

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

2021

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 for instructions and the latest information.

A For the **2021** calendar year, or tax year beginning **SEP 1, 2021** and ending **AUG 31, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE WHAS CRUSADE FOR CHILDREN, INC. 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 F Name and address of principal officer: DAWN LEE SAME AS C ABOVE	D Employer identification number 23-7075524 E Telephone number (502) 582-7706 G Gross receipts \$ 10,458,423. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.WHASCUSADE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1980
M State of legal domicile: KY		

Part I Summary

	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.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5	Total number of individuals employed in calendar year 2021 (Part V, 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.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	6,684,674.	7,959,426.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,374,719.	1,393,759.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
12			8,059,393.	9,353,185.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,100,000.	5,133,685.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 346,648.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	995,075.	1,116,474.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,095,075.	6,250,159.
	19	Revenue less expenses. Subtract line 18 from line 12	1,964,318.	3,103,026.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	41,322,659.	38,851,590.
	22	Net assets or fund balances. Subtract line 21 from line 20	6,233,428.	6,290,457.
	22		35,089,231.	32,561,133.

Part II Signature Block

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

Sign Here	Signature of officer DAWN LEE, CEO & PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name THERESA BATLINER, CPA	Preparer's signature Date 03/01/23
	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 \$ 5,133,685. including grants of \$ 5,133,685.) (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 5,133,685.

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c 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 columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 21		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 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 **▶**
 DAWN LEE - (502) 582-7706
 520 W. CHESTNUT ST., LOUISVILLE, KY 40202

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			150,156.	0.	10,261.	
(2) JOHN BLIM VICE-PRESIDENT	40.00			X			125,041.	0.	16,258.	
(3) KELLY GRANGIER BOARD MEMBER	0.10	X					0.	0.	0.	
(4) PAMELA STEPHENS BOARD MEMBER	0.10	X					0.	0.	0.	
(5) SHAWN KAE LIN BOARD MEMBER	0.10	X					0.	0.	0.	
(6) LISA COLUMBIA BOARD MEMBER	0.10	X					0.	0.	0.	
(7) JEAN O'BRIEN BOARD MEMBER	0.10	X					0.	0.	0.	
(8) DEBBIE LEIST BOARD MEMBER	0.10	X					0.	0.	0.	
(9) JOSH EVERETT BOARD MEMBER	0.10	X					0.	0.	0.	
(10) SUSAN CILONE BOARD MEMBER	0.10	X					0.	0.	0.	
(11) DAVE GOLDSMITH BOARD MEMBER	0.10	X					0.	0.	0.	
(12) KEVIN BURKE BOARD MEMBER	0.10	X					0.	0.	0.	
(13) JOE GRAFFIS BOARD MEMBER	0.10	X					0.	0.	0.	
(14) PAT WALSH BOARD MEMBER	0.10	X					0.	0.	0.	
(15) BILL FREY BOARD MEMBER	0.10	X					0.	0.	0.	
(16) JENNIFER FRIES BOARD MEMBER	0.10	X					0.	0.	0.	
(17) JEREMY SHUMATE BOARD MEMBER	0.10	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MICHAEL CARR BOARD MEMBER	0.10	X						0.	0.	0.
(19) MICHAEL WADE BOARD MEMBER	0.10	X						0.	0.	0.
(20) JEFF NELSON CHAIRMAN	0.10	X		X				0.	0.	0.
(21) MEAGHAN REYNOLDS TREASURER	0.10	X		X				0.	0.	0.
(22) GARY STEWART VICE CHAIRMAN (TERM END 3/22)	0.10	X		X				0.	0.	0.
(23) KATHERINE LANGAN SECRETARY	0.20	X		X				0.	0.	0.
(24) DENNIS STILGER VICE CHAIRMAN (BEGAN 3/2022)	0.10	X		X				0.	0.	0.
1b Subtotal								275,197.	0.	26,519.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								275,197.	0.	26,519.

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

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part 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	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	7,959,426.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 171,049.				
	h	Total. Add lines 1a-1f		7,959,426.				
Program Service Revenue	2 a	_____	Business Code					
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		889,353.			889,353.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					1,609,644.			
	b	Less: cost or other basis and sales expenses	7b	1,105,238.				
	c	Gain or (loss)	7c	504,406.				
d	Net gain or (loss)		504,406.			504,406.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	_____	Business Code					
	b	_____						
	c	_____						
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			9,353,185.	0.	0.	1,393,759.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,133,685.	5,133,685.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	25,858.		25,858.	
c Accounting	17,300.		17,300.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	40,400.		40,400.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,862.			1,862.
12 Advertising and promotion	8,895.			8,895.
13 Office expenses	66,958.		33,375.	33,583.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	40,871.		39,871.	1,000.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,678.		12,678.	
23 Insurance				
24 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.)				
a REIMBURSED SALARIES & B	771,276.		529,141.	242,135.
b MISCELLANEOUS	71,406.		71,203.	203.
c FUNDRAISING EXPENSES	26,674.			26,674.
d PRODUCTION & ENGINEERIN	20,851.			20,851.
e All other expenses	11,445.			11,445.
25 Total functional expenses. Add lines 1 through 24e	6,250,159.	5,133,685.	769,826.	346,648.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,585,397.	1	4,414,253.
	2 Savings and temporary cash investments	3,327,523.	2	3,381,588.
	3 Pledges and grants receivable, net	157,761.	3	145,888.
	4 Accounts receivable, net		4	
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	15,696.	9	11,900.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 284,899.		
	b Less: accumulated depreciation	10b 251,669.	45,908.	10c 33,230.
	11 Investments - publicly traded securities	31,978,159.	11	28,108,257.
	12 Investments - other securities. See Part IV, line 11	17,496.	12	17,635.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,194,719.	15	2,738,839.
16 Total assets. Add lines 1 through 15 (must equal line 33)	41,322,659.	16	38,851,590.	
Liabilities	17 Accounts payable and accrued expenses	59,762.	17	70,281.
	18 Grants payable	6,173,666.	18	6,220,176.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	6,233,428.	26	6,290,457.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	29,934,943.	27	28,290,519.
	28 Net assets with donor restrictions	5,154,288.	28	4,270,614.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	35,089,231.	32	32,561,133.
33 Total liabilities and net assets/fund balances	41,322,659.	33	38,851,590.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,353,185.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,250,159.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,103,026.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	35,089,231.
5	Net unrealized gains (losses) on investments	5	-5,361,446.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-269,678.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	32,561,133.

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 on 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
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization THE WHAS CRUSADE FOR CHILDREN, INC.	Employer identification number 23-7075524
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Part I 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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,561,677.	6,058,798.	4,546,914.	6,684,674.	7,959,426.	31,811,489.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,561,677.	6,058,798.	4,546,914.	6,684,674.	7,959,426.	31,811,489.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						768,798.
6 Public support. Subtract line 5 from line 4.						31,042,691.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	6,561,677.	6,058,798.	4,546,914.	6,684,674.	7,959,426.	31,811,489.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	707,037.	786,572.	828,466.	673,021.	889,353.	3,884,449.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						35,695,938.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	86.96 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	87.95 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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 - 2020. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on 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>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
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>			
2a			
2b			
3a			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), 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), 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).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 199,928.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 431,833.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 294,530.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 355,709.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 483,182.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 572,566.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>196,507.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>322,580.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE WHAS CRUSADE FOR CHILDREN, INC.	Employer identification number 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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2021

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 regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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.

Form with sections 1a-1b and 2. 1a: Reporting requirements for public service. 1b: Reporting requirements for public service with amounts. 2: Reporting requirements for financial gain with amounts.

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	34,411,118.	25,221,385.	24,573,906.	24,855,474.	22,860,407.
b Contributions	3,233,810.	3,172,678.	1,566,903.	612,659.	1,020,484.
c Net investment earnings, gains, and losses	-4,369,428.	8,039,170.	1,590,346.	80,143.	1,856,414.
d Grants or scholarships					
e Other expenditures for facilities and programs	500,000.	500,000.	1,000,000.		
f Administrative expenses	777,332.	1,522,115.	1,509,770.	974,370.	881,831.
g End of year balance	31,998,168.	34,411,118.	25,221,385.	24,573,906.	24,855,474.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 88.3570 %
 - b Permanent endowment 11.6080 %
 - c Term endowment .0350 %
- 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.	108,017.	22,917.
d Equipment		118,631.	110,744.	7,887.
e Other		35,334.	32,908.	2,426.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				33,230.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST BY OTHERS	1,011,243.
(2) BENEFICIAL INTEREST IN CHARITABLE TRUSTS	1,668,351.
(3) CASH SURRENDER VALUE OF LIFE INSURANCE	35,171.
(4) INTEREST RECEIVABLE	24,074.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,738,839.

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

1	Total revenue, gains, and other support per audited financial statements	1	4,083,361.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-5,361,446.
b	Donated services and use of facilities	2b	644,103.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-512,081.
e	Add lines 2a through 2d	2e	-5,229,424.
3	Subtract line 2e from line 1	3	9,312,785.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40,400.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	40,400.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	9,353,185.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	6,611,459.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	644,103.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	644,103.
3	Subtract line 2e from line 1	3	5,967,356.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40,400.
b	Other (Describe in Part XIII.)	4b	242,403.
c	Add lines 4a and 4b	4c	282,803.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,250,159.

