSTEM 1-2 -SONDAY SYSTEM
FRIENDS SCHOOL INC 901 BRECKENRIDGE LANE LOUISVILLE, KY 40207	61-1213141	501(C)3	30,000.	0.			\$30,000 FOR AN ELEMENTARY RESOURCE TEACHER AND INCLUSION ASSISTANT
FUND FOR THE ARTS INC 623 W. MAIN ST. LOUISVILLE, KY 40202	61-0479626	501(C)3	8,500.	0.			\$8,500 FOR ARTS EXPERIENCES FOR STUDENTS WITH SPECIAL NEEDS
GATEWAY COMMUNITY SERVICES 151 UNIVERSITY DR. PO BOX 367 WEST LIBERTY, KY 41472	61-0865874	501(C)3	4,500.	0.			\$4,500 TOWARDS THE PURCHASE OF HATCH TABLETS FOR SCHOOL READINESS ASSISTIVE TECHNOLOGY FOR
GATEWAY JUVENILE DIVERSION PROJECT INC - 37 NORTH MAYSVILLE - MOUNT STERLING, KY 40353	61-1033836	501(C)3	1,197.	0.			FULL GRANT! \$1,197 FOR LOVE SEAT AND CHAIRS FOR THE FAMILY CONFERENCE ROOM

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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GILDAS CLUB LOUISVILLE INC 2440 GRINSTEAD DR. LOUISVILLE, KY 40204	20-1635170	501(C)3	12,000.	0.			\$12,000 FOR PROGRAM MANAGER SALARY, ENGAGEMENT MANAGER SALARY, AND YOUTH
GRAYSON COUNTY SCHOOLS P.O. BOX 4009 790 SHAW STATION ROAD - LEITCHFIELD, KY 42755-4009	61-6001310	501(C)3	14,000.	0.			\$14,000 FOR TOUCHSCREEN CHROMEBOOKS AND CHROME LICENSE
GREATER CLARK COUNTY SCHOOLS 2112 UTICA SELLERSBURG RD JEFFERSONVILLE, IN 47111	35-1151414	501(C)3	20,000.	0.			\$20,000 FOR EQUIPMENT/SUPPLIES/MATERIA LS AND SOFTWARE FOR TEACHTOWN
GREEN COUNTY BOARD OF EDUCATION 402 E. HODGENVILLE AVE GREENSBURG, KY 42743	61-6001285	GOVERNMENT	14,300.	0.			\$14,300 FOR INCLUSION PLAYGROUND EQUIPMENT, TECHNOLOGY AND ACADEMIC RESOURCES - NO FUNDING
GREEN HILL THERAPY INC 1410 LONG RUN ROAD LOUISVILLE, KY 40245	61-1378588	501(C)3	26,000.	0.			\$26,000 FOR THERAPY SCHOLARSHIPS FOR CHILDREN WITH AUTISM
GREEN RIVER REGIONAL EDUCATION COOPERATIVE INC - 230 TECHNOLOGY WAY - BOWLING GREEN, KY 42101	61-1346957	501(C)3	7,700.	0.			\$7,700 FOR ITEMS 1 AND 2 - READTOPIA LICENSE FOR 10 CLASSROOMS AND INCLUSIVE CLASSMATE PC
HANCOCK COUNTY PUBLIC SCHOOLS 83 STATE ROUTE 3543 HAWESVILLE, KY 42348	61-6001293	501(C)3	6,000.	0.			\$6,000 FOR ACADEMIC/INSTRUCTIONAL RESOURCES AND ASSISTIVE RESOURCES
HARBOR HOUSE OF LOUISVILLE INC 2231 LOWER HUNTER'S TRACE LOUISVILLE, KY 40216	61-1216323	501(C)3	10,000.	0.			\$10,000 FOR ANY ITEM ON GRANT LIST - SOUNDBEAM, MONDOPAD ULTRA ALL-IN-ONE TOUCHSCREEN
HARDIN COUNTY SCHOOLS SPECIAL EDUCATION DEPARTMENT - 521 CHARLEMAGNE BLVD STE 100 - ELIZABETHTOWN, KY 42701	61-6001274	501(C)3	40,000.	0.			\$40,000 FOR ANY ITEM ON GRANT LIST - OCCUPATIONAL/PHYSICAL THERAPY, ASSISTIVE

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HARRISON COUNTY EXCEPTIONAL LEARNERS COOPERATIVE - 121 HIGH SCHOOL RD - CORYDON, IN 47112	35-1172509	501(C)3	16,000.	0.			\$16,000 FOR RIFTON ACTIVITY CHAIRS, ANGELES SOUND SPONGE QUIET DIVIDER, MUSIC THERAPY
HART COUNTY BOARD OF EDUCATION 25 QUALITY STREET MUMFORDVILLE, KY 42765	61-6001333	501(C)3	15,000.	0.			\$15,000 FOR ANY ITEM ON GRANT LIST - RAPIDE 65" LED, BLACK FRAME, UP TO 40PT TOUCH, ANDROID 8,
HENDERSON COUNTY SCHOOLS 1805 SECOND STREET HENDERSON, KY 42420	61-6001295	501(C)3	28,000.	0.			\$28,000 FOR ANY ITEM ON GRANT LIST - 32GB IPAD8, BASE MALL CASE AND EDUCATIONAL APPS FOR THE
HENRY COUNTY PUBLIC SCHOOLS 326 S. MAIN ST NEW CASTLE, KY 40050	61-6001335	501(C)3	35,000.	0.			\$35,000 FOR VIEWSONIC VIEWBOARD IFP7550 INTERACTIVE FLAT PANEL 75" LED DISPLAYS
HEUSER HEARING & LANGUAGE ACADEMY INC - 111 E. KENTUCKY STREET - LOUISVILLE, KY 40203	61-0492369	501(C)3	21,000.	0.			\$21,000 TOTAL GRANT AWARD. \$8,000 IS AWARDED TO PURCHASE HEARING AIDS AND THE REMAINING AMOUNT
HOME OF THE INNOCENTS 1100 EAST MARKET STREET LOUISVILLE, KY 40206	61-0445834	501(C)3	127,400.	0.			TOTAL AWARD \$127,400 --- \$90,000 FOR ITEMS 1-6 - HEMATOLOGY ANALYZER, VEST AIRWAY CLEARANCE SYSTEMS,
HOSPARUS INC 6200 DUTCHMANS LANE LOUISVILLE, KY 40205	61-0921718	501(C)3	40,000.	0.			\$40,000 FOR ITEMS 1-3 ON GRANT LIST - KOURAGEOUS KIDS SOCIAL WORKER SALARY, CHILDREN AND
HOSPICE OF THE BLUEGRASS INC 1733 HARRODSBURG ROAD LEXINGTON, KY 40504	61-0978097	501(C)3	8,000.	0.			\$8,000 FOR PALLIATIVE CARE HOME VISITS AND PATIENT CARE SUPPLIES AND FAMILY LIVING EXPENSES
I WOULD RATHER BE READING 609 W MAIN STREET LOUISVILLE, KY 40202	82-4974981	501(C)3	7,500.	0.			\$7,500 FOR ANY ITEM ON GRANT LIST -- SALARY FOR READING INTERVENTIONIST, SENSORY PATH, DRY ERASE

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ISAAC W BERNHEIM FOUNDATION INC 2499 CLERMONT ROAD CLERMONT, KY 40110	61-0444651	501(C)3	12,000.	0.			\$12,000 FOR ANY ITEM ON GRANT LIST FOR BERNHEIM SENSORY GARDEN. NO FUNDING ALLOWED FOR
JAMES WHITCOMB RILEY MEMORIAL ASSOCIATION - PO BOX 3356 - INDIANAPOLIS, IN 46206-3356	35-0868147	501(C)3	6,000.	0.			\$6,000 FOR CAMPERSHIPS FOR THE CAMP RILEY PROGRAM
JCPS ECE ASSISTIVE TECHNOLOGY CENTER - 3332 NEWBURG ROAD - LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	63,000.	0.			\$63,000 FOR ANY ITEM ON GRANT LIST - IPAD TABLETS, PROTECTIVE CASE FOR TABLET, VOLUME APP
JCPS AUTISM PROGRAM 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	7,000.	0.			\$7,000 FOR MOTIVAIDERS AND SUPERFLEX SOCIAL SKILLS CURRICULUM
JCPS EXCEPTIONAL CHILD EDUCATION (ECE) COMMUNICATION DISORDERS PROGRAM - 3332 NEWBURG ROAD - LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	9,000.	0.			\$9,000 FOR IPAD TABLETS
JCPS MODERATE TO SEVERE DISABILITIES PROGRAM - 3332 NEWBURG ROAD - LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	65,000.	0.			\$65,000 FOR ANY ITEM ON GRANT LIST - NEWS-2-YOU LICENSES, UNIQUE LEARNING SYSTEM SITE LICENSES,
JCPS EARLY CHILDHOOD SPECIAL SERVICES - 3332 NEWBURG ROAD - LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	5,500.	0.			\$5,500.00 FOR ANY ITEM ON GRANT LIST - CUBE CHAIRS, ASSORTED SEAT CUSHIONS, VIBRATING PILLOW, FOOT
JCPS DEAF AND HARD OF HEARING PROGRAM - 3332 NEWBURG ROAD - LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	7,500.	0.			\$7,500.00 FOR ANY ITEM ON GRANT LIST - ASSISTIVE LISTENING SYSTEM, TEACHER TRANSMITTER, PORTABLE
JCPS ECE PSYCHOLOGICAL SERVICES 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	22,500.	0.			\$22,500 FOR ANY ITEM ON GRANT LIST - IPAD TABLETS, KEYBOARD CASES FOR IPADS, PEARSON ONLINE

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JCPS OCCUPATIONAL AND PHYSICAL THERAPY - 3332 NEWBURG ROAD - LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	50,000.	0.			\$50,000 FOR ANY ITEM ON GRANT LIST - VIDGET 3-IN-1 SEATING, THERADAPT INTERMEDIATE
JCPS ECE TRANSITION SERVICES 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	4,500.	0.			\$4,500 FOR PRE-EMPLOYMENT TRANSITION SOLUTION CURRICULUM
JCPS ECE VISUALLY IMPAIRED 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	14,000.	0.			\$14,000 FOR ANY ITEM ON GRANT LIST - IPAD PRO 12.9" W/APPLECARE, PROTECTIVE KEYBOARD
JEFFERSONVILLE TOWNSHIP PUBLIC LIBRARY - P.O. BOX 1548 211 E. COURT AVE. - JEFFERSONVILLE, IN 47131	35-6001711	GOVERNMENT	3,000.	0.			\$3,000 FOR ANY ITEM ON GRANT LIST - AWE LEARNING STATION, WONDERBOOKS, AND LAUNCHPAD VIDEO
JESSAMINE COUNTY SCHOOLS 871 WILMORE RD. NICHOLASVILLE, KY 40356	61-6001337	501(C)3	4,000.	0.			\$4,000 FOR SALARY FOR SUPPORT PERSONNEL FOR TUTORING AND ACADEMIC SUPPORT SERVICES
JEWISH COMMUNITY OF LOUISVILLE INC 3600 DUTCHMANS LANE LOUISVILLE, KY 40205	61-0444765	501(C)3	63,000.	0.			TOTAL AWARD \$63,000 - \$8,000 FOR ITEMS 1-4 - ADVOCATES FOR CAMP J AND YEAR-ROUND ACTIVITIES,
JUNIOR ACHIEVEMENT OF KENTUCKIANA INC - 1401 W. MUHAMMAD ALI BLVD. - LOUISVILLE, KY 40203	61-0476694	501(C)3	2,650.	0.			FULL GRANT! \$2,650 FOR PROGRAM COSTS FOR LIFE SKILLS PROGRAMS FOR SPECIAL NEEDS CHILDREN
KENDYL AND FRIENDS FOUNDATION INC P.O. BOX 298 BURGIN, KY 40310	82-1129419	501(C)3	20,000.	0.			\$20,000 FOR ANY ITEM ON GRANT LIST FOR THE OVERCOMER INCLUSIVE BASEBALL FIELD -
KENTUCKIANA CENTER FOR EDUCATION HEALTH AND RESEARCH INC - 1810 BROWNSBORO RD - LOUISVILLE, KY 40206	61-6014488	501(C)3	20,000.	0.			\$20,000 FOR SALARIES FOR A PEDIATRIC CHIROPRACTOR, CRANIOSACRAL THERAPIST, REGISTERED DIETICIAN, AND