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	-371,706.
CHANGE IN BENEFICIAL INTEREST HELD BY OTHERS	-140,375.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-512,081.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECOVERY OF PRIOR YEAR GRANTS	242,403.
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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 for the latest information.**

OMB No. 1545-0047

2021

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
4 LEAF FRIENDS INC 50 GENE CASH ROAD CAMPBELLSVILLE, KY 42718	85-4161807	501(C)(3)	30,000.	0.			\$30,000 TOWARDS ITEM 1 - SURFACING FOR ELIZABETHTOWN ALL-INCLUSIVE PLAYGROUND.
ADAIR COUNTY BOARD OF EDUCATION 1204 GREENSBURG STREET COLUMBIA, KY 42728	61-6001263	GOVERNMENT	33,807.	0.			\$33,807.00 FOR INTERACTIVE BOARDS
ALLEGRO DANCE PROJECT INC 315 SIERRA DRIVE LEXINGTON, KY 40505	46-4066462	501(C)(3)	5,500.	0.			\$5,500.00 FOR OUTREACH INSTRUCTION COMPENSATION. NO FUNDING AWARDED FOR LIVE MUSIC ACCOMPANIMENT.
AMERICANA COMMUNITY CENTER INC 4801 SOUTHSIDE DR. LOUISVILLE, KY 40214	61-1251306	501(C)(3)	8,000.	0.			\$8,000 FOR SALARY FOR YOUTH PROGRAM STAFF, ART SUPPLIES, AND SUPERVISION FOR COUNSELOR
ANCHORAGE INDEPENDENT SCHOOL DISTRICT - 11400 RIDGE ROAD - ANCHORAGE, KY 40223	61-6000999	GOVERNMENT	20,000.	0.			TOTAL AWARD \$20,000.00 FOR ADAPTIVE SEATING-RIFTON CHAIR, REDCAT CLASSROOM FM SYSTEM,
APPALACHIAN REGIONAL HEALTHCARE INC - 2260 EXECUTIVE DRIVE - LEXINGTON, KY 40505	52-0795508	501(C)(3)	7,000.	0.			\$7,000 FOR TOPSY TURVY CHILDREN'S THERAPY ACTIVITY TOOL, MOTOR FREE VISUAL PERCEPTION TEST

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 180.**

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) 2021

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARC OF THE GREATER LOUISVILLE AREA 177 TRAVIS RD SHEPHERDSVILLE, KY 40165	82-4406914	501(C)(3)	7,500.	0.			\$7,500.00 FOR A WHEELCHAIR ACCESSIBLE INCLUSIVE WHIRL WITH CRUSADE FOR CHILDREN
ARTS FOR ALL KENTUCKY PO BOX 3320 BOWLING GREEN, KY 42102-3320	61-1133019	501(C)(3)	7,500.	0.			\$7,500.00 FOR THE SIDE BY SIDE PROGRAM - ART SUPPLIES, FRAMING, HONORARIUMS FOR COMMUNITY
ASBURY UNIVERSITY 1 MACKLEM DR. WILMORE, KY 40390	61-0458355	501(C)(3)	21,100.	0.			\$21,100.00 FOR SCHOLARSHIPS FOR STUDENTS SEEKING SPECIAL EDUCATION CERTIFICATION --
BAPTIST HEALTH FOUNDATION GREATER LOUISVILLE INC - 4000 KRESGE WAY - LOUISVILLE, KY 40207	20-0292291	501(C)(3)	125,000.	0.			\$125,000 FOR ANY ITEM ON GRANT LIST - PHILIPS INTELIVUE MONITORS, GE PANDA WARMER, NATUS
BAPTIST HEALTH FOUNDATION HARDIN 913 NORTH DIXIE AVENUE ELIZABETHTOWN, KY 42701	61-1251585	501(C)(3)	85,000.	0.			\$85,000.00 TOWARDS THE PANDA WARMER, LUNA ADVANCE SIMULATION BABY, BROSELOW CART, LITEZILLA,
BAPTIST HEALTH FOUNDATION MADISONVILLE INC - 900 HOSPITAL DRIVE - MADISONVILLE, KY 42431	47-2893430	501(C)(3)	9,000.	0.			\$9,000.00 FOR ANY LINE ITEM - FOR SKYLIFE PHOTOTHERAPY SYSTEM, TUMBLE FORMS 2 JETTMOBILE
BAPTIST HEALTH FOUNDATION PADUCAH INC - 2501 KENTUCKY AVENUE - PADUCAH, KY 42003	26-4057759	501(C)(3)	17,000.	0.			\$17,000.00 FOR ITEMS 1-4 AND ITEMS 6-7 (PANDA IRES BEDDED WARMERS, SCALES-PANDA IN-BED,
BARDSTOWN INDEPENDENT SCHOOLS 308 NORTH 5TH ST BARDSTOWN, KY 40004	61-6001009	GOVERNMENT	25,000.	0.			\$25,000.00 FOR PLAYGROUND EQUIPMENT WITH CRUSADE SIGNAGE. NO SHIPPING OR INSTALLATION COSTS.
BARREN RIVER AREA CHILD ADVOCACY CENTER INC. - 103 E. 12TH AVE - BOWLING GREEN, KY 42101	61-1337449	501(C)(3)	11,500.	0.			\$11,500.00 FOR SALARY FOR FORENSIC INTERVIEWERS & PREVENTION EDUCATION COORDINATOR AND

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELLARMINE UNIVERSITY-KIDS ON THE MOVE - 2001 NEWBURG RD - LOUISVILLE, KY 40205	61-0482955	501(C)(3)	70,000.	0.			\$70,000.00 FOR ITEMS 1-3 AND 5-6 (ICANBIKE CAMP, GOBABYGO, TREXO, 4D MOTION CAPTURE, AND SMART
BELLARMINE UNIVERSITY-SCHOLARSHIPS - SPECIAL ED - 2001 NEWBURG RD - LOUISVILLE, KY 40205	61-0482955	501(C)(3)	15,700.	0.			\$15,700.00 FOR PARTIAL SCHOLARSHIPS FOR STUDENTS SEEKING SPECIAL EDUCATION CERTIFICATION -
BEREA INDEPENDENT SCHOOL DISTRICT 3 PIRATE PARKWAY BERA, KY 40403	61-0905658	GOVERNMENT	8,500.	0.			\$8,500 FOR CAREER EXPLORATION- CLEANING MAINTENANCE, JOB SKILLS TRAINING, CAREER
BEST BUDDIES INTERNATIONAL INC 3044 BARDSTOWN RD#1274 LOUISVILLE, KY 40205	52-1614576	501(C)(3)	6,000.	0.			\$6,000 FOR PROGRAM MANAGER SALARY. WE ARE INTERESTED IN FUNDING FUTURE GRANT PROPOSALS TO
BIG BROTHERS BIG SISTERS OF KENTUCKIANA INC - 1519 GARDINER LANE - LOUISVILLE, KY 40218	61-6057856	501(C)(3)	16,000.	0.			\$16,000 FOR SALARY FOR MATCH SUPPORT STAFF, SALARY FOR ENROLLMENT STAFF, AND SALARY FOR
BLUEGRASS CENTER FOR AUTISM INC 9810 BLUEGRASS PARKWAY LOUISVILLE, KY 40299	27-2279128	501(C)(3)	29,000.	0.			\$29,000.00 TOWARDS THE NEW POSITION OF A COMMUNITY COORDINATOR SALARY
BOY SCOUTS OF AMERICA LINCOLN HERITAGE COUNCIL - 12001 SYCAMORE STATION PLACE - LOUISVILLE, KY 40299	61-0445839	501(C)(3)	5,825.	0.			\$5,825 FOR ITEMS 2-5 - ACCESSIBLE PORTABLE TOILETS, ARTS & CRAFTS SUPPLIES, BUBBLE BUG
BOYS & GIRLS CLUBS INC BOYS & GIRLS CLUBS OF KENTUCKIANA - 3900 CRITTENDEN DR - LOUISVILLE, KY 40209	61-0568789	501(C)(3)	6,300.	0.			\$6,300.00 FOR CLUB MEMBERSHIPS FOR YOUTH
BRECKINRIDGE COUNTY BOARD OF EDUCATION - 86 AIRPORT ROAD - HARDINSBURG, KY 40143	61-6001288	GOVERNMENT	30,040.	0.			TOTAL GRANT AWARD \$30,040 - \$5,040 FOR THE HARPO MOUNTBATTEN TUTOR AND THE REMAINING AMOUNT FOR

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BULLITT COUNTY PUBLIC SCHOOLS 1040 HWY 44 EAST SHEPHERDSVILLE, KY 40165	61-6001357	GOVERNMENT	41,831.	0.			\$41,831.00 FOR ITEMS 1-3 (EQUIPMENT FOR STUDENTS WITH VISUAL IMPAIRMENTS, SPEECH/LANGUAGE
BURGIN BOARD OF EDUCATION PO BOX B BURGIN, KY 40310	61-6001391	GOVERNMENT	17,500.	0.			\$17,500.00 FOR ORIENTATION AND MOBILITY SPECIALIST, 86" SMART TVS AND MOUNTS, AND LARGE
CAMP TESSA INC 620 N MULBERRY ST. ELIZABETHTOWN, KY 42701	20-2632503	501(C)(3)	6,000.	0.			\$6,000.00 FOR ANY ITEM ON GRANT LIST - TEACHER'S SALARY, MUSIC THERAPY, COMMUNITY BASED
CAMPBELLSVILLE INDEPENDENT SCHOOLS 136 SOUTH COLUMBIA AVENUE CAMPBELLSVILLE, KY 42718	61-6001031	GOVERNMENT	14,000.	0.			\$14,000.00 FOR ALL OF ITEMS 1 AND 2 SOCIAL/SELF-HELP/ADAPTIVE AND MOTOR/SENSORY
CASA AT WOODLAWN INC (OF THE BLUEGRASS) - PO BOX 45 - DANVILLE, KY 40423	26-1841458	501(C)(3)	6,000.	0.			\$6,000.00 TOWARDS THE SALARY OF A VOLUNTEER COORDINATOR
CASA OF CALLOWAY AND MARSHALL COUNTIES INC (BY THE LAKES) - 2371 US HWY 641 N PO BOX 383 - MURRAY, KY 42071	20-4033610	501(C)(3)	6,000.	0.			\$6,000.00 TOWARDS THE SALARY FOR A FULL TIME ADVOCATE COORDINATOR
CASA OF LEXINGTON 3245 LOCH NESS DRIVE LEXINGTON, KY 40517	61-1339185	501(C)(3)	15,000.	0.			\$15,000.00 TOWARDS THE SALARY FOR ONE VOLUNTEER MANAGER
CASA OF THE HEARTLAND INC PO BOX 6065 ELIZABETHTOWN, KY 42702-6065	26-0876943	501(C)(3)	10,500.	0.			\$10,500.00 TOWARDS THE SALARY OF AN ADVOCATE VOLUNTEER MANAGER
CASA OF THE RIVER REGION FKA CASA PROGRAM FOR BULLITT COUNTY INC. - 982 EASTERN PARKWAY, BOX 9 - LOUISVILLE, KY 40217	61-1454102	501(C)(3)	16,000.	0.			\$16,000.00 TO SUPPORT THE SALARIES FOR TWO VOLUNTEER COORDINATORS. NO FUNDING TOWARDS THE

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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CASA, INC., CASA OF THE RIVER REGION - 982 EASTERN PARKWAY, BOX 9 - LOUISVILLE, KY 40217	61-1066568	501(C)(3)	15,000.	0.			\$15,000.00 FOR ITEM NUMBER 1 - SALARY FOR ADVOCACY SUPERVISOR. NO FUNDING FOR THE TRAINING
CEREBRAL PALSY KIDS CENTER KIDS CENTER FOR PEDIATRIC THERAPIES - 982 EASTERN PARKWAY - LOUISVILLE, KY 40217	61-0492378	501(C)(3)	15,000.	0.			\$15,000.00 TO COVER THE FULL COSTS OF ITEMS 1-4 AND 6-8 (ADHD EVALUATION TEST KIT: ADDES-5,
CHILDPLACE, INC. 2420 E 10TH STREET JEFFERSONVILLE, IN 47130	35-1129180	501(C)(3)	16,000.	0.			\$16,000.00 FOR ANY ITEM ON GRANT LIST - SUPER ACTIVE SENSORY ROOM BUNDLE, INTERACTIVE
CHILDRENS HOSPITAL FOUNDATION NORTON CHILDREN'S HOSPITAL - 234 E. GRAY STREET SUITE 450 - LOUISVILLE, KY 40202	61-6027530	501(C)(3)	550,000.	0.			\$550,000.00 FOR LEICA ARVEO 8 NEUROLOGICAL MICROSCOPES
CLARK COUNTY YOUTH SHELTER AND FAMILY SERVICES INC - PO BOX 886 118 EAST CHESTNUT STREET - JEFFERSONVILLE, IN 47131	31-1126065	501(C)(3)	12,000.	0.			\$12,000.00 FOR ITEM NUMBER 2 THE PART-TIME 3RD SHIFT YOUTH WORKER. NO FUNDING ALLOWED FOR
CLOVERPORT INDEPENDENT SCHOOL DISTRICT - 301 POPLAR ST. - CLOVERPORT, KY 40111	61-6001396	GOVERNMENT	63,000.	0.			\$63,000 FOR ADA VAN W/ LIFT, PROGRAM ASSISTANT SALARY, TECHNOLOGY, AND SOFTWARE/PROGRAM,
COMMONWEALTH HEALTH FOUNDATION MED CENTER HEALTH FOUNDATION - 800 PARK STREET - BOWLING GREEN, KY 42101	61-1362000	501(C)(3)	7,800.	0.			\$7,800.00 FOR PEDIATRIC GYM EQUIPMENT WITH CRUSADE FOR CHILDREN SIGNAGE
COMMONWEALTH THEATRE CENTER INC 1123 PAYNE STREET LOUISVILLE, KY 40204	61-0902722	501(C)(3)	7,500.	0.			\$7,500.00 FOR RESILIENCY RESIDENCIES, DRAMA CLUB-FALL AND SPRING SEMESTERS, EARLY
COMMUNITY ACTION OF SOUTHERN INDIANA INC - 201 E 15TH STREET - JEFFERSONVILLE, IN 47130	02-0591170	501(C)(3)	19,000.	0.			\$19,000.00 FOR CURRICULUM MATERIALS FROM KAPLAN AND LAKESHORE AS OUTLINED IN ITEMIZED DOCUMENTS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY MEDICAL ASSOCIATES INC/NORTON CHILDREN'S MEDICAL GROUP - 224 EAST BROADWAY, 5TH FLOOR - LOUISVILLE, KY 40202-2025	61-1276316	501(C)(3)	45,000.	0.			\$45,000.00 FOR ITEMS 1, 2, 3 AND 4 ON THE GRANT LIST - SMARTBOARD 6075 INTERVIEW PANEL WITH IQ+
COMMUNITY MEDICAL ASSOCIATES INC/NORTON CHILDREN'S MEDICAL GROUP - 224 EAST BROADWAY, 5TH FLOOR - LOUISVILLE, KY 40202-2025	61-1276316	501(C)(3)	45,000.	0.			\$45,000.00 TOWARDS THE SALARY FOR A NUTRITIONIST - CLINICAL STAFF
COMMUNITY MEDICAL ASSOCIATES INC/NORTON CHILDREN'S MEDICAL GROUP - 224 EAST BROADWAY, 5TH FLOOR - LOUISVILLE, KY 40202-2025	61-1276316	501(C)(3)	21,000.	0.			\$21,000.00 FOR ANY ITEM ON GRANT LIST - IPADS WITH CASES AND ACCESSORIES,
COMMUNITY MEDICAL ASSOCIATES INC/NORTON CHILDREN'S MEDICAL GROUP - 224 EAST BROADWAY, 5TH FLOOR - LOUISVILLE, KY 40202-2025	61-1276316	501(C)(3)	90,000.	0.			\$90,000.00 FOR TRANSNASAL ENDOSCOPE
CRITICALLY LOVED P.O. BOX 43047 LOUISVILLE, KY 40253	81-5273913	501(C)(3)	7,000.	0.			\$7,000.00 FOR PROFESSIONAL COUNSELING/THERAPY AND EQUINE EMOTIONAL SUPPORT
DEAF YOUTH SPORTS FESTIVAL INC P. O. BOX 421304 INDIANAPOLIS, IN 46242	01-0702831	501(C)(3)	15,000.	0.			\$15,000 FOR SCHOLARSHIPS FOR CHILDREN TO PARTICIPATE IN SPORTING COMPETITIONS AT THE DEAF
DORMAN PRESCHOOL CENTER 719 BURKS BRANCH RD SHELBYVILLE, KY 40065	61-0620554	501(C)(3)	20,000.	0.			\$20,000.00 FOR TABLES, CHAIRS, SHELVES AND OUTDOOR FURNITURE
DOWN SYNDROME ASSOCIATION OF CENTRAL KENTUCKY INC - 2265 HARRODSBURG ROAD SUITE 370 - LEXINGTON, KY 40504	38-3682694	501(C)(3)	7,000.	0.			\$7,000 FOR THE EDUCATION COORDINATOR SALARY
DOWN SYNDROME OF LOUISVILLE INC 5001 S HURSTBOURNE PARKWAY LOUISVILLE, KY 40291	61-1214126	501(C)(3)	21,000.	0.			\$21,000.00 FOR SALARIES FOR CERTIFIED RETURNING SEE TEACHERS AND ASSISTANTS, DSL POP UP

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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DOWN SYNDROME OF SOUTH CENTRAL KENTUCKY - 522 STATE STREET - BOWLING GREEN, KY 42101	61-1357521	501(C)(3)	7,500.	0.			\$7,500.00 FOR VIBE SMART BOARD AND SCHOLARSHIP FUNDS - SPEECH THERAPY
DREAMS WITH WINGS, INC. 1579 BARDSTOWN ROAD LOUISVILLE, KY 40205	61-1371540	501(C)(3)	7,000.	0.			\$7,000.00 FOR ITEM 1 AND ITEM 3- STAFF/TEACHING ARTISTS AND PROGRAM EQUIPMENT. NO FUNDING
EASTERN KENTUCKY UNIVERSITY EKU-ASSISTIVE TECHNOLOGY PROJECT - 521 LANCASTER AVE. - RICHMOND, KY 40475	61-1011211	GOVERNMENT	12,000.	0.			\$12,000.00 FOR ANY ITEM ON GRANT LIST - COMMUNICATION KITS, BRAILLE RESOURCES,
EASTERN KENTUCKY UNIVERSITY EKU-SCHOLARSHIPS - 521 LANCASTER AVE. - RICHMOND, KY 40475	61-1011211	GOVERNMENT	19,600.	0.			\$19,600.00 FOR SCHOLARSHIPS FOR STUDENTS SEEKING SPECIAL EDUCATION CERTIFICATION --
EMINENCE INDEPENDENT SCHOOL 254 WEST BROADWAY EMINENCE, KY 40019	61-6001055	GOVERNMENT	24,000.	0.			\$24,000.00 FOR ITEMS 1 AND 3 INSTRUCTION (CO-WRITER AND CLICKER SOFTWARE, IPADS, OSMO
ENGLISHTON PARK INC. ENGLISHTON PARK ACADEMIC REMEDIATION AND TRAINING CENTER - PO BOX 240 - LEXINGTON, IN 47138	23-7378186	501(C)(3)	5,500.	0.			FULL GRANT! \$5,500 FOR ABOVE GROUND SWIMMING POOL
EXPLOITED CHILDRENS HELP ORGANIZATION OF GREATER LOUISVILLE ECHO - 1411 ALGONQUIN PARKWAY - LOUISVILLE, KY 40210	31-1094281	501(C)(3)	7,500.	0.			\$7,500 FOR SALARY-PROGRAM COORDINATOR AND PROGRAM MATERIALS
FAMILY & CHILDREN'S PLACE 525 ZANE STREET LOUISVILLE, KY 40203	61-0549561	501(C)(3)	27,000.	0.			\$27,000 FOR FORENSIC PEDIATRICIAN SALARY, MEDICAL ASSISTANT SALARY, 2 FAMILY THERAPIST
FAMILY ARK INC 101 NOAHS LANE JEFFERSONVILLE, IN 47130	35-1292608	501(C)(3)	15,000.	0.			\$15,000.00 FOR CAPITAL COST TO RENOVATE GARAGE INTO THERAPIST/CASE MANAGER OFFICES

Schedule I (Form 990)

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FAMILY ENRICHMENT CENTER INC 1133 ADAMS STREET BOWLING GREEN, KY 42101	61-0956466	501(C)(3)	6,875.	0.			FULL GRANT! \$6,875.00 FOR A FULL-TIME STAFF PERSON FOR ONE-ON-ONE INTERVENTION SERVICES
FAMILY SCHOLAR HOUSE INC 403 REG SMITH CIRCLE LOUISVILLE, KY 40208	61-1285124	501(C)(3)	15,000.	0.			\$15,000 FOR ART THERAPIST STIPEND, HEALTH AND WELLNESS COACH SALARY, AND PROGRAM MATERIAL AND
FATHER MALONEYS BOYS HAVEN INC BOYS & GIRLS HAVEN - 2301 GOLDSMITH LANE - LOUISVILLE, KY 40218	61-0479621	501(C)(3)	70,000.	0.			\$70,000 FOR ITEMS 1-4, AND ITEM 6 - THERAPIST SALARIES, THERAPEUTIC SUPPORT SALARY, NURSE
FEAT OF LOUISVILLE INC 1100 EAST MARKET STREET LOUISVILLE, KY 40206	61-1374663	501(C)(3)	13,500.	0.			\$13,500.00 FOR ANY ITEM ON GRANT LIST - DREAMS IN MOTION SUMMER CAMP STAFFING, VEHICLE RENTAL,
FLAGET MEMORIAL HOSPITAL FOUNDATION INC - 4305 NEW SHEPHERDSVILLE ROAD - BARDSTOWN, KY 40004	56-2351341	501(C)(3)	35,000.	0.			\$35,000.00 FOR PHILIPS INTELLIVUE MX450 PATIENT MONITORS AND PANDA WARMERS
FLOYD MEMORIAL FOUNDATION INC 1850 STATE STREET NEW ALBANY, IN 47150	31-0933781	501(C)(3)	42,000.	0.			\$42,000.00 FOR ITEMS 1, 2 AND 3 - NEONATAL ZOLL DEFIBRILLATOR, ONE GIRAFFE OMNIBED
FRANKLIN COUNTY SCHOOLS 190 KINGS DAUGHTERS DRIVE FRANKFORT, KY 40383	61-6001280	GOVERNMENT	21,000.	0.			\$21,000.00 FOR SALARY FOR ONE INSTRUCTIONAL ASSISTANT AND MATERIALS FOR MOVING WITH MATH
FRIENDS SCHOOL INC 901 BRECKENRIDGE LANE LOUISVILLE, KY 40207	61-1213141	501(C)(3)	20,000.	0.			\$20,000 FOR PARTIAL SALARY FOR RESOURCE TEACHER AND INCLUSION ASSISTANT
FUND FOR THE ARTS INC 623 W. MAIN ST. LOUISVILLE, KY 40202	61-0479626	501(C)(3)	8,000.	0.			\$8,000.00 FOR FUNDING FOR ARTS EDUCATION PROGRAM