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KENTUCKY CENTER FOR SPECIAL CHILDRENS SERVICES - 13101 EASTPOINT PARK BLVD - LOUISVILLE, KY 40223	61-0680753	501(C)3	65,000.	0.			\$65,000 FOR SALARIES FOR THE INCHWORMS ENDEAVOR, DRAGONFLIES ENDEAVOR, BUTTERFLIES ENDEAVOR, AND
KENTUCKY DANCE COUNCIL INC 315 E. MAIN STREET LOUISVILLE, KY 40202	61-6033779	501(C)3	5,000.	0.			\$5,000 FOR SENSORY FRIENDLY PERFORMANCE TICKETS AND PRODUCTION COSTS (NOT TO EXCEED
KENTUCKY EASTER SEAL SOCIETY INC 2050 VERSAILLES ROAD LEXINGTON, KY 40504	61-0444712	501(C)3	1,697.	0.			FULL GRANT! \$1,696.52 FOR FEEDING PROGRAM SUPPLIES
KENTUCKY EDUCATIONAL DEVELOPMENT CORPORATION - 904 ROSE ROAD - ASHLAND, KY 41102	61-0659010	501(C)3	8,000.	0.			\$8,000 FOR EARLY LITERACY SKILLS BUILDER, EARLY READING SKILLS BUILDER, TEACHING TO STANDARDS:
KENTUCKY HEMOPHILIA FOUNDATION INC 1850 TAYLOR AVENUE SUITE 2 - LOUISVILLE, KY 40213-1594	61-0656750	501(C)3	6,000.	0.			\$6,000 FOR ANY ITEM ON GRANT LIST FOR THE 2022 SUMMER CAMP PROGRAM FOR CHILDREN AND YOUTHS WITH
KENTUCKY LIONS EYE FOUNDATION INC 301 E MUHAMMAD ALI BLVD LOUISVILLE, KY 40202	61-0516171	501(C)3	14,000.	0.			\$14,000 FOR 2 SPOT VISION SCREENER DEVICES
KENTUCKY SCHOOL FOR THE DEAF CHARITABLE FOUNDATION INC - P.O. BOX 27 - DANVILLE, KY 40423	61-1091577	501(C)3	15,000.	0.			\$15,000 FOR ASL TUTORING AND ASL MATERIALS TO SUPPORT THE PROGRAM
KIDS CANCER ALLIANCE INC 611 W MAIN ST STE 300 LOUISVILLE, KY 40202	61-1256743	501(C)3	10,000.	0.			\$10,000 FOR CAMPER FEES FOR INDIAN SUMMER ONCOLOGY CAMP
KORE ACADEMY INC 4300 NICHOLASVILLE ROAD LEXINGTON, KY 40515	20-1530223	501(C)3	5,500.	0.			\$5,500 FOR SALARY FOR ONE SPECIAL EDUCATION TEACHER AND PROGRAMS AND MATERIALS

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LA CASITA CENTER INC 223 E MAGNOLIA AVE LOUISVILLE, KY 40208	74-3178408	501(C)3	7,500.	0.			\$7,500 FOR SALARY FOR 1 DEDICATED SUPPORT PERSON
LAKE CUMBERLAND COMMUNITY ACTION AGENCY - LAKE CUMBERLAND COMMUNITY ACTION AGENCY/HEAD START - JAMESTOWN, KY 42629	61-0855431	501(C)3	7,000.	0.			\$7,000 FOR ITEM 1 FOR KINETIC ENERGY CUSTOM PANELS - NO FUNDING FOR INSTALLATION EXPENSES
LARUE COUNTY PUBLIC SCHOOLS 208 COLLEGE STREET HODGENVILLE, KY 42748	61-6001298	501(C)3	4,000.	0.			\$4,000 FOR AUDIO LIBRARY AND ASSISTIVE TECHNOLOGY
LEXINGTON HEARING AND SPEECH CENTER INC - 350 HENRY CLAY BLVD. - LEXINGTON, KY 40502	61-0593951	501(C)3	6,000.	0.			\$6,000 FOR AUDITORY VERBAL THERAPY SERVICES
LIFESPRING INC 460 SPRING ST. JEFFERSONVILLE, IN 47130	35-1097350	501(C)3	2,766.	0.			\$2,766 FOR THERAPEUTIC BOOKS, TOYS, AND GAMES
LIGHTHOUSE PROMISE INC 5312 SHEPHERDSVILLE ROAD LOUISVILLE, KY 40228	61-1362760	501(C)3	3,500.	0.			\$3,500 FOR FAMILY AND CHILDREN'S PLACE COUNSELORS AND HEALTH AND BACK TO SCHOOL FAIR
LOUISVILLE CENTRAL COMMUNITY CENTERS, INC. - 1300 WEST MUHAMMAD ALI - LOUISVILLE, KY 40203	61-0590743	501(C)3	21,000.	0.			TOTAL GRANT AWARD \$21,000 - \$5,382 TO PURCHASE 6 CLINTON FAMILY PRACTICE TABLES, THE REMAINING
MADISON AREA EDUCATIONAL SPECIAL SERVICES UNIT - 702 ELM STREET - MADISON, IN 47250	35-1371543	501(C)3	6,000.	0.			\$6,000 FOR ANY ITEM ON GRANT LIST - SOUTHWESTERN HIGH SCHOOL ED CLASS EQUIPMENT, SOUTHWESTERN
MADISON CONSOLIDATED SCHOOLS 2421 WILSON AVE. MADISON, IN 47250	35-6002609	501(C)3	30,000.	0.			\$30,000 FOR ANY ITEM ON GRANT LIST FOR SENSORY MOTOR THERAPEUTIC INTERVENTIONS

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MAKE-A-WISH FOUNDATION OF OHIO KENTUCKY AND INDIANA INC - 1230 LIBERTY BANK LANE - LOUISVILLE, KY 40222	34-1471131	501(C)3	9,000.	0.			\$9,000 FOR WISH MEDICAL ASSISTANCE
MARION COUNTY BOARD OF EDUCATION 755 EAST MAIN STREET LEBANON, KY 40033	61-6001309	GOVERNMENT	48,148.	0.			\$48,148 FOR BASIC SWAY FUN WITH RAMP, OPTIGEAR PANEL, FUN MIRROR PANEL, COLOR SPLASH PANEL &
MARYHURST, INC 1015 DORSEY LANE LOUISVILLE, KY 40223	31-1542209	501(C)3	25,000.	0.			\$25,000 TOTAL GRANT AWARD - \$17,000 TOWARDS SALARY FOR TREASURE HOME THERAPIST, AND \$8,000 FOR
MASONIC HOME OF KENTUCKY PEDIATRIC DAYCARE INC - 3701 FRANKFORT AVE. - LOUISVILLE, KY 40207	27-3248085	501(C)3	2,525.	0.			FULL GRANT! \$2,525 FOR ANY ITEM ON GRANT LIST - INCLUSIVE GYMNASTICS KIT, NO MESS ARTS & CRAFTS
MEADE COUNTY PUBLIC SCHOOLS 1155 OLD EKRON RD. BRANDENBURG, KY 40108	61-6001248	501(C)3	37,000.	0.			\$37,000 FOR A CLEAR TOUCH SCREEN AND STAND AND INTERACTIVE BOARD AND STAND
MEREDITH-DUNN LEARNING CENTER INC 3023 MELBOURNE AVE LOUISVILLE, KY 40220	23-7339248	501(C)3	20,000.	0.			\$20,000 FOR THE REVEAL & NUMBER WORLDS MATH PROGRAM
MIRACLE DANCER SCHOLARSHIP FOUNDATION INC - 9013 GALENE DRIVE - LOUISVILLE, KY 40299	26-3653751	501(C)3	10,500.	0.			\$10,500 FOR TUITION FEES, REGISTRATION FEES AND RECITAL FEES (NOT TO EXCEED AMOUNTS REQUESTED
MIRACLE LEAGUE OF LOUISVILLE INC 800 LILY CREEK RD., SUITE 102 LOUISVILLE, KY 40243	61-1740095	501(C)3	33,000.	0.			\$33,000 FOR RESTROOM RENOVATION FOR ACCESSIBILITY TO MLL BASEBALL LEAGUE PLAY
MISSION HOPE FOR KIDS INC 401 W. POPLAR ST. ELIZABETHTOWN, KY 42701	45-3975991	501(C)3	4,000.	0.			\$4,000 FOR SALARY FOR AN ACADEMIC INTERVENTIONIST(S)

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MONTGOMERY COUNTY SCHOOL DISTRICT 3400 INDIAN MOUND DRIVE MOUNT STERLING, KY 40353	61-6001331	501(C)3	30,000.	0.			\$30,000 FOR ANY ITEM ON GRANT LIST - ASSISTIVE TECHNOLOGY, STORAGE AND SCANNER FOR ASSISTIVE
MOUNTAIN COMPREHENSIVE CARE CENTER, INC. - 104 SOUTH FRONT AVENUE - PRESTONSBURG, KY 41653-1614	61-0663787	501(C)3	7,000.	0.			\$7,000 FOR SALARY FOR THE LOCAL RESOURCE COORDINATOR, ACTIVITY ADMISSIONS FOR YOUTH
NATIVITY ACADEMY AT ST BONIFACE INC - 529 EAST LIBERTY STREET - LOUISVILLE, KY 40202	51-0450314	501(C)3	27,000.	0.			\$27,000 FOR SALARY FOR AN ACADEMY SUPPORT COORDINATOR, PSYCHOLOGICAL AND
NELCASA INC PO BOX 726 BARDSTOWN, KY 40004	61-1101749	501(C)3	12,000.	0.			\$12,000 FOR VOLUNTEER COORDINATOR ANNUAL SALARY
NELSON COUNTY SCHOOLS 288 WILDCAT LANE BARDSTOWN, KY 40004	61-6001240	501(C)3	13,000.	0.			\$13,000 FOR APPLE IPADS AND PROTECTIVE CASES
NEW ALBANY FLOYD COUNTY CONSOLIDATED SCHOOL CORPORATION - 2801 GRANT LINE ROAD - NEW ALBANY, IN 47150	35-6005953	GOVERNMENT	31,000.	0.			\$31,000 FOR RESOUND-HEARING EQUIPMENT, SONOVA USA INC (PHONAK)- HEARING EQUIPMENT, LAKESHORE
NEW BEGINNINGS THERAPEUTIC RIDING, INC. - 600 B BILL FERGUSON RD - BOWLING GREEN, KY 42101	61-1312304	501(C)3	10,000.	0.			\$10,000 FOR INSTRUCTOR PAY AND EQUINE ASSISTED ACTIVITIES AND THERAPIES LESSONS
NEWPORT INDEPENDENT SCHOOL DISTRICT EDUCATIONAL FOUNDATION INC - 30 W. 8TH STREET - NEWPORT, KY 41071	35-2381458	501(C)3	12,000.	0.			\$12,000 FOR ANY ITEM ON GRANT LIST - SNOEZELEN SENSORY MAGIC STARTER SYSTEMS, SHIMMERING LIGHT
NORTHERN KENTUCKY CHILDRENS LAW CENTER INC - 1002 RUSSELL STREET - COVINGTON, KY 41011	61-1167352	501(C)3	12,000.	0.			\$12,000 FOR HOLISTIC LEGAL SERVICES FOR SPECIAL NEEDS CHILDREN IN LOUISVILLE AREA

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NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES - 5516 EAST ALEXANDRIA PIKE - COLD SPRING, KY 41076	61-1106680	501(C)3	3,500.	0.			\$3,500 FOR ANY ITEM ON GRANT LIST - EYEGAZE SYSTEM FOR TABLET DEVICE, LARGE SCREEN TABLET
NORTON CHILDREN'S MEDICAL GROUP 4967 US HIGHWAY 42, SUITE 100 LOUISVILLE, KY 40222	84-2411303	501(C)3	55,000.	0.			TOTAL GRANT \$55,000 (DESIGNATE \$40,800 FOR ITEM 1 THE NEUROFEEDBACK EQUIPMENT - AND THE
OLDHAM COUNTY BOARD OF EDUCATION 1900 BUTTON LANE LAGRANGE, KY 40031	61-6001306	501(C)3	60,000.	0.			\$60,000 FOR ASSISTIVE TECHNOLOGY, CURRICULUM AND INSTRUCTION FOR HIGHLY STRUCTURED
ORANGE COUNTY REHABILITATIVE AND DEVELOPMENTAL SERVICES INC - 986 WEST HOSPITAL ROAD - PAOLI, IN 47454	35-1160833	501(C)3	22,000.	0.			\$22,000 FOR PLAYGROUP, TOT BOX, INCLUDING PACKAGING, EDUCATIONAL BOOKS, ACTIVITY BOOKLETS,
ORCHID HOUSE INC. 5215 COMMERCE CROSSINGS DRIVE LOUISVILLE, KY 40229	82-2976438	501(C)3	10,000.	0.			\$10,000 TOTAL GRANT AWARD - \$6,000 FOR SALARIES AND \$4,000 FOR EDUCATIONAL & THERAPY SUPPLIES, MEDICAL
OUR LADY OF PROVIDENCE HIGH SCHOOL 707 PROVIDENCE WAY CLARKSVILLE, IN 47129	35-0894977	501(C)3	16,000.	0.			\$16,000 FOR CPU DEVICES AND MONITOR TO POWER VIRTUAL REALITY DEVICES AND VIRTUAL REALITY
OWEN COUNTY SCHOOL DISTRICT 1600 HWY 22 EAST OWENTON, KY 40359	61-6001340	501(C)3	5,000.	0.			\$5,000 FOR ANY ITEM ON GRANT LIST - SECOND STEPS KINDERGARTEN KIT, LICENSE, EARLY LEARNING
OWENSBORO DANCE THEATER INC 2705 BRECKENRIDGE STREET OWENSBORO, KY 42303	61-1040701	501(C)3	14,000.	0.			\$14,000 FOR ANY ITEM ON GRANT LIST - DANCE CLASSES AT AREA SCHOOLS, WENDELL FOSTER CENTER,
OWENSBORO HEALTH FOUNDATION INC PO BOX 22505 OWENSBORO, KY 42304	61-1251763	501(C)3	15,000.	0.			\$15,000 FOR ANY ITEM ON GRANT LIST - TURTLETUBS, CARTS, AND BLANKETS - ALL SIZES (NOT TO EXCEED