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAYSON COUNTY SCHOOLS 790 SHAWN STATION ROAD LEITCHFIELD, KY 42754	61-6001310	GOVERNMENT	10,000.	0.			\$10,000.00 FOR LARGE AND MEDIUM POST MOUNTED COMMUNICATION BOARDS WITH MOUNTINGS (NOT TO EXCEED
GREATER CLARK COUNTY SCHOOLS 2112 UTICA SELLERSBURG RD JEFFERSONVILLE, IN 47111	35-1151414	GOVERNMENT	20,000.	0.			\$20,000.00 TO PURCHASE SOFTWARE PROGRAMS, LANGUAGE ACQUISITION THROUGH MOTOR PLANNING,
GREEN COUNTY BOARD OF EDUCATION 402 E. HODGENVILLE AVE GREENSBURG, KY 42743	61-6001285	GOVERNMENT	7,057.	0.			FULL GRANT!!! \$7,056.96 FOR SENSORY CLASSROOM, TECHNOLOGY EQUIPMENT, AND ACADEMIC CURRICULUM
GREEN HILL THERAPY INC 1410 LONG RUN ROAD LOUISVILLE, KY 40245	61-1378588	501(C)(3)	23,000.	0.			\$23,000.00 FOR SCHOLARSHIPS FOR CHILDREN WITH AUTISM FOR HIPPO THERAPY AND
GREEN RIVER AREA DOWN SYNDROME ASSOCIATION INC GRADSA - PO BOX 2031 - OWENSBORO, KY 42302	61-1312541	501(C)(3)	10,000.	0.			\$10,000.00 FOR SALARIES FOR TWO DANCE COACHES, SKILL BUILDING CLASS INSTRUCTORS, AND
GREEN RIVER REGIONAL EDUCATION COOPERATIVE INC - 230 TECHNOLOGY WAY - BOWLING GREEN, KY 42101	61-1346957	501(C)(3)	6,000.	0.			\$6,000 FOR ANY ITEM ON GRANT LIST - A-FRAME COMMUNICATION BOARDS, IPADS, ITUNES CARDS FOR
HARBOR HOUSE OF LOUISVILLE INC CAPITAL - 2231 LOWER HUNTER'S TRACE - LOUISVILLE, KY 40216	61-1216323	501(C)(3)	25,000.	0.			\$25,000 FOR CAPITAL COSTS FOR INTERGENERATIONAL LIFE CENTER IN SOUTHWEST LOUISVILLE. WE ENCOURAGE
HARDIN COUNTY SCHOOLS SPECIAL EDUCATION DEPARTMENT HARDIN COUNTY SCHOOLS - 521 CHARLEMAGNE BLVD STE 100 - ELIZABETHTOWN, KY 42701	61-6001274	GOVERNMENT	50,000.	0.			\$50,000.00 FOR 9-PASSENGER VANS WITH CRUSADE SIGNAGE AND RECOMMENDED LICENSE
HARRISON COUNTY EXCEPTIONAL LEARNERS COOPERATIVE - 121 HIGH SCHOOL RD - CORYDON, IN 47112	35-1172509	GOVERNMENT	12,000.	0.			\$12,000.00 FOR MUSIC THERAPY (PERSONAL COUNSELING), ANGELES SOUND SPONGE QUIET

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HENRY COUNTY PUBLIC SCHOOLS 326 S. MAIN ST NEW CASTLE, KY 40050	61-6001335	GOVERNMENT	30,000.	0.			\$30,000.00 TOWARDS ITEM NUMBER 1 FOR CAREER EXPLORATION ADAPTED SERIES, 17 MODULES. NO
HEUSER HEARING & LANGUAGE ACADEMY INC - 111 E KENTUCKY ST - LOUISVILLE, KY 40203	61-0492369	501(C)(3)	25,000.	0.			\$25,000.00 FOR ABR SOFTWARE, LICENSE, SERVER, AND NAVIGATION SERVICES. PER OUR
HOME OF THE INNOCENTS 1100 EAST MARKET STREET LOUISVILLE, KY 40206	61-0445834	501(C)(3)	103,000.	0.			\$103,000.00 FOR STOCKTON BEDS, MONROE BEDS, AND POSEY BED + CANOPY (NOT TO EXCEED THE AMOUNTS
HOSPARUS INC HOSPARUS HEALTH 6200 DUTCHMANS LANE LOUISVILLE, KY 40205	61-0921718	501(C)(3)	40,000.	0.			\$40,000 TO SUPPORT SALARIES FOR KOURAGEOUS KIDS SOCIAL WORKER, KOURAGEOUS KIDS CHAPLAIN,
HOSPICE OF THE BLUEGRASS INC BLUEGRASS CARE NAVIGATORS - 1733 HARRODSBURG ROAD - LEXINGTON, KY 40504	61-0978097	501(C)(3)	8,000.	0.			\$8,000.00 FOR PALLIATIVE CARE HOME VISITS AND PATIENT FAMILY LIVING EXPENSES
I WOULD RATHER BE READING 609 W MAIN STREET LOUISVILLE, KY 40202	82-4974981	501(C)(3)	6,500.	0.			\$6,500.00 FOR ITEMS 1 AND 2 - SALARY FOR READING INTERVENTIONIST AND ENRICHMENT OPPORTUNITIES.
ISAAC W BERNHEIM FOUNDATION INC BERNHEIM ARBORETUM AND RESEARCH FOREST - 2499 CLERMONT ROAD - CLERMONT, KY 40110	61-0444651	501(C)(3)	20,000.	0.			\$20,000 FOR ACCESSIBLE MUD/CONSTRUCTIVE PLAY AREA, ADA SIDEWALK, ACCESSIBILITY PLAY
JAMES WHITCOMB RILEY MEMORIAL ASSOCIATION RILEY CHILDREN'S FOUNDATION - PO BOX 3356 - INDIANAPOLIS, IN 46206-3356	35-0868147	501(C)(3)	6,000.	0.			\$6,000 FOR CAMPERSHIPS FOR RILEY CAMP SESSIONS 1, 2 AND 3, KAN DU CAMP, BEYOND THE WOODS CAMP,
JEFFERSON COUNTY BOARD OF EDUCATION JEFFERSON COUNTY PUBLIC SCHOOLS JCPS-AUTISM - 3332 NEWBURG ROAD - LOUISVILLE, KY 40218	61-6001316	GOVERNMENT	7,500.	0.			TOTAL AWARD \$7,500.00 FOR MOTIVAIDER, TIME TIMERS, BOUNCY BANDS, LIGHT FILTERS, STRESS BALLS,

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JEFFERSON COUNTY BOARD OF EDUCATION JEFFERSON COUNTY PUBLIC SCHOOLS JCPS-COMMUNI - 3332 NEWBURG ROAD - LOUISVILLE, KY	61-6001316	GOVERNMENT	15,000.	0.			TOTAL AWARD \$15,000.00 FOR ANY ITEM ON THE GRANT LIST - EXPRESSIVE EXPANSION TOOL (EET) KIT
JEFFERSON COUNTY BOARD OF EDUCATION JEFFERSON COUNTY PUBLIC SCHOOLS JCPS-DEAF AN - 3332 NEWBURG ROAD - LOUISVILLE, KY	61-6001316	GOVERNMENT	40,000.	0.			TOTAL AWARD \$40,000.00 FOR ANY ITEM ON GRANT LIST - DYNAMIC CLASSROOM SOUNDFIELD SYSTEMS,
JEFFERSON COUNTY BOARD OF EDUCATION JEFFERSON COUNTY PUBLIC SCHOOLS JCPS-MODERAT - 3332 NEWBURG ROAD - LOUISVILLE, KY	61-6001316	GOVERNMENT	65,000.	0.			TOTAL AWARD \$65,000.00 FOR NEWS-TO-YOU LICENSES, UNIQUE LEARNING SYSTEM LICENSES, AND SYMBOLSTIX
JEFFERSON COUNTY BOARD OF EDUCATION JEFFERSON COUNTY PUBLIC SCHOOLS JCPS-VISUALL - 3332 NEWBURG ROAD - LOUISVILLE, KY	61-6001316	GOVERNMENT	27,500.	0.			TOTAL AWARD \$27,500.00 FOR ANY ITEM ON GRANT LIST - IPAD PRO TABLETS, IPAD PRO PROTECTIVE CASES
JEFFERSON COUNTY BOARD OF EDUCATION JEFFERSON COUNTY PUBLIC SCHOOLS JCPS-ASSISTI - 3332 NEWBURG ROAD -	61-6001316	GOVERNMENT	64,000.	0.			TOTAL AWARD \$64,000.00 FOR ANY ITEM ON GRANT LIST - IPAD TABLETS, VOLUME APP PURCHASE FOR
JEWISH COMMUNITY OF LOUISVILLE INC JCC - CAPITAL REQUEST - 3600 DUTCHMANS LANE - LOUISVILLE, KY 40205	61-0444765	501(C)(3)	55,000.	0.			\$55,000 FOR ITEMS 1 AND 2 - PLAYBOOSTER AND FREESTANDING EQUIPMENT. NO FUNDING FOR NO FAULT
JEWISH COMMUNITY OF LOUISVILLE INC JCC - PROGRAMMATIC SUPPORT - 3600 DUTCHMANS LANE - LOUISVILLE, KY 40205	61-0444765	501(C)(3)	9,000.	0.			\$9,000 FOR ADVOCATES FOR ELC, CAMP J, CLUB J, SCHOOLS OUT DAYS AND ENRICHMENT CLASSES
KENDYL AND FRIENDS FOUNDATION INC P.O. BOX 298 BURGIN, KY 40310	82-1129419	501(C)(3)	12,000.	0.			\$12,000 FOR CAPITAL COST FOR THE ACCESSIBLE BASEBALL FIELD - FOR TWO LARGE RECTANGLE SHADES
KENTUCKIANA CENTER FOR EDUCATION HEALTH AND RESEARCH INC KENTUCKIANA CHILDREN'S - 1810 BROWNSBORO RD - LOUISVILLE, KY	61-6014488	501(C)(3)	10,000.	0.			TOTAL AWARD \$10,000 - (\$7,000 FOR SALARIES FOR PEDIATRIC CHIROPRACTOR, AND \$3,000 FOR

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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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KENTUCKY CENTER FOR SPECIAL CHILDRENS SERVICES CARRIAGE HOUSE EDUCATIONAL SERVIC - 13101 EASTPOINT PARK BLVD - LOUISVILLE,	61-0680753	501(C)(3)	50,000.	0.			\$50,000 FOR ITEMS 1 AND 4 - PARTIAL SALARY FOR A BOARD CERTIFIED BEHAVIOR ANALYST & INTERN AND
KENTUCKY EASTER SEAL SOCIETY INC EASTER SEALS CARDINAL HILL CAPITAL GRANT - 2050 VERSAILLES ROAD - LEXINGTON, KY 40504	61-0444712	501(C)(3)	50,000.	0.			\$50,000 FOR CAPITAL COSTS FOR THE SERVICE EXPANSION: PRESCRIBED PEDIATRIC EXTENDED CARE
KENTUCKY HEMOPHILIA FOUNDATION INC 1850 TAYLOR AVENUE SUITE 2 - LOUISVILLE, KY 40213-1594	61-0656750	501(C)(3)	6,124.	0.			FULL GRANT! \$6,124.00 FOR ANY ITEM ON GRANT LIST FOR THE 2023 SUMMER CAMP PROGRAM FOR CHILDREN
KENTUCKY LIONS EYE FOUNDATION INC 301 E MUHAMMAD ALI BLVD LOUISVILLE, KY 40202	61-0516171	501(C)(3)	16,000.	0.			\$16,000.00 FOR SALARY FOR VISION SCREENING ADVOCATE AND SPOT VISION SCREENER DEVICES
KENTUCKY SCHOOL FOR THE DEAF CHARITABLE FOUNDATION INC - P.O. BOX 27 - DANVILLE, KY 40423	61-1091577	501(C)(3)	10,000.	0.			\$10,000 FOR ASL TUTORING AND MATERIALS TO SUPPORT THE PROGRAM
KIDS CANCER ALLIANCE INC INDIAN SUMMER CAMP - 611 W MAIN ST STE 300 - LOUISVILLE, KY 40202	61-1256743	501(C)(3)	10,000.	0.			\$10,000.00 FOR CAMPERSHIPS FOR KIDS CANCER ALLIANCE'S ONCOLOGY CAMP
LAKE CUMBERLAND COMMUNITY ACTION AGENCY - LAKE CUMBERLAND COMMUNITY ACTION AGENCY/HEAD START - JAMESTOWN, KY 42629	61-0855431	501(C)(3)	6,500.	0.			\$6,500.00 FOR WELCH ALLYN SPOT VISION SCREENER PACKAGE WITH CRUSADE FOR CHILDREN SIGNAGE
LEXINGTON HEARING AND SPEECH CENTER INC - 350 HENRY CLAY BLVD. - LEXINGTON, KY 40502	61-0593951	501(C)(3)	6,000.	0.			\$6,000.00 FOR AUDITORY VERBAL THERAPY SERVICES
LOUISVILLE PRESBYTERIAN THEOLOGICAL SEMINARY - 1044 ALTA VISTA ROAD - LOUISVILLE, KY 40205	61-0444768	501(C)(3)	6,000.	0.			\$6,000 FOR ANY ITEM ON GRANT LIST - SALARIES FOR PLAY THERAPY SUPERVISORS, ART SUPPLIES, TOYS, SAND

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MADISON AREA EDUCATIONAL SPECIAL SERVICES UNIT - 702 ELM STREET - MADISON, IN 47250	35-1371543	GOVERNMENT	5,797.	0.			FULL GRANT! \$5,796.66 FOR ANY ITEM ON GRANT LIST - SSU OT SERVICES AND CLASSROOM EQUIPMENT
MADISON CONSOLIDATED SCHOOLS 2421 WILSON AVE. MADISON, IN 47250	35-6002609	GOVERNMENT	37,500.	0.			\$37,500.00 TOWARDS RESOURCES FOR GROSS MOTOR, FINE MOTOR, AND PERCEPTUAL DEVELOPMENT
MARION COUNTY BOARD OF EDUCATION 755 EAST MAIN STREET LEBANON, KY 40033	61-6001309	GOVERNMENT	30,000.	0.			\$30,000.00 FOR BALL MAZE PANELS, MARBLE PANELS, MATCH 4 PANELS AND GEAR PANELS
MARYHURST, INC 1015 DORSEY LANE LOUISVILLE, KY 40223	31-1542209	501(C)(3)	27,378.	0.			\$27,378.00 FOR PLATFORM BEDS OR ANY ITEM ON GRANT LIST - SHELVES, DESK, BEDROOM STOOLS (NOT TO
MEADE COUNTY PUBLIC SCHOOLS 1155 OLD EKRON RD. BRANDENBURG, KY 40108	61-6001248	GOVERNMENT	25,000.	0.			TOTAL GRANT AWARD \$25,000 - (\$4,132 FOR THE CONCERTO VITES WITH THE REMAINING AMOUNT FOR
MEREDITH-DUNN LEARNING CENTER INC MEREDITH-DUNN SCHOOL - 3023 MELBOURNE AVE - LOUISVILLE, KY 40220	23-7339248	501(C)(3)	20,000.	0.			\$20,000 FOR ANY ITEM ON GRANT LIST - STEP UP TO WRITING CLASSROOM KIT FOR GRADES 3-5, GRADES 6-8
MIRACLE DANCER SCHOLARSHIP FOUNDATION INC - 9013 GALENE DRIVE - LOUISVILLE, KY 40299	26-3653751	501(C)(3)	10,500.	0.			\$10,500 TUITION FEES, REGISTRATION FEES AND RECITAL FEES
MIRACLE LEAGUE OF LOUISVILLE INC CAPITAL REQUEST - 800 LILY CREEK RD., SUITE 102 - LOUISVILLE, KY 40243	61-1740095	501(C)(3)	25,000.	0.			\$25,000.00 FOR PAVILION CONSTRUCTION FOR ENHANCED ACCESS AND ENJOYMENT OF MLL COMPLEX
MOUNTAIN COMPREHENSIVE CARE CENTER, INC. - 104 SOUTH FRONT AVENUE - PRESTONSBURG, KY 41653-1614	61-0663787	501(C)(3)	10,000.	0.			\$10,000 FOR ITEMS 1 AND 2 - SALARY FOR CASE MANAGER AND ACTIVITIES, OUTINGS AND ART/CRAFT SUPPLIES

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NATIVITY ACADEMY AT ST BONIFACE INC - 529 EAST LIBERTY STREET - LOUISVILLE, KY 40202	51-0450314	501(C)(3)	25,000.	0.			\$25,000 FOR ANY ITEM ON GRANT LIST -- SALARY FOR ACADEMY SUPPORT COORDINATOR,
NELCASA INC NELCASA CASA OF NELSON COUNTY - PO BOX 726 - BARDSTOWN, KY 40004	61-1101749	501(C)(3)	13,080.	0.			TOTAL AWARD \$13,080.00 (\$12,000 TOWARDS THE SALARY OF A VOLUNTEER COORDINATOR AND \$1,080
NELSON COUNTY SCHOOLS 288 WILDCAT LANE BARDSTOWN, KY 40004	61-6001240	GOVERNMENT	20,000.	0.			\$20,000 FOR ADAPTIVE PLAYGROUND EQUIPMENT - TEN SPIN, PLATFORM SWING FOR THERAPY ROOM, BUBBLE
NEW ALBANY FLOYD COUNTY CONSOLIDATED SCHOOL CORPORATION NEW ALBANY FLOYD COUNTY - 2801 GRANT LINE ROAD - NEW ALBANY, IN	35-6005953	GOVERNMENT	14,500.	0.			\$14,500.00 FOR ANY ITEM ON GRANT LIST - SONOVA - HEARING EQUIPMENT ROGER TOUCHSCREEN, ROGER PEN,
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 SALARIES FOR INSTRUCTORS AND EQUINE ASSISTED ACTIVITIES AND THERAPY LESSONS
OLDHAM COUNTY BOARD OF EDUCATION 1900 BUTTON LANE LAGRANGE, KY 40031	61-6001306	GOVERNMENT	65,000.	0.			\$65,000 FOR CURRICULUM MATERIALS FOR HIGHLY STRUCTURED CLASSROOM; NO FUNDING FOR
ORANGE COUNTY REHABILITATIVE AND DEVELOPMENTAL SERVICES INC FIRST CHANCE CENTER - 986 WEST HOSPITAL ROAD - PAOLI, IN 47454	35-1160833	501(C)(3)	20,500.	0.			\$20,500.00 FOR SALARIES FOR PLAYGROUP FOR SPECIAL NEEDS CHILDREN, CORNER READING NOOK, UP AND DOWN
OWENSBORO DANCE THEATER INC 2705 BRECKENRIDGE STREET OWENSBORO, KY 42303	61-1040701	501(C)(3)	11,000.	0.			\$11,000.00 FOR ITEMS 1, 2 AND 4 - CLASS SESSIONS AT SIX AREA SCHOOLS, PUZZLE PIECES AND THE
OWENSBORO HEALTH FOUNDATION INC PO BOX 22505 OWENSBORO, KY 42304	61-1251763	501(C)(3)	15,000.	0.			\$15,000.00 FOR NICVIEW CAMERA SYSTEM. THE CRUSADE FOR CHILDREN ENCOURAGES YOUR NEXT