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
PAOLI COMMUNITY SCHOOL CORPORATION 301 ELM ST. PAOLI, IN 47454	35-1102768	501(C)3	45,000.	0.			\$45,000 FOR ANY ITEM ON GRANT LIST - THERAPEUTIC PLAYGROUND, THERAPEUTIC PLAYGROUND EQUIPMENT,
PAWS WITH PURPOSE, INC. P.O. BOX 5458 LOUISVILLE, KY 40255	20-0681397	501(C)3	19,000.	0.			\$19,000 FOR ANY ITEM ON GRANT LIST - SALARY FOR DIRECTOR OF TRAINING AND TRAINING ASSISTANTS, AND
PERSONAL COUNSELING SERVICE, INC. 1205 APPELGATE LANE CLARKSVILLE, IN 47129	31-0919635	501(C)3	20,000.	0.			\$20,000 FOR ANY ITEM ON GRANT LIST - CO-PAYS FOR INDIVIDUAL THERAPY, MUSIC THERAPY, PLAY THERAPY
PERSONAL COUNSELING SERVICE, INC. 1205 APPELGATE LANE CLARKSVILLE, IN 47129	31-0919635	501(C)3	45,000.	0.			\$45,000 FOR ITEM #3 - THE MUSIC THERAPY PLAYGROUND - REQUEST CRUSADE SIGNAGE ON PLAYGROUND
PITT ACADEMY 7515 WESTPORT ROAD LOUISVILLE, KY 40222	23-7066205	501(C)3	8,031.	0.			FULL GRANT!!! \$8,030.78 FOR RELATED ARTS ITEMS AND LIFE SKILLS ITEMS
PROJECT CAMP INC 1501 BURNLEY ROAD SCOTTSVILLE, KY 42164	20-1789905	501(C)3	40,000.	0.			\$40,000 FOR ANY ITEM ON GRANT LIST - CAMPER SPONSORSHIPS FOR KENTUCKY AND INDIANA CHILDREN AND
PROVIDENCE SELF SUFFICIENCY MINISTRIES INC - 8037 UNRUH DRIVE - GEORGETOWN, IN 47122	35-1947580	501(C)3	13,000.	0.			\$13,000 FOR PLAYGROUND EQUIPMENT
PUZZLE PIECES INC 2401 NEW HARTFORD ROAD OWENSBORO, KY 42303	45-3042804	501(C)3	18,000.	0.			\$18,000 FOR FULL TIME DIRECT SUPPORT PROFESSIONALS AND PART TIME DIRECT SUPPORT
RACHELS FUN FOR EVERYONE PROJECT 118 PIEDMONT VINE GROVE, KY 40175	46-3267962	501(C)3	12,000.	0.			\$12,000 FOR THE FLASH FLOOD EQUIPMENT FOR THE SPLASH PAD

Schedule I (Form 990)

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RAUCH INC 1045 PARK PLACE NEW ALBANY, IN 47150	35-1011521	501(C)3	14,000.	0.			\$14,000 FOR THERAPEUTIC DEVELOPMENTAL INTERVENTION THERAPIES
ROCKCASTLE COUNTY HOSPITAL INC 145 NEWCOMB AVE. MOUNT VERNON, KY 40456	61-0523304	501(C)3	30,000.	0.			\$30,000 FOR ANY ITEM ON GRANT LIST. HAMILTON MR1, BLADDER SCANNER, IN-PATIENT REHAB ITEMS,
ROMAN CATHOLIC BISHOP OF LOUISVILLE ARCHDIOCESE OF LOUISVILLE - 3940 POPLAR LEVEL ROAD - LOUISVILLE, KY 40213-1463	61-0447247	501(C)3	41,000.	0.			\$41,000 FOR FLEXIBLE DESKS, FLEXIBLE SEATING, SOUND SYSTEMS, SENSORY MATERIALS, CURRICULUM
SAINT JOSEPH BEREHA HOSPITAL FOUNDATION, INC. - 1451 HARRODSBURG ROAD, SUITE D-308 - LEXINGTON, KY 40504	26-0152877	501(C)3	19,500.	0.			\$19,500 FOR GLIDESCOPE AND DEFIBRILLATORS
SAINT JOSEPH LONDON FOUNDATION INC 1451 HARRODSBURG ROAD, SUITE D-308 LEXINGTON, KY 40504	26-0438748	501(C)3	40,000.	0.			\$40,000 FOR GE FETAL MONITORS AND GCX FETAL CARTS
SAINT JOSEPH MOUNT STERLING FOUNDATION INC - 1451 HARRODSBURG ROAD, SUITE D-308 - LEXINGTON, KY 40504	27-2884584	501(C)3	47,000.	0.			\$47,000 FOR ITEM #1 - PANDA BEDDED WARMERS - NO FUNDING FOR CARESCAPE MONITORS
SEVEN COUNTIES SERVICES, INC.FKA CENTERSTONE OF KENTUCKY INC PARTIAL CAPITAL - 10401 LINN STATION RD., SUITE 100 -	31-0939757	501(C)3	148,500.	0.			\$148,500 FOR ITEMS 1-3 - SALARIES FOR EDUCATION STAFF, SALARIES FOR DSD SERVICES, TECHNOLOGY FOR
SHELBY COUNTY PUBLIC SCHOOLS 1155 MAIN ST SHELBYVILLE, KY 40065-1419	61-6001356	501(C)3	74,000.	0.			\$74,000 FOR TRANSITION / CURRICULUM, ASSISTIVE TECHNOLOGY, OCCUPATIONAL / PHYSICAL THERAPY, AND
SILVER CREEK SCHOOL CORPORATION NEW GRANT - MERGED SCHOOLS - 601 RENZ AVE - SELLERSBURG, IN 47172	85-1455065	501(C)3	20,000.	0.			\$20,000 FOR DIGITAL LEARNING SYSTEMS, PROJECT DISCOVERY KITS FOR TRANSITION, ATTAINMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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SOCIETY OF ST VINCENT DE PAUL COUNCIL OF LOUISVILLE ST. VINCENT DE PAUL LOUISVIL - 1015-C SOUTH PRESTON ST - LOUISVILLE, KY 40203	61-0727110	501(C)3	15,000.	0.			\$15,000 FOR PART-TIME YOUTH DEVELOPMENT SPECIALIST
SOUTH CENTRAL AREA SPECIAL EDUCATION COOPERATIVE - 600 ELM STREET SUITE 2 - PAOLI, IN 47454	31-0986767	501(C)3	13,250.	0.			\$13,250 FOR CURRICULUM-11 SITES(UNIQUE LEARNING SYSTEMS BUNDLE, POSITIVITY BUNDLE,
SOUTH CENTRAL KENTUCKY KIDS ON THE BLOCK INC KENTUCKY KIDS ON THE BLOCK INC - 958 COLLETT AVE #100 - BOWLING GREEN, KY 42101	61-1164527	501(C)3	2,487.	0.			\$2,487.00 FOR A SET OF ACCEPTING DIFFERENCE PUPPETS
SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF KENTUCKY INC SAFY OF KENTUCKY - 1169 EASTERN PARKWAY, SUITE 3364 - LOUISVILLE,	26-1641642	501(C)3	3,000.	0.			\$3,000 FOR ANY ITEM ON GRANT LIST - BOOKS ON TRAUMA AND HEALING, TRAUMA RELATED GAMES AND
SPENCER COUNTY PUBLIC SCHOOLS 110 REASOR AVENUE TAYLORSVILLE, KY 40071	61-6001367	GOVERNMENT	30,000.	0.			\$30,000 FOR TECHNOLOGY (MINI LAPTOPS, DELL LAPTOPS, IPADS AND PRINTERS)
SPINA BIFIDA ASSOCIATION OF KENTUCKY INC KOSAIR CHARITIES CENTRE - 982 EASTERN PARKWAY, BOX 18 - LOUISVILLE, KY 40217	31-1081176	501(C)3	15,000.	0.			\$15,000 FOR SALARY FOR ONE PROGRAM STAFF, FUNDS FOR FINANCIAL ASSISTANCE FUND, PLAY PALS, GROWING
ST FRANCIS HIGH SCHOOL INC ST. FRANCIS SCHOOL CAPITAL AND PROJECT - 11000 US HWY 42 - GOSHEN, KY 40026	31-0896538	501(C)3	18,800.	0.			TOTAL GRANT AWARD \$18,800 - \$3,800 FOR ITEMS 2 AND 3 - CHROME BOOKS AND TLC CURRICULUM NEEDS AND
ST JOSEPH HOSPITAL FOUNDATION INC THE WOMEN'S HOSPITAL AT SAINT JOSEPH EAST - 1451 HARRODSBURG ROAD, SUITE D-308 - LEXINGTON, KY	61-1159649	501(C)3	24,000.	0.			\$24,000 FOR ITEM #2 - PANDA BEDDED WARMER - NO INSTALLATION OR SHIPPING EXPENSES
ST JOSEPHS CATHOLIC ORPHAN SOCIETY, ST JOSEPH CHILDRENS HOME, ST. JOE'S/CAPITAL - 2823 FRANKFORT AVE - LOUISVILLE, KY	61-0475286	501(C)3	50,000.	0.			\$50,000 FOR GENERAL CAMPAIGN EXPENSES FOR RENOVATION OF FACILITIES THAT INCLUDES RENOVATING

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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ST JOSEPHS CATHOLIC ORPHAN SOCIETY, ST JOSEPH CHILDRENS HOME, ST. JOE'S/ANNUAL F - 2823 FRANKFORT AVE - LOUISVILLE, KY	61-0475286	501(C)3	25,000.	0.			\$25,000 FOR ANY ITEM ON GRANT LIST - NURSE SALARY, MEDICAL SUPPLIES, PSYCHOLOGICAL TESTING,
STAGE ONE THE LOUISVILLE CHILDRENS THEATRE INC - 315 W MARKET ST, STE 2S - LOUISVILLE, KY 40202	61-0466715	501(C)3	6,000.	0.			\$6,000 FOR ANY ITEM ON GRANT LIST - SALARY FOR EDUCATION AND ARTISTIC PERSONNEL, DISTRIBUTION
SUMMIT ACADEMY OF GREATER LOUISVILLE INC. - 11508 MAIN ST - LOUISVILLE, KY 40243	61-1214457	501(C)3	15,000.	0.			\$15,000 FOR THE INSPIRE SCIENCE CURRICULUM, LEVELS K-5
SUNRISE CHILDRENS SERVICES, INC. VAN - 300 HOPE STREET - MT. WASHINGTON, KY 40047	61-0597273	501(C)3	16,000.	0.			\$16,000 FOR A USED 12-PASSENGER VAN
T J SAMSON COMMUNITY HOSPITAL PARTIAL CAPITAL - 310 NORTH L ROGERS WELLS BLVD. - GLASGOW, KY 42141	61-0461767	501(C)3	46,600.	0.			\$46,600 FOR ITEMS 1 AND 2 - IECE CERTIFIED EARLY INTERVENTION SPECIALIST AND EARLY INTERVENTION
TAYLOR COUNTY BOARD OF EDUCATION 1209 E. BROADWAY CAMPBELLSVILLE, KY 42718	61-6001256	GOVERNMENT	45,000.	0.			\$45,000 FOR ANY ITEM ON GRANT LIST - SALARY FOR CERTIFIED SPECIAL EDUCATION RECOVERY
THE DE PAUL SCHOOL INC 1925 DUKER AVE LOUISVILLE, KY 40205	61-0711082	501(C)3	25,000.	0.			\$25,000 FOR SALARY FOR 2 INTERNS
THE MORTON CENTER INC 1028 BARRET AVE LOUISVILLE, KY 40204	31-1068020	501(C)3	25,000.	0.			\$25,000 FOR INDIVIDUAL ART THERAPY SESSION FOR CHILDREN 6-13 AND 13-18
THE REATH CENTER INC 55 HERITAGE DR. CAMPBELLSVILLE, KY 42718	20-4464384	501(C)3	7,000.	0.			\$7,000 FOR SCHOLARSHIPS, INSTRUCTOR SALARY AND SADDLE