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PAOLI COMMUNITY SCHOOL CORPORATION THROOP ELEMENTARY SCHOOL - 301 ELM ST. - PAOLI, IN 47454	35-1102768	GOVERNMENT	60,000.	0.			\$60,000 FOR ANY ITEM ON GRANT LIST - GROUND PREPARATION, ELASTAPLAY POURED IN PLACE SURFACING
PAWS WITH PURPOSE, INC. P.O. BOX 5458 LOUISVILLE, KY 40255	20-0681397	501(C)(3)	18,000.	0.			\$18,000 FOR SALARY FOR DIRECTOR OF TRAINING, TRAINING ASSISTANTS, AND MEDICAL/VETERINARY/BREEDIN
PERSONAL COUNSELING SERVICE, INC. 1205 APPLGATE LANE CLARKSVILLE, IN 47129	31-0919635	501(C)(3)	21,000.	0.			\$21,000.00 TO PROVIDE MENTAL HEALTH COUNSELING, AND THERAPY AND MEDICATION MANAGEMENT
PITT ACADEMY 7515 WESTPORT ROAD LOUISVILLE, KY 40222	23-7066205	501(C)(3)	10,000.	0.			\$10,000 FOR SMARTBOARDS AND LAPTOPS (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM.)
PROJECT CAMP INC THE CENTER FOR COURAGEOUS KIDS - 1501 BURNLEY RD - SCOTTSVILLE, KY 42164	20-1789905	501(C)(3)	37,500.	0.			\$37,500.00 FOR CAMPER SPONSORSHIPS FOR KENTUCKY AND INDIANA CHILDREN AND STAFFING SUPPORT FOR
PROVIDENCE SELF SUFFICIENCY MINISTRIES INC PROVIDENCE HOUSE FAMILY PRESERVATION - 8037 UNRUH DRIVE - GEORGETOWN, IN 47122	35-1947580	501(C)(3)	10,000.	0.			\$10,000.00 FOR FURNITURE AND SUPPLIES, INCLUSIVE PLAY ITEMS, EMOTION/BEHAVIOR
PUZZLE PIECES INC 2401 NEW HARTFORD ROAD OWENSBORO, KY 42303	45-3042804	501(C)(3)	21,000.	0.			\$21,000.00 FOR PRE-EMPLOYMENT TRANSITION SERVICES (ETS) PROGRAM TEACHER/DEVELOPER SALARY
RACHELS FUN FOR EVERYONE PROJECT 118 PIEDMONT VINE GROVE, KY 40175	46-3267962	501(C)(3)	15,000.	0.			\$15,000 FOR SHADE STRUCTURES FOR THE FUN FOR EVERYONE PLAYGROUND AND SPLASH PAD
RAUCH INC 1045 PARK PLACE NEW ALBANY, IN 47150	35-1011521	501(C)(3)	13,500.	0.			\$13,500 FOR THERAPEUTIC DEVELOPMENTAL INTERVENTIONS PROGRAM STAFF

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ROCKCASTLE COUNTY HOSPITAL INC 145 NEWCOMB AVE. MOUNT VERNON, KY 40456	61-0523304	501(C)(3)	18,500.	0.			TOTAL AWARD \$18,500.00. FULL FUNDING FOR THE BLADDER SCANNER AND REMAINING FUNDING FOR
ROMAN CATHOLIC BISHOP OF LOUISVILLE ARCHDIOCESE OF LOUISVILLE - 3940 POPLAR LEVEL ROAD - LOUISVILLE, KY 40213-1463	61-0447247	501(C)(3)	40,000.	0.			TOTAL AWARD \$40,000 FOR FLEXIBLE DESKS, CHAIRS FOR FLEXIBLE SEATING, SENSORY MATERIALS,
SAINT JOSEPH BEREHA HOSPITAL FOUNDATION, INC. - 1451 HARRODSBURG ROAD, SUITE D-308 - LEXINGTON, KY 40504	26-0152877	501(C)(3)	12,000.	0.			\$12,000.00 FOR TWO VEIN FINDERS. THE CRUSADE WOULD LIKE TO SEE FUTURE GRANTS WITH A HIGHER
SAINT JOSEPH LONDON FOUNDATION INC 1451 HARRODSBURG ROAD, SUITE D-308 LEXINGTON, KY 40504	26-0438748	501(C)(3)	21,000.	0.			TOTAL AWARD \$21,000 FOR ALL OF ITEM 2 THE ALGO 7I NEWBORN HEARING SCREENER AND THE REMAINING AMOUNT
SAINT JOSEPH MOUNT STERLING FOUNDATION INC - 1451 HARRODSBURG ROAD, SUITE D-308 - LEXINGTON, KY 40504	27-2884584	501(C)(3)	40,000.	0.			\$40,000 FOR STRYKER BASSINETS AND CARESCAPE MONITORS. NO FUNDING ALLOWED FOR INSTALLATION
SEVEN COUNTIES SERVICES, INC. 10401 LINN STATION RD., SUITE 100 LOUISVILLE, KY 40223	31-0939757	501(C)(3)	126,000.	0.			TOTAL GRANT AWARD \$126,000 - FULL AMOUNT FOR ITEMS 4 AND 5 -OCCUPATIONAL THERAPY
SEVEN COUNTIES SERVICES, INC.	31-0939757	501(C)(3)	25,000.	0.			\$25,000 FOR NEW CABINETS AND COUNTERTOPS FOR COTTAGES
SHELBY COUNTY PUBLIC SCHOOLS 1155 MAIN ST SHELBYVILLE, KY 40065-1419	61-6001356	GOVERNMENT	74,000.	0.			\$74,000 FOR TRANSITION/CURRICULUM, ASSISTIVE TECHNOLOGY, AND OCCUPATIONAL/PHYSICAL
SILVER CREEK SCHOOL CORPORATION 601 RENZ AVE SELLERSBURG, IN 47172	85-1455065	GOVERNMENT	17,000.	0.			\$17,000.00 FOR ANY LINE ITEM - TOUCH SCREEN COMPUTERS, JUNO SOUND SYSTEMS, AND DIGITAL

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SOCIETY OF ST VINCENT DE PAUL COUNCIL OF LOUISVILLE - 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)	15,500.	0.			\$15,500.00 FOR ANY ITEM ON GRANT LIST - ONLINE CURRICULUM, JENNSWINGS ADA SEATS, PEANUT BALLS,
SPALDING UNIVERSITY, INC. 845 S. THIRD ST. LOUISVILLE, KY 40203	61-0444780	501(C)(3)	7,184.	0.			TOTAL AWARD - \$7,184.00 (\$6,534.00 TOWARDS THE LARGE SCALE PLAY BASED EQUIPMENT, TOOLS TO
SPECIAL OLYMPICS KENTUCKY, INC. 105 LAKEVIEW COURT FRANKFORT, KY 40601	61-0954571	501(C)(3)	15,000.	0.			\$15,000.00 FOR ITEMS 2 AND 4 (EQUIPMENT AND SALARIES).
SPENCER COUNTY PUBLIC SCHOOLS 110 REASOR AVENUE TAYLORSVILLE, KY 40071	61-6001367	GOVERNMENT	30,000.	0.			\$30,000 FOR CHROMEBOOKS/LENOVOS, DELL LAPTOPS, HP COLOR PRINTER, THERAPY
SPRINGS VALLEY SCHOOL CORPORATION 498 S. LARRY BIRD BLVD. FRENCH LICK, IN 47432	35-6006378	GOVERNMENT	12,200.	0.			TOTAL GRANT AWARD: \$12,200 - THE CRUSADE DOES NOT TYPICALLY PROVIDE FULL GRANTS.
ST FRANCIS HIGH SCHOOL INC ST. FRANCIS SCHOOL - 11000 US HWY 42 - GOSHEN, KY 40026	31-0896538	501(C)(3)	8,473.	0.			TOTAL GRANT AWARD \$8,473.00 - \$5,000 FOR SIDEWALK INSTALLATION AND \$3,473 FOR ITEMS 2 AND 3
ST JOSEPH HOSPITAL FOUNDATION INC THE WOMEN'S HOSPITAL AT SAINT JOSEPH EAST CAPI - 1451 HARRODSBURG ROAD, SUITE D-308 -	61-1159649	501(C)(3)	100,000.	0.			\$100,000 FOR EQUIPMENT TO REFRESH THE LEVEL III NICU AT THE WOMEN'S HOSPITAL AT SAINT JOSEPH
ST JOSEPHS CATHOLIC ORPHAN SOCIETY ST JOSEPH CHILDRENS HOME ST JOE'S CAPITAL CAM - 2823 FRANKFORT AVE - LOUISVILLE, KY 40206	61-0475286	501(C)(3)	80,000.	0.			\$80,000.00 FOR CAPITAL CAMPAIGN TO RENOVATE THE 1885 'LANDMARK' BUILDING - BUILDING FOREVER HOMES,

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPHS CATHOLIC ORPHAN SOCIETY ST JOSEPH CHILDRENS HOME ST. JOE'S/ANNUAL FUN - 2823 FRANKFORT AVE - LOUISVILLE, KY	61-0475286	501(C)(3)	30,000.	0.			TOTAL GRANT AWARD \$30,000 - \$20,000 FOR ITEM 2 - NURSING SALARY AND \$10,000 FOR ITEMS 3 AND 4
STAGE ONE THE LOUISVILLE CHILDRENS THEATRE INC - 315 W MARKET ST, STE 2S - LOUISVILLE, KY 40202	61-0466715	501(C)(3)	7,000.	0.			\$7,000.00 FOR TICKET SUPPORT AND SPONSORSHIP, MATERIALS AND SUPPLIES, ACCESS SERVICE FEES, AND
SUMMIT ACADEMY OF GREATER LOUISVILLE INC. - 11508 MAIN ST - LOUISVILLE, KY 40243	61-1214457	501(C)(3)	10,000.	0.			\$10,000.00 FOR ANY ITEM ON GRANT LIST - K-6TH CLASSROOM PACKS- MAKING MEANING, K-6TH EXPANDING
SUNRISE CHILDRENS SERVICES, INC. 300 HOPE ST PO BOX 1429 - MT. WASHINGTON, KY 40047	61-0597273	501(C)(3)	12,000.	0.			\$12,000.00 FOR GLEN DALE CENTER EXERCISE EQUIPMENT, NORDIC TRACK TREADMILL, ELLIPTICAL,
T J SAMSON COMMUNITY HOSPITAL 310 NORTH L ROGERS WELLS BLVD. GLASGOW, KY 42141	61-0461767	501(C)(3)	50,000.	0.			TOTAL GRANT AWARD \$50,000 - \$20,000 TO THE OUTDOOR HANDICAP ACCESSIBLE PLAYGROUND AND \$30,000 TO
TAYLOR COUNTY BOARD OF EDUCATION TAYLOR COUNTY SCHOOLS - 1209 E. BROADWAY - CAMPBELLSVILLE, KY 42718	61-6001256	GOVERNMENT	35,000.	0.			\$35,000 FOR CHROMEBOOKS AND LICENSES, SELF CHARGING MOBILE DEVICE CARTS, MULTI SENSORY
THE DE PAUL SCHOOL INC 1925 DUKER AVE LOUISVILLE, KY 40205	61-0711082	501(C)(3)	11,000.	0.			\$11,000.00 FOR ITEMS 1-3 (ROBOTIC SETS FOR GRADES K-5, IPAD CLASSROOM SET, AND MONOPRICE PE VOXEL 3D
THE MORTON CENTER INC 1028 BARRET AVE LOUISVILLE, KY 40204	31-1068020	501(C)(3)	21,000.	0.			\$21,000 FOR INDIVIDUAL ART THERAPY CHILDREN 6-13 AND INDIVIDUAL ART THERAPY ADOLESCENTS 14-17
THE POINT ARC OF NORTHERN KENTUCKY INC - 104 W. PIKE STREET - COVINGTON, KY 41011	23-7259409	501(C)(3)	11,000.	0.			\$11,000.00 FOR ITEM 3 TECHNOLOGY EQUIPMENT - CHROMEBOOKS AND SPEECH TABLETS FOR NON-VERBAL

Schedule I (Form 990)

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THE REATH CENTER INC 55 HERITAGE DR. CAMPBELLSVILLE, KY 42718	20-4464384	501(C)(3)	8,000.	0.			\$8,000 FOR SCHOLARSHIPS, INSTRUCTOR SALARIES AND RIDER HELMETS (NOT TO EXCEED AMOUNTS REQUESTED
TRUSTEES OF INDIANA UNIVERSITY 509 E 3RD ST. BLOOMINGTON, IN 47401	35-6001673	GOVERNMENT	8,974.	0.			TOTAL AWARD \$8,974.00 FOR SCHOLARSHIPS (\$6,000.00 FOR UNDERGRADUATE STUDENTS AND \$2,974.00
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION UK - ADAPTED TOY LENDING LIBRARY - 109 KINKEAD HALL - LEXINGTON, KY 40506	61-6033693	501(C)(3)	5,300.	0.			\$5,300.00 FOR ONE 3D PRINTERS AND ONE 3D LASER PRINTER. NO FUNDING FOR DESKTOP COMPUTERS AND
UNIVERSITY OF LOUISVILLE FOUNDATION INC SPECIAL EDUCATION SCHOLARSHIPS - 215 CENTRAL AVENUE - LOUISVILLE, KY 40208	23-7078461	501(C)(3)	17,700.	0.			\$17,700.00 FOR PARTIAL SCHOLARSHIPS FOR STUDENTS SEEKING SPECIAL EDUCATION CERTIFICATION --
UNIVERSITY OF LOUISVILLE FOUNDATION INC UOFL HOSPITAL CTR FOR WOMEN & INFANTS - 215 CENTRAL AVENUE - LOUISVILLE, KY 40208	23-7078461	501(C)(3)	130,000.	0.			\$130,000.00 FOR GE GIRAFFE OMNIBEDS CARESTATIONS AND GE GIRAFFE BEDDED WARMERS
UNIVERSITY OF LOUISVILLE FOUNDATION INC UOFL PEACE HOSPITAL - 215 CENTRAL AVENUE - LOUISVILLE, KY 40208	23-7078461	501(C)(3)	30,000.	0.			\$30,000.00 FOR DINING AND TUB ACTIVITY CHAIRS, ACTIVITIES AND SUPPLIES, ACTIVITY AND PEDESTAL
UNIVERSITY OF LOUISVILLE FOUNDATION INC UOFL PSYCHOLOGICAL SERVICES (ADHD) - 215 CENTRAL AVENUE - LOUISVILLE, KY 40208	23-7078461	501(C)(3)	28,000.	0.			\$28,000.00 FOR SALARY FOR LICENSED CLINICAL PSYCHOLOGIST, SALARY FOR CLINICAL SERVICES
UNIVERSITY OF LOUISVILLE FOUNDATION INC UOFL-MUSIC THERAPY CLINIC - 215 CENTRAL AVENUE - LOUISVILLE, KY 40208	23-7078461	501(C)(3)	18,000.	0.			\$18,000 FOR 10 SLIDING SCALE INDIVIDUAL FAMILIES AND 1 FACILITIES BASED SERVICES
VINCENNES COMMUNITY SCHOOL CORPORATION - 1545 SOUTH HART STREET ROAD - VINCENNES, IN 47591	35-1072159	GOVERNMENT	8,000.	0.			\$8,000.00 FOR ITEMS 1, 2 AND 4 (IHEAR SUBSCRIPTION - CENTER FOR DEAF AND HARD OF HEARING, CAMP

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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VISUALLY IMPAIRED PRESCHOOLERS SERVICES OF GREATER LOUISVILLE, INC.	61-1061973	501(C)(3)	42,000.	0.			\$42,000 FOR SALARIES FOR FULL TIME TEACHERS OF THE BLIND/VISUALLY IMPAIRED
VISUALLY IMPAIRED PRESCHOOLERS SERVICES OF GREATER LOUISVILLE, INC.	61-1061973	501(C)(3)	46,000.	0.			\$46,000.00 FOR SALARIES FOR A FULL TIME TEACHER AND DEVELOPMENTAL INTERVENTIONIST OF THE
VISUALLY IMPAIRED PRESCHOOLERS SERVICES OF GREATER LOUISVILLE, INC.	61-1061973	501(C)(3)	85,000.	0.			\$85,000.00 FOR SALARIES FOR TEACHERS, DEVELOPMENTAL INTERVENTIONIST, AND
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 SALARIES FOR CHILDRENS SERVICES COORDINATOR AND FAMILY SUPPORT SPECIALIST
WENDELL FOSTERS CAMPUS FOR DEVELOPMENTAL DISABILITIES INC - 815 TRIPLETT STREET - OWENSBORO, KY 42303	61-0490868	501(C)(3)	15,000.	0.			\$15,000 FOR PIVOT CABINETRY, FORMICA COUNTERS WITH UNDER-MOUNTED SINK WITH
WESTERN KENTUCKY UNIVERSITY KELLY AUTISM PROGRAM (KAP) - 1906 COLLEGE HEIGHTS BLVD. - BOWLING GREEN, KY 42101	61-6055628	501(C)(3)	22,000.	0.			\$22,000 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)	35,000.	0.			\$35,000 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)	19,600.	0.			\$19,600.00 FOR SCHOLARSHIPS FOR STUDENTS STUDYING SPECIAL EDUCATION -- PREFERENCE
WILDERNESS TRACE CHILD DEVELOPMENT CENTER CORPORATION - 409 STEWARTS LN N - DANVILLE, KY 40422-8825	61-1230722	501(C)(3)	8,500.	0.			\$8,500.00 FOR SALARIES FOR A SPEECH THERAPIST AND OCCUPATIONAL THERAPIST

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE YMCA CHILDCARE SERVICES / - 545 S. 2ND ST. - LOUISVILLE, KY 40202	61-0444843	501(C)(3)	50,000.	0.			TOTAL GRANT AWARD \$50,000 - \$15,500 FOR YMCA SAFE PLACE SERVICES - 3 YOUTH WORKERS, \$13,000 FOR
YOUTH ETHICS AND SKILLS CENTER INC 3812 WEST BROADWAY LOUISVILLE, KY 40211	26-2737625	501(C)(3)	7,500.	0.			\$7,500.00 FOR ANY ITEM ON GRANT LIST -SOFTWARE, COMPUTERS, PROGRAM FACILLITATORS, TECHNOLOGY
YOUTH LINK SOUTHERN INDIANA 1740 WILLIAMSBURG DRIVE, SUITE G JEFFERSONVILLE, IN 47130	32-0015379	501(C)(3)	11,028.	0.			\$11,027.54 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: 4 LEAF FRIENDS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$30,000 TOWARDS ITEM 1 - SURFACING

FOR ELIZABETHTOWN ALL-INCLUSIVE PLAYGROUND. NO FUNDING FOR SHIPPING

COSTS OR INSTALLATION.

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN PRINTING HOUSE FOR THE BLIND INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,000 FOR BOOKS FROM DOLLY PARTON

IMAGINATION LIBRARY, KCI BRAILLE TRANSCRIPTION, AND KCI LABOR - BRAILLE

EMBOSSING / ADHERING (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE

ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: ANCHORAGE INDEPENDENT SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL AWARD \$20,000.00 FOR ADAPTIVE

SEATING- RIFTON CHAIR, REDCAT CLASSROOM FM SYSTEM, EGLASS, PLAYGROUND

ADAPTATIONS TO SUPPORT STUDENTS WITH PHYSICAL CHALLENGES - MOMENTUM

CORRIDOR, SOCIAL SKILLS CONSULTANT AND PARA EDUCATIONAL INSTRUCTIONAL

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

NAME OF ORGANIZATION OR GOVERNMENT: APPALACHIAN REGIONAL HEALTHCARE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$7,000 FOR TOPSY TURVY CHILDREN'S

THERAPY ACTIVITY TOOL, MOTOR FREE VISUAL PERCEPTION TEST KIT 4TH EDITION,

KAUFMAN TREATMENT KITS 1 & 2, APPLE GIFT CARD FOR EDUCATIONAL APPS,

PEABODY DEVELOPMENTAL SCALES-2 PDMS, SOFT TUNNEL CLIMBER, LED LIGHT

Part IV Supplemental Information

PANEL, AND VALU-FORM WEDGES (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH

LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: ARC OF THE GREATER LOUISVILLE AREA

(H) PURPOSE OF GRANT OR ASSISTANCE: \$7,500.00 FOR A WHEELCHAIR

ACCESSIBLE INCLUSIVE WHIRL WITH CRUSADE FOR CHILDREN SIGNAGE

NAME OF ORGANIZATION OR GOVERNMENT: ARTS FOR ALL KENTUCKY

(H) PURPOSE OF GRANT OR ASSISTANCE: \$7,500.00 FOR THE SIDE BY SIDE

PROGRAM - ART SUPPLIES, FRAMING, HONORARIUMS FOR COMMUNITY ARTISTS AND

SITE COORDINATORS WHO WORK WITH STUDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: ASBURY UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: \$21,100.00 FOR SCHOLARSHIPS FOR

STUDENTS SEEKING SPECIAL EDUCATION CERTIFICATION -- PREFERENCE IS TO

AWARD STUDENTS ENROLLED IN THE MASTER'S PROGRAM, IF POSSIBLE. WE ARE

GRATEFUL FOR AN ENDOWED GIFT FROM KOSAIR CHARITIES THAT MAKES A PORTION

OF THIS GRANT POSSIBLE TO SUPPORT STUDENTS STUDYING TO BE SPECIAL

EDUCATION TEACHERS.

NAME OF ORGANIZATION OR GOVERNMENT:

BAPTIST HEALTH FOUNDATION GREATER LOUISVILLE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$125,000 FOR ANY ITEM ON GRANT LIST

- PHILIPS INTELIVUE MONITORS, GE PANDA WARMER, NATUS NEOBLUE LED

PHOTOTHERAPY EQUIPMENT, INFANT TRANSPORTER, AND CUDDLECOT

NAME OF ORGANIZATION OR GOVERNMENT: BAPTIST HEALTH FOUNDATION HARDIN

(H) PURPOSE OF GRANT OR ASSISTANCE: \$85,000.00 TOWARDS THE PANDA WARMER,

Part IV Supplemental Information

LUNA ADVANCE SIMULATION BABY, BROSELOW CART, LITEZILLA, BRAINSCOPE, ED PEDIATRIC SUPPLIES, AND PEDIATRIC THERAPY. NO FUNDING ALLOWED FOR THE PEDIATRIC PREVENTION AND INTERVENTION SPECIALIST.