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UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL - LEXINGTON, KY 40506	61-6033693	501(C)3	60,000.	0.			\$60,000 FOR ANY ITEM ON GRANT LIST - HAMILTON-T1 VENTILATORS, AMPLITUDE INTEGRATED EEG MONITORING
UNIVERSITY OF LOUISVILLE FOUNDATION INC UOFL - PEACE HOSPITAL - PARTIAL CAPITAL - 215 CENTRAL AVENUE - LOUISVILLE, KY	23-7078461	501(C)3	18,041.	0.			\$18,041 FOR ANY ITEM ON GRANT LIST - LABOR FOR ROOM BUILD, ROOF SHADE STRUCTURE, FUJIPA ROLLER
UNIVERSITY OF LOUISVILLE FOUNDATION INC UOFL-PEDIATRIC NEURORECOVERY PROGRAM - 215 CENTRAL AVENUE - LOUISVILLE, KY	23-7078461	501(C)3	50,000.	0.			\$50,000 FOR ANY ITEM ON GRANT LIST - HEADPOD, PEDIATRIC STANDERS, COMETA ELECTROMYOGRAPHY
UNIVERSITY OF LOUISVILLE FOUNDATION INC UOFL HEALTH KNOWLEDGE AND SELF-ADVOCACY - 215 CENTRAL AVENUE - LOUISVILLE, KY	23-7078461	501(C)3	20,500.	0.			\$20,500 FOR START-UP SALARIES FOR ITEMS 1-3 - HEALTH LITERACY PROFESSIONAL, PHYSICIAN,
UNIVERSITY OF LOUISVILLE FOUNDATION INC UOFL PSYCHOLOGY - 215 CENTRAL AVENUE - LOUISVILLE, KY 40208	23-7078461	501(C)3	20,500.	0.			\$20,500 FOR ANY ITEM ON GRANT LIST - SALARY LICENSED CLINICAL PSYCHOLOGIST, CLINICAL
UNIVERSITY OF LOUISVILLE FOUNDATION INC UOFL HOSPITAL CTR FOR WOMEN & INFANTS - 215 CENTRAL AVENUE - LOUISVILLE, KY 40208	23-7078461	501(C)3	110,000.	0.			\$110,000 FOR GE PANDA INFANT WARMER, PHILLIPS NEONATAL CARDIORESPIRATORY
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION INC UOFL - SPECIAL EDUCATION SCHOLA - UNIVERSITY OF LOUISVILLE, MUSIC THERAPY CLINIC,	61-1029626	501(C)3	20,000.	0.			\$20,000 FOR PARTIAL TUITION SUPPORT FOR SPECIAL EDUCATION STUDENTS. WE ARE
VINCENNES COMMUNITY SCHOOL CORPORATION - 1545 SOUTH HART STREET ROAD - VINCENNES, IN 47591	35-1072159	GOVERNMENT	13,500.	0.			\$13,500 FOR SALARIES AND BOARDMAKER ONLINE SUBSCRIPTION, COMMUNICATION BOARDS,
VISUALLY IMPAIRED PRESCHOOLERS SERVICES OF GREATER LOUISVILLE, INC. VIPS LEXINGT - 350 HENRY CLAY BLVD - LEXINGTON, KY 40502	61-1061973	501(C)3	50,000.	0.			\$50,000 FOR ANY ITEM ON GRANT LIST - SALARIES FOR TEACHER AND DEVELOPMENTAL INTERVENTIONIST (NOT TO

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VISUALLY IMPAIRED PRESCHOOLERS SERVICES OF GREATER LOUISVILLE, INC. VIPS LOUISVI - 350 HENRY CLAY BLVD - LEXINGTON, KY 40502	61-1061973	501(C)3	95,000.	0.			\$95,000 FOR ANY ITEM ON GRANT LIST - SALARIES FOR TEACHERS, CERTIFIED ORIENTATION & MOBILITY
VISUALLY IMPAIRED PRESCHOOLERS SERVICES OF GREATER LOUISVILLE, INC. VIPS - IN - - 350 HENRY CLAY BLVD - LEXINGTON, KY 40502	61-1061973	501(C)3	58,000.	0.			TOTAL AWARD \$58,000 - FOR SALARIES FOR TEACHERS/INTERVENTIONISTS AND FOR THE FAMILY
VOLUNTEERS OF AMERICA MID-STATES, INC - 570 SOUTH 4TH STREET, STE.100 - LOUISVILLE, KY 40202	61-0480950	501(C)3	35,000.	0.			\$35,000 FOR CHILDREN'S SERVICES COORDINATOR SALARY AND CLINICAL FAMILY/CHILD THERAPIST
WASHINGTON COUNTY SCHOOLS 120 MACKVILLE HILL SPRINGFIELD, KY 40069	61-6001364	501(C)3	10,000.	0.			\$10,000 FOR PORTABLE TECHNOLOGY (CHROME BOOK, IPOD TOUCH, LAPTOP)
WAYNE COUNTY HOSPITAL INC 166 HOSPITAL STREET MONTICELLO, KY 42633	61-0847215	501(C)3	1,634.	0.			FULL GRANT! \$1,634.27 FOR ANY ITEM ON GRANT LIST - DEVELOPMENTAL PROFILE 4TH EDITION, ARK
WENDELL FOSTERS CAMPUS FOR DEVELOPMENTAL DISABILITIES INC - 815 TRIPLETT STREET - OWENSBORO, KY 42303	61-0490868	501(C)3	5,700.	0.			\$5,700 FOR BIODEX BALANCE SYSTEM SD - NO FUNDING ALLOWED FOR SHIPPING EXPENSES.
WESTERN KENTUCKY UNIVERSITY KELLY AUTISM PROGRAM (KAP) - 1906 COLLEGE HEIGHTS BLVD. - BOWLING GREEN, KY 42101	61-6055628	501(C)3	25,000.	0.			\$25,000 FOR GRADUATE ASSISTANTS IN THE ACADEMIC YEAR AND SUMMER AND INDIVIDUAL KAP
WESTERN KENTUCKY UNIVERSITY RENSHAW EARLY CHILDHOOD CENTER (RECC) - 1906 COLLEGE HEIGHTS BLVD. - BOWLING GREEN, KY 42101	61-6055628	501(C)3	40,000.	0.			\$40,000 FOR EARLY CHILDHOOD TEACHER AND INDIVIDUAL RECC FEES/SCHOLARSHIP
WESTERN KENTUCKY UNIVERSITY SCHOLARSHIPS - 1906 COLLEGE HEIGHTS BLVD. - BOWLING GREEN, KY 42101	61-6055628	501(C)3	23,000.	0.			\$23,000.00 FOR GRADUATE AND UNDERGRADUATE SCHOLARSHIPS. WE ARE GRATEFUL FOR AN ENDOWED

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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WHITLEY COUNTY BOARD OF EDUCATION 300 MAIN STREET WILLIAMSBURG, KY 40769	61-6001378	501(C)3	1,701.	0.			FULL GRANT! \$1,701.33 FOR LIGHT CUBES, LIGHTBOX ACTIVITIES, AND BRAILLE BOOKS (NOT TO EXCEED
WILDERNESS TRACE CHILD DEVELOPMENT CENTER CORPORATION - 409 STEWARTS LN N - DANVILLE, KY 40422-8825	61-1230722	501(C)3	7,072.	0.			\$7,072 FOR ANY ITEM ON GRANT LIST - SALARY FOR A SPEECH THERAPIST AND OCCUPATIONAL THERAPIST,
WOODFORD COUNTY PUBLIC SCHOOLS 330 PISGAH PIKE VERSAILLES, KY 40383	61-6001372	501(C)3	9,000.	0.			\$9,000 FOR ANY ITEM ON GRANT LIST - INTENSIVE RESEARCH-BASED MATH INSTRUCTION/CURRICULUM
YOUNG ADULT DEVELOPMENT IN ACTION YOUTHBUILD LOUISVILLE - 800 SOUTH PRESTON STREET - LOUISVILLE, KY 40203	61-1374470	501(C)3	5,000.	0.			\$5,000 FOR ANY ITEM ON GRANT LIST - PRACTICUM STUDENT STIPEND, PENN FOSTER, AND PREVIOUSLY
YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE YMCA - 545 S. 2ND ST. - LOUISVILLE, KY 40202	61-0444843	501(C)3	40,000.	0.			\$40,000 TOTAL GRANT AWARD. \$12,500 FOR YMCA SAFE PLACE SERVICES - 3 YOUTH WORKERS; \$10,000
YOUTH ADVOCATE PROGRAMS	23-1977514	501(C)3	9,000.	0.			\$9,000 TOWARDS SALARY FOR ONE LOCAL YOUTH ADVOCATE, MUST MEET PROGRAM GUIDELINES FOR REQUESTING
YOUTH ETHICS AND SKILLS CENTER INC 3812 WEST BROADWAY LOUISVILLE, KY 40211	26-2737625	501(C)3	6,700.	0.			\$6,700 FOR ITEMS 1, 2 AND 3 ON THE GRANT LIST (SOFTWARE, PROGRAM FACILLITATORS, AND
YOUTH LINK SOUTHERN INDIANA FKA COMMUNITIES IN SCHOOLS OF CLARK COUNTY, INC. - 4403 HAMBURG PIKE SUITE C - JEFFERSONVILLE, IN	32-0015379	501(C)3	9,500.	0.			\$9,500 FOR CONTRACT WITH CENTERSTONE FOR THERAPISTS

**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: \$39,000 FOR ANY ITEM ON GRANT LIST -

CAPPUCCINO BEVERAGE SYSTEM-5 HOPPER, COFFEE GRINDER, COFFEE BREWER,

SUPPLIES/SHELVING FOR COFFEE SHOP, ETC. AND PLAYGROUND EQUIPMENT - NO

FUNDING ALLOWED FOR INSTALLATION. (NOT TO EXCEED FUNDING REQUESTED FOR

EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN PRINTING HOUSE FOR THE BLIND INC AMERICAN PRINTING HOUSE FOR THE BL

(H) PURPOSE OF GRANT OR ASSISTANCE: \$9,000 FOR ANY ITEM ON GRANT LIST

FOR BRAILLE TALES BOOKS FOR CHILDREN IN KENTUCKY AND SOUTHERN INDIANA

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICANA COMMUNITY CENTER INC PARTIAL CAPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: \$8,000 FOR SALARY FOR A YOUTH

PROGRAMS EMPLOYEE, TECHNOLOGY SUPPLIES, AND CREATIVE ARTS SUPPLIES AND

CAPITAL EXPENSE TO REPAIR AND MAINTAIN PROGRAM SPACE. NO FUNDING ALLOWED

FOR FIELD TRIP TRANSPORTATION. (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH

LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: ANCHORAGE INDEPENDENT SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: \$25,000 FOR ITEMS 1-6 --- (RIFTON

ACTIVITY HIGH LOW CHAIRS, LECKEY PAL CLASSROOM SEAT, RIFTON STANDERS,

PLAYGROUND ADAPTATIONS, SENSORY CHAIR FOR THE SNOEZELEN ROOM, INTERACTIVE

**Part IV Supplemental Information**

PANEL/TABLE) AMOUNTS NOT TO EXCEED THE REQUESTED LINE ITEM AMOUNTS. NO

AWARD FOR ITEMS 7 AND 8, SOCIAL SKILLS CONSULTANT AND PARA EDUCATIONAL

INSTRUCTIONAL ASSISTANT.

NAME OF ORGANIZATION OR GOVERNMENT: APPALACHIAN REGIONAL HEALTHCARE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$14,500 FOR ANY ITEM ON GRANT LIST -

RIFTON ACTIVITY CHAIR, ACTIVITY PANELS, SOUTHPAW SMALL ROCKER BOARD, FUN

AND FUNCTION GEL FLOOR TILE, WEEKIDS BALANCE BEAM, VIKING TRICART

TRICYCLE, LEARNING CROCODILE ACTIVITY WALL PANEL, AND HANDWRITING W/OUT

TEARS MATERIALS, ETC. (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE

ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: ASBURY UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: \$20,000 GRANT AWARD FOR ASBURY

UNIVERSITY SCHOOL OF EDUCATION SCHOLARSHIP FUND. WE ARE GRATEFUL FOR AN

ENDOWED GIFT FROM KOSAIR CHARITIES THAT MAKES A PORTION OF THIS GRANT

POSSIBLE.

NAME OF ORGANIZATION OR GOVERNMENT:

BAPTIST HEALTH FOUNDATION GREATER LOUISVILLE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$100,000 FOR ANY ITEM ON GRANT LIST

- OXYGEN BLENDERS, PANDA WARMERS, LD BIRTHING BEDS, LD BIRTHING BEDS,

INFANT TRANSPORTER, AND PORTABLE SPO2 MONITORS (NOT TO EXCEED AMOUNTS

REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

BAPTIST HEALTH FOUNDATION HARDIN FKA HARDIN MEMORIAL HOSPITAL FOUNDATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$88,000 FOR ANY ITEM ON GRANT LIST -

**Part IV Supplemental Information**

GLIDESCOPIES, SYRINGE PUMPS, NARA BASSINETS, PORTABLE CARDIAC RESPIRATORY

MONITORS, DISTRACTION RESOURCES FOR PEDS IN THE ED, PEDIATRIC THERAPY

EQUIPMENT AND RESOURCES, CALMING AND POSITION RESOURCES FOR NICU, AND

RESOURCES FOR PEDS IN ED (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE

ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

BAPTIST HEALTH FOUNDATION MADISONVILLE INC

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

PEDIATRIC THERAPY CARE EXPANSION EQUIPMENT, REPLACEMENT EQUIPMENT, FAST

FLOW WARMER RAPID FLUID INFUSER, NOVI WIRELESS FETAL MONITORING SYSTEMS,

AND PANDA IRES BEDDED WARMER (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH

LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: BAPTIST HEALTH FOUNDATION PADUCAH INC

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

SKYLIFE PHOTOTHERAPY SYSTEM, CLOUD COVER PLUS, CLOUD COVER, EMI SKIN TO

SKIN WRAPS - ALL SIZES (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE

ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

BATH COUNTY SCHOOLS CROSSROADS ELEMENTARY SCHOOL BATH COUNTY BOARD OF EDUCAT

(H) PURPOSE OF GRANT OR ASSISTANCE: \$10,000 FOR ITEMS 1-3 - TEACH TOWN

BASICS, TEACHTOWN SOCIAL SKILLS TEACHER SUBSCRIPTION, TEACHTOWN ENCORE

STUDENT LICENSES - (NO MONIES ALLOWED FOR ITEM 4-TEACHTOWN PROFESSIONAL

TRAINING FOR STAFF) (NOT TO EXCEED FUNDING REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:



**Part IV Supplemental Information**

BELLARMINI UNIVERSITY BELLARMINI - SCHOLARSHIPS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$18,000 FOR PARTIAL TUITION

SCHOLARSHIPS TO STUDENTS SEEKING SPECIAL EDUCATION TEACHING

CERTIFICATION. WE ARE GRATEFUL FOR AN ENDOWED GIFT FROM KOSAIR CHARITIES

THAT MAKES A PORTION OF THIS GRANT POSSIBLE.

NAME OF ORGANIZATION OR GOVERNMENT:

BELLARMINI UNIVERSITY BELLARMINI - KIDS ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: \$75,000 TOTAL GRANT AWARD (\$35,000

FOR ITEMS 1-3 ON GRANT LIST: ICANBIKE CAMP, GOBABYGO, VUZIX AR SMART

GLASSES) (\$35,000 FOR ITEMS 4-7 FITLIGHT TRAINER, 4DMOTION CAPTURE

SYSTEM, POWERDOT FUNCTIONAL ESTIM PACKAGE, TREXO ROBOTICS TRAINER) AND

(\$5,000 FOR ITEM 8- OTHER ASSISTIVE TECHNOLOGY) - NO FUNDING FOR

ACTIVATION FEES, FACILITIES COSTS, T-SHIRTS OR SNACKS

NAME OF ORGANIZATION OR GOVERNMENT:

BIG BROTHERS BIG SISTERS OF KENTUCKIANA INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$7,000 FOR SALARY FOR MATCH SUPPORT

STAFF, ENROLLMENT STAFF, AND MENTOR RECRUIT/SCREEN/TRAIN STAFF (NOT TO

EXCEED AMOUNT REQUESTED FOR EACH LINE ITEM)

NAME OF ORGANIZATION OR GOVERNMENT:

BLUEGRASS THERAPY AND EQUINE CENTER INC NEW GRANT

(H) PURPOSE OF GRANT OR ASSISTANCE: \$4,000 FOR ITEM1 FOR HIPPO-THERAPIST

SALARY PART/TIME, NO FUNDING FOR PURCHASE OF A HORSE. CRUSADE SIGNAGE

REQUESTED TO BE DISPLAYED AS A SPONSOR OF HIPPO-THERAPY.

NAME OF ORGANIZATION OR GOVERNMENT: BOONE COUNTY PUBLIC SCHOOLS

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: \$18,000 FOR ITEMS 1-7 ON GRANT LIST

- SELF REGULATION WITH SUPERFLEX ALL IN ONE BUNDLE, SHOULD I OR SHOULDN'T

I ELEMENTARY AND MIDDLE/HIGH, SKILLS STREAMING CHILDREN AND YOUTH WITH

HIGH FUNCTIONING AUTISM, FLIPP THE SWITCH: STRENGTHEN EXECUTIVE FUNCTION

SKILLS, THINK SOCIAL, AND TIME TIMER ORIGINAL (NO FUNDING ALLOWED FOR

ITEM 8 -PROMOTING EXECUTIVE FUNCTION IN THE CLASSROOM) (NOT TO EXCEED

AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

BORDEN-HENRYVILLE SCHOOL CORPORATION NEW GRANT - MERGED SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$10,000 FOR ITEMS 1-4, AND ITEMS 6-8

TEACHTOWN BASICS SUBSCRIPTION, TEACHER SET, NEWS-2-YOU SUBSCRIPTION AND

UNIQUE LEARNING SYSTEM SUBSCRIPTION, COMPRESSION VESTS, ON THE GO SWING

FRAME, AND SENSORY WRAP SWING - NO AWARD FOR ITEM 5 THE COMPREHENSIVE

VIRTUAL IMSE ORTON-GILLINGHAM TRAINING (NOT TO EXCEED AMOUNTS REQUESTED

FOR EACH LINE ITEM)

NAME OF ORGANIZATION OR GOVERNMENT:

BOY SCOUTS OF AMERICA LINCOLN HERITAGE COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: \$12,000 GRANT AWARD FOR ITEMS 1-5

AND 7. (ACCESSIBLE BUS TRANSPORTATION, HANDICAPPED ACCESSIBLE PORTABLE

TOILETS, ARTS & CRAFTS SUPPLIES, BUBBLE BUG (SENSORY VEHICLE), KENTUCKY

SCIENCE CENTER STATION, AND BOAT MAINTENANCE SUPPLIES FOR BOATS.) NO

FUNDS ALLOWED FOR ITEMS 6 AND 8: FISHING BAIT OR RECOGNITION PATCHES.

NAME OF ORGANIZATION OR GOVERNMENT: BULLITT COUNTY PUBLIC SCHOOLS

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

OCCUPATIONAL AND PHYSICAL THERAPY EQUIPMENT, ASSISTIVE TECHNOLOGY

**Part IV Supplemental Information**

MATERIALS, INSTRUCTIONAL MATERIALS, SPEECH AND LANGUAGE EQUIPMENT, ITEMS

FOR STUDENTS WITH VISUAL IMPAIRMENT (NOT TO EXCEED FUNDING REQUESTED FOR

EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: BURGIN BOARD OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL AWARD \$21,000 - (\$16,000 FOR

ITEMS 1-3 - AUDIOMETER, SPEECH MATERIALS, AND PRESCHOOL MATERIALS/CENTERS

AND \$5,000 FOR ITEM 4 - THE SOCIAL WORKER SALARY)

NAME OF ORGANIZATION OR GOVERNMENT: CAMP TESSA INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,000 FOR SALARIES FOR CAMP TESSA -

TEACHING EFFECTIVE SOCIAL SKILLS TO STUDENTS WITH AUTISM AND PROGRAM

COSTS

NAME OF ORGANIZATION OR GOVERNMENT: CAMP TESSA OF MEADE COUNTY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$4,000 FOR FIELD TRIPS, MUSIC

THERAPY, AND SUPPLIES, NO FUNDING ALLOWED FOR TRANSPORTATION AND CAMP

T-SHIRTS

NAME OF ORGANIZATION OR GOVERNMENT: CAMPBELLSVILLE INDEPENDENT SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$14,000 FOR ANY ITEM ON GRANT LIST -

CURRICULUM, MOTOR/SENSORY, AND TECHNOLOGY (NOT TO EXCEED FUNDING

REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

CEREBRAL PALSY KIDS CENTER KIDS CENTER FOR PEDIATRIC THERAPIES

(H) PURPOSE OF GRANT OR ASSISTANCE: \$20,000 FOR THE SPEECH-LANGUAGE

THERAPY PROGRAM. WE ARE GRATEFUL FOR AN ENDOWED GIFT IN MEMORY OF

**Part IV Supplemental Information**

BARBARA TEVIS MEYERS THAT MAKES A PORTION OF THIS GRANT POSSIBLE.

NAME OF ORGANIZATION OR GOVERNMENT:

CHILDRENS HOSPITAL FOUNDATION NORTON CHILDREN'S HOSPITAL EPILEPSY EQUIPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL GRANT AWARD \$280,111.10 -

(\$46,877.75 FOR ITEM 3 CURRY 8 SOFTWARE AND THE REMAINDER TO ITEMS 1 AND

2 - TRANSCRANIAL MAGNETIC STIMULATION, 256 CHANNEL AMPLIFIER, TWO

AMBULATORY EEGS, 4 BED EMU WITH PERSYST AND VIEWING STATIONS)

NAME OF ORGANIZATION OR GOVERNMENT:

CLARK COUNTY YOUTH SHELTER AND FAMILY SERVICES INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$15,000 FOR ITEMS 1-4 ON GRANT LIST

- SALARIES FOR FY YOUTH WORKER, PT YOUTH WORKER, RESIDENTIAL DIRECTOR,

AND CASE MANAGER. NO GRANT AWARD FOR ITEM 5 - CLINICAL SUPERVISION

CONTRACT

NAME OF ORGANIZATION OR GOVERNMENT:

CLOVERPORT INDEPENDENT SCHOOL DISTRICT

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

SALARY FOR PROGRAM ASSISTANTS, HANDICAP ACCESSIBLE VAN, AND PROGRAM

SOFTWARE UPDATES (NOT TO EXCEED FUNDING REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

COMMONWEALTH HEALTH FOUNDATION MED CENTER HEALTH FOUNDATION NEW GRANT

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

BILLISOFT SYSTEMS, NATUS NEOBLUE PHOTOTHERAPY LIGHTS, AND DISPOSABLE PAD

COVERS FOR BILLISOFT SYSTEM (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH

LINE ITEM.)

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: COMMONWEALTH THEATRE CENTER INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,600 FOR ANY ITEM ON THE GRANT

LIST - RESILIENCY RESIDENCY, DRAMA CLUB, THE PIGS AND THE WOLF

RESIDENCY, EMO CARDS, AND DRAMA CLUB SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY ACTION OF SOUTHERN INDIANA INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$21,000.00 FOR ANY ITEM ON GRANT

LIST - PLAYGROUND EQUIPMENT, RECTANGULAR PRESCHOOL TABLES, AND FOUR POST

SHADES PYRAMID

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY MEDICAL ASSOCIATES INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$58,000 TO SUPPORT SALARIES FOR

PSYCHOLOGISTS, SPEECH PATHOLOGIST, OCCUPATIONAL THERAPIST AND SOCIAL

WORKER AS COMPREHENSIVE SUPPORTS FOR CHILDREN WITH AUTISM SPECTRUM

DISORDER

NAME OF ORGANIZATION OR GOVERNMENT: CYSTIC FIBROSIS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$4,000 FOR CYSTIC FIBROSIS

SPECIALIZED PEDIATRIC CARE AND RESEARCH SUPPORT AT UNIVERSITY OF KENTUCKY

NAME OF ORGANIZATION OR GOVERNMENT: DOWN SYNDROME OF LOUISVILLE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$18,000 FOR ANY ITEM ON GRANT LIST -

SALARIES FOR DIRECTOR OF EDUCATIONAL & CLINICAL SERVICES, EDUCATION

DIRECTOR, SUMMER EDUCATION ENRICHMENT TEACHER, TEACHING ASSISTANTS,

BEHAVIOR THERAPIST AND SPEECH AND OCCUPATIONAL THERAPIST. (NOT TO EXCEED

AMOUNTS REQUESTED FOR EACH LINE ITEM.)

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT:

DOWN SYNDROME SUPPORT GROUP OF SOUTH CENTRAL KENTUCKY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$7,000 FOR ANY ITEM ON GRANT LIST

(SALARIES FOR A MUSIC THERAPIST, SPEECH THERAPIST, CLASSROOM AIDE,  
LAPTOPS AND PROJECTOR, COMMUNICATION DEVICES & AIDS, AND ZUMBINI  
CLASSROOM SUPPLIES)

NAME OF ORGANIZATION OR GOVERNMENT: DREAMS WITH WINGS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$7,000 FOR ANY ITEM ON GRANT LIST -

SALARIES (STAFF/BEHAVIOR/GUEST INSTRUCTORS), PROGRAM SUPPLIES (ART,  
SENSORY, PROGRAM), PROGRAM EQUIPMENT (HARDWARE/TECHNOLOGY, EXERCISE,  
COOKING, SENSORY, ART), AND SCHOLARSHIPS (NOT TO EXCEED THE AMOUNT  
REQUESTED FOR EACH LINE ITEM)

NAME OF ORGANIZATION OR GOVERNMENT: EASTER SEALS WEST KENTUCKY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$2,000 FOR ACTIVITY PANELS (SOUND

AND ACTIVITY), MOTOR PATHWAY MAT, AMAZON FIRE KIDS EDITION TABLET,  
NUMBERS AND COUNTING KIT, INSTRUMENTS FROM AROUND THE WORLD, BALANCE BAR  
WITH MIRRORS, AND LIQUID SENSORY WINDOWS - NO FUNDING ALLOWED FOR  
SHIPPING OR FREIGHT

NAME OF ORGANIZATION OR GOVERNMENT:

EASTERN KENTUCKY UNIVERSITY EKU SPECIAL EDUCATION SCHOLARSHIPS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$21,000 FOR SPECIAL EDUCATION

GRADUATE STUDENT SCHOLARSHIPS. WE ARE GRATEFUL FOR AN ENDOWED GIFT FROM  
KOSAIR CHARITIES THAT MAKES A PORTION OF THIS GRANT POSSIBLE.

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT:

EASTERN KENTUCKY UNIVERSITY EKU DEVELOPMENTAL DISABILITIES CLINIC AUTISM SOC

(H) PURPOSE OF GRANT OR ASSISTANCE: FULL GRANT! \$5,600.00 FOR

PSYCHOLOGY MASTERS OR GRAD STUDENT STIPEND AND OCCUPATIONAL THERAPY

MASTER'S OR GRAD STUDENT STIPEND

NAME OF ORGANIZATION OR GOVERNMENT: EMINENCE INDPENDENT SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: \$23,000 FOR ANY ITEM ON THE GRANT

LIST - MULTI-SENSORY CLASSROOMS, SENSORY ROOM ITEMS, TESTING MATERIALS

AND CURRICULUM, AND SENSORY ITEMS (NOT TO EXCEED FUNDING REQUESTED FOR

EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

EXPLOITED CHILDRENS HELP ORGANIZATION OF GREATER LOUISVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: \$10,250 TOTAL GRANT AWARD (\$5,000

FOR SALARY-PROGRAM COORDINATOR AND \$5,250 FOR PROGRAM MATERIALS)

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY & CHILDREN'S PLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: \$26,000 TOTAL GRANT AWARD. \$20,000

FOR SALARIES AND \$6,000 FOR ALL OTHER LINE ITEMS. (FORENSIC PEDIATRICIAN

SALARY, MENTAL HEALTH COUNSELOR SALARY, MEDICAL ASSISTANT SALARY, HANDS

COMM OUTREACH COORDINATOR, HANDS FAMILY SUPPORT WORKER, LANGUAGE

TRANSLATIONS SERVICES FOR HANDS, SUPPLIES AND LAB TESTING KITS AND ANNUAL

TRAINING FOR THERAPY DOG)

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY ARK INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$16,000 TOWARDS THE PULSE TEMPO

SURFACE MOUNT FOR THE SENSORY PLAY EQUIPMENT FOR CHILDREN OF ALL

**Part IV Supplemental Information**

ABILITIES - NO INSTALLATION EXPENSES OR FREIGHT CHARGES ALLOWED

NAME OF ORGANIZATION OR GOVERNMENT: FATHER MALONEYS BOYS HAVEN INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$74,000 TOWARDS SALARIES FOR A

LICENSED REGISTERED NURSE, LICENSED CLINICAL THERAPIST, AND MEDICAL

CONSULTATION FEES

NAME OF ORGANIZATION OR GOVERNMENT: FEAT OF LOUISVILLE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$13,500 TOTAL GRANT AWARD TOWARDS

ITEMS 1 AND 4 ON THE ITEMIZED LIST. (\$10,000 FOR SALARIES FOR DREAMS IN

MOTION STAFF/COUNSELORS AND \$3,500 FOR THE SALARY COST OF THE BEHAVIORAL

TECHNICIAN -GET YOUR FEAT WET.)

NAME OF ORGANIZATION OR GOVERNMENT:

FLAGET MEMORIAL HOSPITAL FOUNDATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$21,819.00 FOR THE FLAGET EMERGENCY

DEPARTMENT AND BIRTH CENTER IMPROVEMENTS (EMERGENCY DEPARTMENT REFRESH.)

CONSIDERATION OF THIS GRANT REQUIRES CRUSADE SIGNAGE IN THE EMERGENCY

ROOM. GRANT REQUESTS FOR PUBLIC SPACES GENERALLY FALL OUTSIDE THE

PREFERRED PARAMETERS OF THE CRUSADE; HOWEVER, SPECIAL CONSIDERATION WAS

GIVEN BASED ON THE CRUSADE'S RELATIONSHIP WITH THE NELSON COUNTY FIRE

DEPARTMENTS AND THE OPPORTUNITY TO MARKET THE CRUSADE LOGO. WE ASK THAT

FUTURE REQUESTS MORE CLEARLY TARGET DIRECT SERVICES FOR CHILDREN WITH

SPECIAL NEEDS.

NAME OF ORGANIZATION OR GOVERNMENT: FRANKLIN COUNTY SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$14,000 FOR SONDAY SYSTEM LPL- LET'S

PLAY LEARN CLASSROOM SET, AND SONDAY SYSTEM 1-2 -SONDAY SYSTEM DUAL



**Part IV Supplemental Information**

DELIVERY KIT (NOT TO EXCEED FUNDING REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: GATEWAY COMMUNITY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: \$4,500 TOWARDS THE PURCHASE OF HATCH

TABLETS FOR SCHOOL READINESS ASSISTIVE TECHNOLOGY FOR CHILDREN WITH  
DISABILITIES

NAME OF ORGANIZATION OR GOVERNMENT: GILDAS CLUB LOUISVILLE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$12,000 FOR PROGRAM MANAGER SALARY,  
ENGAGEMENT MANAGER SALARY, AND YOUTH CONTRACT PROFESSIONALS SALARY

NAME OF ORGANIZATION OR GOVERNMENT: GREEN COUNTY BOARD OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$14,300 FOR INCLUSION PLAYGROUND

EQUIPMENT, TECHNOLOGY AND ACADEMIC RESOURCES - NO FUNDING FOR THE ZIP  
LINE EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT:

GREEN RIVER REGIONAL EDUCATION COOPERATIVE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$7,700 FOR ITEMS 1 AND 2 -

READTOPIA LICENSE FOR 10 CLASSROOMS AND INCLUSIVE CLASSMATE PC WITH  
ISWITCH

NAME OF ORGANIZATION OR GOVERNMENT: HARBOR HOUSE OF LOUISVILLE INC

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

- SOUNDBEAM, MONDOPAD ULTRA ALL-IN-ONE TOUCHSCREEN COLLABORATION  
SYSTEM, HP STREAM, TECH TUB 2 MODULAR CART, ADJUSTABLE-HEIGHT COMPUTER  
DESK W/ ELECTRIC, APPLE IPAD MINI, COMPUTER ACCESS PACKAGE, MOBILE ART  
CENTER, ETC. (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM.)

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT:

HARDIN COUNTY SCHOOLS SPECIAL EDUCATION DEPARTMENT

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

OCCUPATIONAL/PHYSICAL THERAPY, ASSISTIVE TECHNOLOGY, SOCIAL SKILLS, AND

INDIVIDUAL SCHOOL SUPPORT/RESOURCES

NAME OF ORGANIZATION OR GOVERNMENT:

HARRISON COUNTY EXCEPTIONAL LEARNERS COOPERATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: \$16,000 FOR RIFTON ACTIVITY CHAIRS,

ANGELES SOUND SPONGE QUIET DIVIDER, MUSIC THERAPY (PERSONAL COUNSELING

INC.), PLATFORM DOUBLE STEPS, 2 DURA-TRIKES, SENSORY ROOM EQUIPMENT, AND

DIGITAL CAMERA

NAME OF ORGANIZATION OR GOVERNMENT: HART COUNTY BOARD OF EDUCATION

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

RAPIDE 65" LED, BLACK FRAME, UP TO 40PT TOUCH, ANDROID 8, TOUCHIT FUSION

2 STAND, BELKIN STORE AND CHARGE, AND LENOVO THINKPAD; CORE; 8 GB RAM 256

GB SSD LAPTOP (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: HENDERSON COUNTY SCHOOLS

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

32GB IPAD8, BASE MALL CASE AND EDUCATIONAL APPS FOR THE IPADS

NAME OF ORGANIZATION OR GOVERNMENT: HEUSER HEARING & LANGUAGE ACADEMY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$21,000 TOTAL GRANT AWARD. \$8,000 IS

AWARDED TO PURCHASE HEARING AIDS AND THE REMAINING AMOUNT MAY BE SPENT ON

SALARIES FOR NAVIGATION SERVICES.

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: HOME OF THE INNOCENTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL AWARD \$127,400 — \$90,000 FOR

ITEMS 1-6 - HEMATOLOGY ANALYZER, VEST AIRWAY CLEARANCE SYSTEMS, SYNCLARA

COUGH SYSTEMS, ROCKER RECLINERS, STRYKER 5TH WHEEL STRETCHERS, AND

METANEB SYSTEMS AND \$37,400 TOWARDS THE CAPITAL REQUEST FOR A BACKYARD

FENCE. (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: HOSPARUS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$40,000 FOR ITEMS 1-3 ON GRANT LIST

- KOURAGEOUS KIDS SOCIAL WORKER SALARY, CHILDREN AND YOUTH GRIEF

COUNSELOR SALARY, AND KOURAGEOUS KIDS CHAPLAIN SALARY. NO FUNDING

APPROVED FOR THE KOURAGEOUS KIDS PEDIATRICIAN SALARY (NOT TO EXCEED

AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: I WOULD RATHER BE READING

(H) PURPOSE OF GRANT OR ASSISTANCE: \$7,500 FOR ANY ITEM ON GRANT LIST --

SALARY FOR READING INTERVENTIONIST, SENSORY PATH, DRY ERASE TOP KIDNEY

TABLES, SIGHT WORD CALMING PATH, WOBBLE STOOLS, BEAN BAG CHAIRS,

STACKABLE CHAIRS WITH FIDGET BANDS AND TIME-IN TOOLKITS (NOT TO EXCEED

AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: ISAAC W BERNHEIM FOUNDATION INC

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

FOR BERNHEIM SENSORY GARDEN. NO FUNDING ALLOWED FOR SIGNAGE,

INSTALLATION, FREIGHT OR TAXES. (NOT TO EXCEED AMOUNTS REQUESTED FOR

EACH LINE ITEM.)

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: JCPS ECE ASSISTIVE TECHNOLOGY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: \$63,000 FOR ANY ITEM ON GRANT LIST -

IPAD TABLETS, PROTECTIVE CASE FOR TABLET, VOLUME APP PURCHASE FOR TABLET,

BOARDMAKER 7 PERPETUAL LICENSES, GOTALK 9+ CELL, BIG BEAMER WIRELESS

SWITCHES, MOUSE ALTERNATIVES, ETC. (NOT TO EXCEED AMOUNT REQUESTED FOR

EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

JCPS MODERATE TO SEVERE DISABILITIES PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: \$65,000 FOR ANY ITEM ON GRANT LIST -

NEWS-2-YOU LICENSES, UNIQUE LEARNING SYSTEM SITE LICENSES, SYMBOLSTIX

PRIME SITE LICENSES

NAME OF ORGANIZATION OR GOVERNMENT: JCPS EARLY CHILDHOOD SPECIAL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,500.00 FOR ANY ITEM ON GRANT LIST

- CUBE CHAIRS, ASSORTED SEAT CUSHIONS, VIBRATING PILLOW, FOOT ROLLERS,

BOUNCYBANDS FOR CHAIRS, HAND GRIPS, GRABITS TACTILE PACK, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: JCPS DEAF AND HARD OF HEARING PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: \$7,500.00 FOR ANY ITEM ON GRANT LIST

- ASSISTIVE LISTENING SYSTEM, TEACHER TRANSMITTER, PORTABLE AUDIOMETER,

AND COCHLEAR IMPLANT ACCESSORIES (NOT TO EXCEED AMOUNTS REQUESTED FOR

EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: JCPS ECE PSYCHOLOGICAL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: \$22,500 FOR ANY ITEM ON GRANT LIST -

IPAD TABLETS, KEYBOARD CASES FOR IPADS, PEARSON ONLINE ASSESSMENT

SUBTESTS

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT:

JCPS OCCUPATIONAL AND PHYSICAL THERAPY

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

VIDGET 3-IN-1 SEATING, THERADAPT INTERMEDIATE CHAIRS/FOOTPLATES, COMPASS

CHAIRS, P POD CHAIRS, LECKEY HORIZON STANDERS, GAZELLE STANDERS, GAITWAY

GAIT TRAINERS, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: JCPS ECE VISUALLY IMPAIRED

(H) PURPOSE OF GRANT OR ASSISTANCE: \$14,000 FOR ANY ITEM ON GRANT LIST -

IPAD PRO 12.9" W/APPLECARE, PROTECTIVE KEYBOARD CASES, AND IPEVO DOCUMENT

CAMERA

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH COMMUNITY OF LOUISVILLE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL AWARD \$63,000 - \$8,000 FOR

ITEMS 1-4 - ADVOCATES FOR CAMP J AND YEAR-ROUND ACTIVITIES, SUMMER YACHAD

COORDINATOR, EL YACHAD ADVOCATE, AND BEHAVIORAL SPECIALIST AND \$55,000

TOWARDS THE CAPITAL REQUEST FOR ACCESSIBLE PLAYGROUND EQUIPMENT. (NOT TO

EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM AND NO FUNDING FOR FREIGHT OR

INSTALLATION.) REQUEST CRUSADE SIGNAGE FOR PLAYGROUND EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: KENDYL AND FRIENDS FOUNDATION INC

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

FOR THE OVERCOMER INCLUSIVE BASEBALL FIELD - ACCESSIBLE FLOORING, SHADES,

ADA BLEACHERS, TEAM BENCH (NO FUNDING ALLOWED FOR INSTALLATION, FREIGHT

OR TAXES.) (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

**Part IV Supplemental Information**

KENTUCKIANA CENTER FOR EDUCATION HEALTH AND RESEARCH INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$20,000 FOR SALARIES FOR A PEDIATRIC

CHIROPRACTOR, CRANIOSACRAL THERAPIST, REGISTERED DIETICIAN, AND LICENSED

MASSAGE THERAPIST

NAME OF ORGANIZATION OR GOVERNMENT:

KENTUCKY CENTER FOR SPECIAL CHILDRENS SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: \$65,000 FOR SALARIES FOR THE

INCHWORMS ENDEAVOR, DRAGONFLIES ENDEAVOR, BUTTERFLIES ENDEAVOR, AND

CATERPILLARS ENDEAVOR PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: KENTUCKY DANCE COUNCIL INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,000 FOR SENSORY FRIENDLY

PERFORMANCE TICKETS AND PRODUCTION COSTS (NOT TO EXCEED AMOUNTS REQUESTED

FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

KENTUCKY EDUCATIONAL DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$8,000 FOR EARLY LITERACY SKILLS

BUILDER, EARLY READING SKILLS BUILDER, TEACHING TO STANDARDS: ENGLISH

LANGUAGE ARTS

NAME OF ORGANIZATION OR GOVERNMENT: KENTUCKY HEMOPHILIA FOUNDATION INC

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

FOR THE 2022 SUMMER CAMP PROGRAM FOR CHILDREN AND YOUTHS WITH BLEEDING

DISORDERS (HOUSING AND FACILITY RENTAL AND PROGRAMMING AND ACTIVITIES)

(NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM.)

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT:

LOUISVILLE CENTRAL COMMUNITY CENTERS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL GRANT AWARD \$21,000 - \$5,382

TO PURCHASE 6 CLINTON FAMILY PRACTICE TABLES, THE REMAINING FUNDING MAY

BE SPENT ON HEALTHCARE PROVIDERS AND FOR PARTITIONING AND RENOVATION OF

BUILDING INTERIOR FOR THE PEDIATRIC MEDICAL PRACTICE. (MAY NOT EXCEED

AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

MADISON AREA EDUCATIONAL SPECIAL SERVICES UNIT

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

SOUTHWESTERN HIGH SCHOOL ED CLASS EQUIPMENT, SOUTHWESTERN ELEMENTARY

MODERATE CLASS EQUIPMENT, SOUTHWESTERN ED CLASSROOM, OCCUPATIONAL THERAPY

EQUIPMENT, SOUTHWESTERN HS MODERATE EQUIPMENT, CLARKSVILLE ELEMENTARY

MODERATE EQUIPMENT, CLARKSVILLE HE ED CLASS EQUIPMENT AND MATERIALS

NAME OF ORGANIZATION OR GOVERNMENT: MARION COUNTY BOARD OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$48,148 FOR BASIC SWAY FUN WITH

RAMP, OPTIGEAR PANEL, FUN MIRROR PANEL, COLOR SPLASH PANEL & MARBLE

PANEL, COOL TOPPER SHADE, ETC. NO FUNDING ALLOWED FOR INSTALLATION OR

FREIGHT. (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: MARYHURST, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$25,000 TOTAL GRANT AWARD - \$17,000

TOWARDS SALARY FOR TREASURE HOME THERAPIST, AND \$8,000 FOR ANY OTHER ITEM

ON GRANT LIST -SQUEEZE MACHINE, LARGE CUDDLE SWING, SENSORY PEAPODS,

DOORWAY SWING KIT COMBO, SENSORY ROCKER, SENSORY RESISTANCE TUNNEL, AND

WEIGHTED BLANKETS, ETC. (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE

**Part IV Supplemental Information**

ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

MASONIC HOME OF KENTUCKY PEDIATRIC DAYCARE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FULL GRANT! \$2,525 FOR ANY ITEM ON

GRANT LIST - INCLUSIVE GYMNASTICS KIT, NO MESS ARTS & CRAFTS STUDIO,

INTERACTIVE LIGHT TABLE, AND SQUARE GEL FLOOR TILES (NOT TO EXCEED

AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

MIRACLE DANCER SCHOLARSHIP FOUNDATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$10,500 FOR TUITION FEES,

REGISTRATION FEES AND RECITAL FEES (NOT TO EXCEED AMOUNTS REQUESTED FOR

EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: MONTGOMERY COUNTY SCHOOL DISTRICT

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

ASSISTIVE TECHNOLOGY, STORAGE AND SCANNER FOR ASSISTIVE TECHNOLOGY

LIBRARY, PECS TRAINING MANUAL, PICS FOR PECS CD, AND 3-D PRINTER WITH

SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT:

MOUNTAIN COMPREHENSIVE CARE CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$7,000 FOR SALARY FOR THE LOCAL

RESOURCE COORDINATOR, ACTIVITY ADMISSIONS FOR YOUTH ATTENDING SUMMER AND

AFTER-SCHOOL CAMPS, ART/CRAFT SUPPLIES, AND PRINTING SUPPLIES FOR SOCIAL

DISTANCED ACTIVITY PACKETS



**Part IV Supplemental Information**

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

(H) PURPOSE OF GRANT OR ASSISTANCE: \$27,000 FOR SALARY FOR AN ACADEMY

SUPPORT COORDINATOR, PSYCHOLOGICAL AND EDUCATIONAL ASSESSMENTS, OT &

SPEECH ASSESSMENTS AND THERAPY, ALTERNATE SEATING AND CLASSROOM EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT:

NEW ALBANY FLOYD COUNTY CONSOLIDATED SCHOOL CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$31,000 FOR RESOUND- HEARING

EQUIPMENT, SONOVA USA INC (PHONAK)- HEARING EQUIPMENT, LAKESHORE LEARNING

MATERIALS- ACTIVITY CARPET, SCHOOL SPECIALTY SUPER-EXPAND-O-MAT, RIFTON

EQUIPMENT- MEDIUM RIFTON TRICYCLES, RIFTON EQUIPMENT- SUPINE STANDER

NAME OF ORGANIZATION OR GOVERNMENT:

NEWPORT INDEPENDENT SCHOOL DISTRICT EDUCATIONAL FOUNDATION INC

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

SNOEZELEN SENSORY MAGIC STARTER SYSTEMS, SHIMMERING LIGHT CURTAINS, AND

CURVED FIBER OPTIC COMBS (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE

ITEM)

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHERN KENTUCKY CHILDRENS LAW CENTER INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$12,000 FOR HOLISTIC LEGAL SERVICES

FOR SPECIAL NEEDS CHILDREN IN LOUISVILLE AREA (INCREASED ATTORNEY TIME)

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: \$3,500 FOR ANY ITEM ON GRANT LIST -

EYEGAZE SYSTEM FOR TABLET DEVICE, LARGE SCREEN TABLET DEVICE, TABLE-TOP

**Part IV Supplemental Information**

STAND FOR TABLET WITH EYEGAZE SYSTEM, TABLET APPS/SOFTWARE AND ANIMATED

BLUETOOTH SPEAKER (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM)

NAME OF ORGANIZATION OR GOVERNMENT: NORTON CHILDREN'S MEDICAL GROUP

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL GRANT \$55,000 (DESIGNATE

\$40,800 FOR ITEM 1 THE NEUROFEEDBACK EQUIPMENT - AND THE REMAINDER

TOWARDS ITEMS 2-4, SALARIES FOR PSYCHOLOGIST, SOCIAL WORKER AND

DEVELOPMENTAL PEDIATRICIAN)

NAME OF ORGANIZATION OR GOVERNMENT: OLDHAM COUNTY BOARD OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$60,000 FOR ASSISTIVE TECHNOLOGY,

CURRICULUM AND INSTRUCTION FOR HIGHLY STRUCTURED CLASSROOMS, SPEECH

CURRICULUM RESOURCES, AND ASSESSMENTS (NOT TO EXCEED THE AMOUNT REQUESTED

FOR EACH LINE ITEM)

NAME OF ORGANIZATION OR GOVERNMENT:

ORANGE COUNTY REHABILITATIVE AND DEVELOPMENTAL SERVICES INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$22,000 FOR PLAYGROUP, TOT BOX,

INCLUDING PACKAGING, EDUCATIONAL BOOKS, ACTIVITY BOOKLETS, CONSTRUCTION

PAPER, TISSUE PAPER, STICKERS, CARDSTOCK, SENSORY SUPPLIES, AND FINE

MOTOR SUPPLIES. NO FUNDING ALLOWED FOR ITEM 6 - SNACKS OR DRINKS.

NAME OF ORGANIZATION OR GOVERNMENT: ORCHID HOUSE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$10,000 TOTAL GRANT AWARD - \$6,000

FOR SALARIES AND \$4,000 FOR EDUCATIONAL & THERAPY SUPPLIES, MEDICAL

SUPPLIES, ELECTRONIC HEALTH CARE RECORD, AND NUTRITIONAL SUPPLEMENTS. NO

FUNDING ALLOWED FOR JANITORIAL SUPPLIES (NOT TO EXCEED AMOUNTS REQUESTED

FOR EACH LINE ITEM.)

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: OUR LADY OF PROVIDENCE HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: \$16,000 FOR CPU DEVICES AND MONITOR

TO POWER VIRTUAL REALITY DEVICES AND VIRTUAL REALITY GOGGLES AND

LICENSING FOR SOFTWARE

NAME OF ORGANIZATION OR GOVERNMENT: OWEN COUNTY SCHOOL DISTRICT

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

SECOND STEPS KINDERGARTEN KIT, LICENSE, EARLY LEARNING FEELINGS CARDS,

AND GRADES 1-5 KITS

NAME OF ORGANIZATION OR GOVERNMENT: OWENSBORO DANCE THEATER INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$14,000 FOR ANY ITEM ON GRANT LIST -

DANCE CLASSES AT AREA SCHOOLS, WENDELL FOSTER CENTER, AND GRADSA AND

EQUIPMENT AND SUPPLIES TO BE USED AT CLASS LOCATIONS

NAME OF ORGANIZATION OR GOVERNMENT: OWENSBORO HEALTH FOUNDATION INC

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

TURTLETUBS, CARTS, AND BLANKETS - ALL SIZES (NOT TO EXCEED AMOUNTS

REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: PAOLI COMMUNITY SCHOOL CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$45,000 FOR ANY ITEM ON GRANT LIST -

THERAPEUTIC PLAYGROUND, THERAPEUTIC PLAYGROUND EQUIPMENT, RIDING TOYS,

AND STORAGE SHED FOR RIDING TOYS (NO FUNDING ALLOWED FOR INSTALLATION,

FREIGHT OR TAXES.) (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM.)

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

**Part IV** Supplemental Information

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

SALARY FOR DIRECTOR OF TRAINING AND TRAINING ASSISTANTS, AND

MEDICAL/VETERINARY COSTS (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE

ITEM.)

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

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

CO-PAYS FOR INDIVIDUAL THERAPY, MUSIC THERAPY, PLAY THERAPY (ART, SAND

TRAY OR PUPPET), AND PSYCHOLOGICAL ASSESSMENTS (NOT TO EXCEED AMOUNTS

REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT CAMP INC

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

CAMPER SPONSORSHIPS FOR KENTUCKY AND INDIANA CHILDREN AND STAFFING

SUPPORT FOR NURSES FOR SUMMER CAMPS

NAME OF ORGANIZATION OR GOVERNMENT: PUZZLE PIECES INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$18,000 FOR FULL TIME DIRECT

SUPPORT PROFESSIONALS AND PART TIME DIRECT SUPPORT PROFESSIONALS

NAME OF ORGANIZATION OR GOVERNMENT: ROCKCASTLE COUNTY HOSPITAL INC

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

HAMILTON MR1, BLADDER SCANNER, IN-PATIENT REHAB ITEMS, OUTPATIENT SPEECH

AND OCCUPATIONAL THERAPY ITEMS AND PEDIATRIC SCALES (NOT TO EXCEED

AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

ROMAN CATHOLIC BISHOP OF LOUISVILLE ARCHDIOCESE OF LOUISVILLE

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: \$41,000 FOR FLEXIBLE DESKS, FLEXIBLE SEATING, SOUND SYSTEMS, SENSORY MATERIALS, CURRICULUM SUPPORTS/SCREENERS, TECHNOLOGY SUPPORTS, TEACHER/STUDENT MATERIALS, AND SUPPLEMENTAL MATERIALS

NAME OF ORGANIZATION OR GOVERNMENT: SEVEN COUNTIES SERVICES, INC.FKA CENTERSTONE OF KENTUCKY INC PARTIAL CAPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: \$148,500 FOR ITEMS 1-3 - SALARIES FOR EDUCATION STAFF, SALARIES FOR DSD SERVICES, TECHNOLOGY FOR AUTISTIC CHILDREN. NO FUNDING FOR ITEM 4 - CAPITAL EXPENSE FOR DAUBERT COTTAGE ROOF REPLACEMENT (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: SHELBY COUNTY PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$74,000 FOR TRANSITION / CURRICULUM, ASSISTIVE TECHNOLOGY, OCCUPATIONAL / PHYSICAL THERAPY, AND ASSESSMENTS

NAME OF ORGANIZATION OR GOVERNMENT: SILVER CREEK SCHOOL CORPORATION NEW GRANT - MERGED SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$20,000 FOR DIGITAL LEARNING SYSTEMS, PROJECT DISCOVERY KITS FOR TRANSITION, ATTAINMENT ADAPTED CURRICULUM, SENSORY ROOM AND INTENSE BEHAVIOR ROOM MATERIALS AND PHYSICAL THERAPY RESOURCES - NO FUNDING FOR TRAINING (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM)

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH CENTRAL AREA SPECIAL EDUCATION COOPERATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: \$13,250 FOR CURRICULUM-11 SITES(UNIQUE LEARNING SYSTEMS BUNDLE, POSITIVITY BUNDLE, SYMBOLSTIX

**Part IV Supplemental Information**

PRIME/SYMBOLSTIX BUNDLE, L3 SKILLS BUNDLE, NEWS-2 YOU BUNDLE), 1

INDIVIDUAL POSITIVITY SITE, FROG STREET THREES CURRICULUM-4 SITES, 30

IPADS, OTTERBOX PROTECTORS - NO MONIES ALLOWED FOR SHIPPING AND TAXES.

NAME OF ORGANIZATION OR GOVERNMENT:

SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF KENTUCKY INC SAFY OF KENT

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

BOOKS ON TRAUMA AND HEALING, TRAUMA RELATED GAMES AND SKILL CARDS,

THERAPEUTIC ENGAGEMENT TOOLS AND THERAPY TOYS, AND ART THERAPY SUPPLIES

(NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

SPINA BIFIDA ASSOCIATION OF KENTUCKY INC KOSAIR CHARITIES CENTRE

(H) PURPOSE OF GRANT OR ASSISTANCE: \$15,000 FOR SALARY FOR ONE PROGRAM

STAFF, FUNDS FOR FINANCIAL ASSISTANCE FUND, PLAY PALS, GROWING UP WITH

SPINA BIFIDA, CCK SUMMER CAMP, NEWBORN OUTREACH (NOT TO EXCEED AMOUNTS

REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

ST FRANCIS HIGH SCHOOL INC ST. FRANCIS SCHOOL CAPITAL AND PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL GRANT AWARD \$18,800 - \$3,800

FOR ITEMS 2 AND 3 - CHROME BOOKS AND TLC CURRICULUM NEEDS AND REMAINDER

FOR SIDEWALK IMPROVEMENTS (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE

ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

ST JOSEPHS CATHOLIC ORPHAN SOCIETY, ST JOSEPH CHILDRENS HOME, ST. JOE'S/CAPI

(H) PURPOSE OF GRANT OR ASSISTANCE: \$50,000 FOR GENERAL CAMPAIGN

**Part IV Supplemental Information**

EXPENSES FOR RENOVATION OF FACILITIES THAT INCLUDES RENOVATING THE 1885

ICONIC LANDMARK BUILDING, A FULL RENOVATION OF THE 1960S GYMNASIUM, AND

BUILDING A NEW SCHOOL FOR THE CHILDREN IN OUR RESIDENTIAL PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT:

ST JOSEPHS CATHOLIC ORPHAN SOCIETY, ST JOSEPH CHILDRENS HOME, ST. JOE'S/ANNU

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

NURSE SALARY, MEDICAL SUPPLIES, PSYCHOLOGICAL TESTING, AND THERAPY

SUPPLIES (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

STAGE ONE THE LOUISVILLE CHILDRENS THEATRE INC

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

SALARY FOR EDUCATION AND ARTISTIC PERSONNEL, DISTRIBUTION OF THEATRE FOR

EVERYWHERE DIGITAL PLAYS, SENSORY-FRIENDLY PERFORMANCES TICKETS (NOT TO

EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

T J SAMSON COMMUNITY HOSPITAL PARTIAL CAPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: \$46,600 FOR ITEMS 1 AND 2 - IECE

CERTIFIED EARLY INTERVENTION SPECIALIST AND EARLY INTERVENTION SPECIALIST

WITH BEHAVIORAL TRAINING. NO FUNDING FOR ITEMS 3-7 THIS YEAR. ENCOURAGE

YOU TO REQUEST FUNDING FOR PLAYGROUND EQUIPMENT IN THE NEXT GRANT CYCLE.

NAME OF ORGANIZATION OR GOVERNMENT: TAYLOR COUNTY BOARD OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$45,000 FOR ANY ITEM ON GRANT LIST -

SALARY FOR CERTIFIED SPECIAL EDUCATION RECOVERY PROGRAM DIRECTOR AND 3

HOURLY CERTIFIED SPECIAL EDUCATION INSTRUCTORS, 30 TOUCHSCREEN

**Part IV Supplemental Information**

CHROMEBOOKS, PT THERAPY TRIKES & STAIRCASE, SPEECH INTERVENTION TOOLS,

AND OCCUPATIONAL INTERVENTION TOOLS. NO FRINGE BENEFITS. (NOT TO EXCEED

AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$60,000 FOR ANY ITEM ON GRANT LIST -

HAMILTON-T1 VENTILATORS, AMPLITUDE INTEGRATED EEG MONITORING IN SICK

NEONATES, B BRAUN PUMPS, DEDICATED PEDIATRIC EXERCISE TESTING LAB, AND

ABG MEASURING SYSTEM FOR CATH LAB (NOT TO EXCEED AMOUNTS REQUESTED FOR

EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF LOUISVILLE FOUNDATION INC UOFL - PEACE HOSPITAL - PARTIAL CAPI

(H) PURPOSE OF GRANT OR ASSISTANCE: \$18,041 FOR ANY ITEM ON GRANT LIST -

LABOR FOR ROOM BUILD, ROOF SHADE STRUCTURE, FUJIPA ROLLER LAMINATOR,

IPADS WITH CASES, ETC.

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF LOUISVILLE FOUNDATION INC UOFL-PEDIATRIC NEURORECOVERY PROGRAM

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

HEADPOD, PEDIATRIC STANDERS, COMETA ELECTROMYOGRAPHY SYSTEM, SPIKE2

SYSTEM, TRANSCUTANEOUS STIMULATION DEVICE AND LAPTOP, PEDIATRIC ARM

SUPPORTS, ELECTROGONIOMETER, AND VIBRATION PLATE (NOT TO EXCEED AMOUNTS

REQUESTED FOR EACH LINE ITEM)

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF LOUISVILLE FOUNDATION INC UOFL HEALTH KNOWLEDGE AND SELF-ADVOC



**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: \$20,500 FOR START-UP SALARIES FOR  
ITEMS 1-3 - HEALTH LITERACY PROFESSIONAL, PHYSICIAN, AND PROGRAM  
COORDINATOR

NAME OF ORGANIZATION OR GOVERNMENT:  
UNIVERSITY OF LOUISVILLE FOUNDATION INC UOFL PSYCHOLOGY

(H) PURPOSE OF GRANT OR ASSISTANCE: \$20,500 FOR ANY ITEM ON GRANT LIST -  
SALARY LICENSED CLINICAL PSYCHOLOGIST, CLINICAL SERVICES ASSISTANT,  
CLINICAL ASSESSMENT MEASURES, COMPUTERS, TABLETS, FURNITURE, ETC.

NAME OF ORGANIZATION OR GOVERNMENT:  
UNIVERSITY OF LOUISVILLE FOUNDATION INC UOFL HOSPITAL CTR FOR WOMEN & INFANT

(H) PURPOSE OF GRANT OR ASSISTANCE: \$110,000 FOR GE PANDA INFANT WARMER,  
PHILLIPS NEONATAL CARDIORESPIRATORY MONITOR, AND AIRON PNEUTON VENTILATOR  
MINI START UP KIT

NAME OF ORGANIZATION OR GOVERNMENT:  
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION INC UOFL - SPECIAL EDUCATION SC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$20,000 FOR PARTIAL TUITION SUPPORT  
FOR SPECIAL EDUCATION STUDENTS. WE ARE GRATEFUL FOR AN ENDOWED GIFT FROM  
KOSAIR CHARITIES THAT MAKES A PORTION OF THIS GRANT POSSIBLE.

NAME OF ORGANIZATION OR GOVERNMENT:  
VINCENNES COMMUNITY SCHOOL CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$13,500 FOR SALARIES AND BOARDMAKER  
ONLINE SUBSCRIPTION, COMMUNICATION BOARDS, GOTALK COMMUNICATION DEVICE,  
TALKABLES WITH BUILT IN ICON HOLDERS, SWITCHES, POWERLINK 4 CONTROL,  
OVERLAY FOR IPAD FOR PROLOQUO2GO COMMUNICATIONS APP AND SWITCH TOY/GAME

**Part IV Supplemental Information**

(NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM)

NAME OF ORGANIZATION OR GOVERNMENT:

VISUALLY IMPAIRED PRESCHOOLERS SERVICES OF GREATER LOUISVILLE, INC. VIPS LEX

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

SALARIES FOR TEACHER AND DEVELOPMENTAL INTERVENTIONIST (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

VISUALLY IMPAIRED PRESCHOOLERS SERVICES OF GREATER LOUISVILLE, INC. VIPS LOU

(H) PURPOSE OF GRANT OR ASSISTANCE: \$95,000 FOR ANY ITEM ON GRANT LIST -

SALARIES FOR TEACHERS, CERTIFIED ORIENTATION & MOBILITY SPECIALIST AND DEVELOPMENTAL INTERVENTIONIST (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

VISUALLY IMPAIRED PRESCHOOLERS SERVICES OF GREATER LOUISVILLE, INC. VIPS - I

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL AWARD \$58,000 - FOR SALARIES

FOR TEACHERS/INTERVENTIONISTS AND FOR THE FAMILY RESOURCE CENTER

CONSTRUCTION FOR SENSORY ROOM. CRUSADE SIGNAGE REQUIRED ON SENSORY ROOM.

NAME OF ORGANIZATION OR GOVERNMENT: WAYNE COUNTY HOSPITAL INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FULL GRANT! \$1,634.27 FOR ANY ITEM

ON GRANT LIST - DEVELOPMENTAL PROFILE 4TH EDITION, ARK FEEDING THERAPY

KIT, ARK'S Z VIBE WRITING KIT, PRECHOOL LANGUAGE SCALE 5TH EDIITION, THE

ROLL EVALUATION OF ACTIVITIES OF LIFE, TOY FOOD, WE PLAY HANDS AND FEET,

AND SPORT HURDLES

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT:

WESTERN KENTUCKY UNIVERSITY KELLY AUTISM PROGRAM (KAP)

(H) PURPOSE OF GRANT OR ASSISTANCE: \$25,000 FOR GRADUATE ASSISTANTS IN

THE ACADEMIC YEAR AND SUMMER AND INDIVIDUAL KAP FEES/SCHOLARSHIP

ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT:

WESTERN KENTUCKY UNIVERSITY RENSHAW EARLY CHILDHOOD CENTER (RECC)

(H) PURPOSE OF GRANT OR ASSISTANCE: \$40,000 FOR EARLY CHILDHOOD TEACHER

AND INDIVIDUAL RECC FEES/SCHOLARSHIP ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT:

WESTERN KENTUCKY UNIVERSITY SCHOLARSHIPS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$23,000.00 FOR GRADUATE AND

UNDERGRADUATE SCHOLARSHIPS. WE ARE GRATEFUL FOR AN ENDOWED GIFT FROM

KOSAIR CHARITIES THAT MAKES A PORTION OF THIS GRANT POSSIBLE.

NAME OF ORGANIZATION OR GOVERNMENT: WHITLEY COUNTY BOARD OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FULL GRANT! \$1,701.33 FOR LIGHT

CUBES, LIGHTBOX ACTIVITIES, AND BRAILLE BOOKS (NOT TO EXCEED AMOUNTS

REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

WILDERNESS TRACE CHILD DEVELOPMENT CENTER CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$7,072 FOR ANY ITEM ON GRANT LIST -

SALARY FOR A SPEECH THERAPIST AND OCCUPATIONAL THERAPIST, CLASSROOM

EQUIPMENT, AND THERAPY EQUIPMENT

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: WOODFORD COUNTY PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$9,000 FOR ANY ITEM ON GRANT LIST -

INTENSIVE RESEARCH-BASED MATH INSTRUCTION/CURRICULUM AND MATERIALS

NAME OF ORGANIZATION OR GOVERNMENT:

YOUNG ADULT DEVELOPMENT IN ACTION YOUTHBUILD LOUISVILLE

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

PRACTICUM STUDENT STIPEND, PENN FOSTER, AND PREVIOUSLY UNDIAGNOSED

LEARNING DISABILITY EVALUATIONS

NAME OF ORGANIZATION OR GOVERNMENT:

YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: \$40,000 TOTAL GRANT AWARD. \$12,500

FOR YMCA SAFE PLACE SERVICES - 3 YOUTH WORKERS; \$10,000 FOR JEFFERSON

COUNTY CHILDCARE SPECIAL NEEDS SUPPORT STAFF; \$7,500 FOR BULLITT COUNTY

CHILDCARE SPECIAL NEEDS SUPPORT STAFF; \$5,000 FOR FLOYD / CLARK COUNTY

CHILDCARE SPECIAL NEEDS SUPPORT STAFF; \$2,500 FOR OLDHAM COUNTY SUMMER

CAMP SPECIAL NEEDS SUPPORT STAFF; AND \$2,500 FOR MEADE COUNTY - CAMP

PIOMINGO SUPPORT STAFF / SUMMER NURSE.

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH ADVOCATE PROGRAMS~~NEW~~ GRANT

(H) PURPOSE OF GRANT OR ASSISTANCE: \$9,000 TOWARDS SALARY FOR ONE LOCAL

YOUTH ADVOCATE, MUST MEET PROGRAM GUIDELINES FOR REQUESTING SALARY

REIMBURSEMENTS.

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH ETHICS AND SKILLS CENTER INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$6,700 FOR ITEMS 1, 2 AND 3 ON THE

GRANT LIST (SOFTWARE, PROGRAM FACILLITATORS, AND TECHNOLOGY FINANCE ROOM)



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **THE WHAS CRUSADE FOR CHILDREN, INC.**  
 Employer identification number: **23-7075524**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAWN LEE PRESIDENT & CEO	(i)	154,169.	0.	464.	7,807.	2,552.	164,992.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

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](http://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	9	97,394.	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	20	9,544.	DONOR ESTIMATE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( SUPPLIES )	X	2	9,058.	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 V, 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.		



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

THE WHAS CRUSADE FOR CHILDREN, INC.

Employer identification number

23-7075524

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 261,301.

CHANGE IN BENEFICIAL INTEREST IN CHARITABLE TRUSTS 360,622.

RETURN OF GRANT FUNDS PAID OUT IN PRIOR YEARS 256,723.

TOTAL TO FORM 990, PART XI, LINE 9 878,646.

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