NAME OF ORGANIZATION OR GOVERNMENT:

BAPTIST HEALTH FOUNDATION MADISONVILLE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$9,000.00 FOR ANY LINE ITEM - FOR

SKYLIFE PHOTOTHERAPY SYSTEM, TUMBLE FORMS 2 JETTMOBILE WITH POSITIONING WEDGES, ADOLESCENT, GLASSLESS ROLLING MIRROR, SOFT PLAY STEPS & SLIDE, BUBBLE TUBE, WAVE PANELS WITH WATER BUBBLES, MAGIC HANDS HEAT SENSITIVE ACTIVITY WALL PANEL, AND REMAINING PEDIATRIC THERAPY CARE EQUIPMENT (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: \$17,000.00 FOR ITEMS 1-4 AND ITEMS

6-7 (PANDA IRES BEDDED WARMERS, SCALES-PANDA IN-BED, INSTRUMENT SHELF AND PANDA WARMER ADAPTERS AND ACCESSORIES.) NO FUNDING ALLOWED FOR THE 3-YEAR TECHNOLOGY OBSOLESCENCE PROTECTION OR ASSEMBLY AND INSTALLATION COSTS. (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

BARREN HEIGHTS CHRISTIAN RETREAT CENTER INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$3,000.00 FOR ANY ITEM ON GRANT LIST

- RADIO FLYER WAGONS, CHAMPION SPARK TOURNAMENT PICKLE BALL SET, PEDESTAL KARAOKE SET, POP-A-SHOT BASKETBALL INDOOR GAME, 9 SQUARE IN THE AIR, CHAMPION SPARK PICKLE BALL PADDLES, TENNIS RACKETS & MCGREGOR SUPER PRO TENNIS NET, AND DURA OUTDOOR PICKLE BALL SAMPLER PACK (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM.) YOUR PROGRAM SERVES THE WHOLE

Part IV Supplemental Information

FAMILY AND NOT JUST CHILDREN WITH SPECIAL NEEDS SO THIS RAISED A LITTLE CONCERN WITH OUR PANEL OF MINISTERS.

NAME OF ORGANIZATION OR GOVERNMENT:

BARREN RIVER AREA CHILD ADVOCACY CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$11,500.00 FOR SALARY FOR FORENSIC INTERVIEWERS & PREVENTION EDUCATION COORDINATOR AND PREVENTION & EDUCATION MATERIALS

NAME OF ORGANIZATION OR GOVERNMENT:

BELLARMINI UNIVERSITY-KIDS ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: \$70,000.00 FOR ITEMS 1-3 AND 5-6 (ICANBIKE CAMP, GOBABYGO, TREXO, 4D MOTION CAPTURE, AND SMART GLOVE) - NO FUNDING ALLOWED FOR ITEM NUMBER 4 HYDROWORX, OR T-SHIRTS, SNACKS, LODGING, SOFTBALL LICENSE, MULTIPLE YEARS LICENSE, ACTIVATION FEES, AND RENTAL FEES (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

BELLARMINI UNIVERSITY-SCHOLARSHIPS - SPECIAL ED

(H) PURPOSE OF GRANT OR ASSISTANCE: \$15,700.00 FOR PARTIAL SCHOLARSHIPS FOR STUDENTS SEEKING SPECIAL EDUCATION CERTIFICATION - PREFERENCE IS TO AWARD STUDENTS ENROLLED IN THE MASTER'S PROGRAM, IF POSSIBLE. WE ARE GRATEFUL FOR AN ENDOWED GIFT FROM KOSAIR CHARITIES THAT MAKES A PORTION OF THIS GRANT POSSIBLE TO SUPPORT STUDENTS STUDYING TO BE SPECIAL EDUCATION TEACHERS.

NAME OF ORGANIZATION OR GOVERNMENT: BEREA INDEPENDENT SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: \$8,500 FOR CAREER EXPLORATION-

Part IV Supplemental Information

CLEANING MAINTENANCE, JOB SKILLS TRAINING, CAREER EXPLORATION- FOOD
 TECHNOLOGY, INDEPENDENT LIVING SKILLS, JOB PREP & EMPLOYABILITY SKILLS,
 SELF CONFIDENCE & SOCIAL SKILLS, HEALTH & NUTRITION- HEALTHY MEALS ON A
 BUDGET AND HEALTH & NUTRITION- BASIC FIRST AID (NOT TO EXCEED AMOUNTS
 REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: BEST BUDDIES INTERNATIONAL INC
 (H) PURPOSE OF GRANT OR ASSISTANCE: \$6,000 FOR PROGRAM MANAGER SALARY.
 WE ARE INTERESTED IN FUNDING FUTURE GRANT PROPOSALS TO COVER EQUIPMENT OR
 PROJECT EXPENSES THAT PROVIDE DIRECT SERVICES TO CHILDREN WITH SPECIAL
 NEEDS.

NAME OF ORGANIZATION OR GOVERNMENT:
 BIG BROTHERS BIG SISTERS OF KENTUCKIANA INC
 (H) PURPOSE OF GRANT OR ASSISTANCE: \$16,000 FOR SALARY FOR MATCH SUPPORT
 STAFF, SALARY FOR ENROLLMENT STAFF, AND SALARY FOR MENTOR
 RECRUIT/SCREEN/TRAIN STAFF

NAME OF ORGANIZATION OR GOVERNMENT:
 BOY SCOUTS OF AMERICA LINCOLN HERITAGE COUNCIL
 (H) PURPOSE OF GRANT OR ASSISTANCE: \$5,825 FOR ITEMS 2-5 - ACCESSIBLE
 PORTABLE TOILETS, ARTS & CRAFTS SUPPLIES, BUBBLE BUG (SENSORY VEHICLE)
 AND KENTUCKY SCIENCE CENTER STATION FOR SPRING & FALL CAMPS. NO FUNDING
 FOR ACCESSIBLE BUS TRANSPORTATION.

NAME OF ORGANIZATION OR GOVERNMENT:
 BRECKINRIDGE COUNTY BOARD OF EDUCATION
 (H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL GRANT AWARD \$30,040 - \$5,040

Part IV Supplemental Information

FOR THE HARPO MOUNTBATTEN TUTOR AND THE REMAINING AMOUNT FOR CONTRACTED

PHYSICAL THERAPY SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: BULLITT COUNTY PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$41,831.00 FOR ITEMS 1-3 (EQUIPMENT

FOR STUDENTS WITH VISUAL IMPAIRMENTS, SPEECH/LANGUAGE EQUIPMENT, AND

ASSISTIVE TECHNOLOGY EQUIPMENT) NO FUNDING FOR ITEMS 4-6 (PHYSICAL

THERAPY EQUIPMENT, OCCUPATIONAL THERAPY EQUIPMENT AND SCHOOL PSYCHOLOGY

MATERIALS). WE ARE GRATEFUL FOR AN ENDOWED GIFT IN MEMORY OF BARBARA

TEVIS MEYERS THAT PARTIALLY SUPPORTS THE SPEECH-RELATED COMPONENTS OF

THIS GRANT.

NAME OF ORGANIZATION OR GOVERNMENT: BURGIN BOARD OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$17,500.00 FOR ORIENTATION AND

MOBILITY SPECIALIST, 86" SMART TVS AND MOUNTS, AND LARGE STUDENT DESKS.

NO FUNDING FOR VISUAL IMPAIRMENT TEACHER.

NAME OF ORGANIZATION OR GOVERNMENT: CAMP TESSA INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$6,000.00 FOR ANY ITEM ON GRANT LIST

- TEACHER'S SALARY, MUSIC THERAPY, COMMUNITY BASED INSTRUCTION, SENSORY

ROOM/CAMP SUPPLIES, VOCATIONAL SPECIALIST, AND SOFTWARE FOR REGISTRATION

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

NAME OF ORGANIZATION OR GOVERNMENT: CAMPBELLSVILLE INDEPENDENT SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$14,000.00 FOR ALL OF ITEMS 1 AND 2

SOCIAL/SELF-HELP/ADAPTIVE AND MOTOR/SENSORY EQUIPMENT WITH REMAINING

AMOUNT FOR TECHNOLOGY EQUIPMENT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CASA OF THE RIVER REGION FKA CASA PROGRAM FOR BULLITT COUNTY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$16,000.00 TO SUPPORT THE SALARIES

FOR TWO VOLUNTEER COORDINATORS. NO FUNDING TOWARDS THE EXECUTIVE

DIRECTOR SALARY (SINCE THERE IS NO LONGER DIRECT SERVICES TO CHILDREN.)

NAME OF ORGANIZATION OR GOVERNMENT: CASA, INC., CASA OF THE RIVER REGION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$15,000.00 FOR ITEM NUMBER 1 -

SALARY FOR ADVOCACY SUPERVISOR. NO FUNDING FOR THE TRAINING MANAGER

NAME OF ORGANIZATION OR GOVERNMENT:

CEREBRAL PALSY KIDS CENTER KIDS CENTER FOR PEDIATRIC THERAPIES

(H) PURPOSE OF GRANT OR ASSISTANCE: \$15,000.00 TO COVER THE FULL COSTS

OF ITEMS 1-4 AND 6-8 (ADHD EVALUATION TEST KIT: ADDES-5, CONNORS

K-CPT2/CPT3, DSM-V, AREA RUGS & PADS, ADJUSTABLE HEIGHT TABLE & CHAIRS,

THERAPEUTIC EQUIPMENT: MATS, BENCHES, ROLLS, BALLS, & TOYS AND SENSORY

EQUIPMENT: COMPRESSION GARMENTS, WHITE NOISE MACHINE, AND CLIMBING

EQUIPMENT.) REMAINING FUNDING MAY BE USED TO PURCHASE OFFICE FURNITURE:

CHAIRS & COUCH FOR PATIENTS, DESK, SHELVES, REFRIGERATOR FOR

NUTRITIONIST, LAMPS, AND WALL ART (NOT TO EXCEED AMOUNTS REQUESTED FOR

EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

CHILD DEVELOPMENT CENTERS OF THE BLUEGRASS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$3,000.00 FOR ANY ITEM ON GRANT LIST

- STATIONARY BIKES, SELF REGULATION CRUISER WITH DESKTOP AND WITHOUT

DESKTOP, PEDIATRIC TREADMILL- TR1022I FOLDING TREADMILL, MY RIDER

BALANCE BIKES, PEDAL PUSHER TRIKES, TANDEM TRIKES, AND TORTOISE & HAIR

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: CHILDPLACE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$16,000.00 FOR ANY ITEM ON GRANT

LIST - SUPER ACTIVE SENSORY ROOM BUNDLE, INTERACTIVE WALL/QUANTUM SPACE,
DYNAMIC FLOOR, AND NET HAMMOCK SWING CHAIR (NOT TO EXCEED AMOUNTS
REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

CLARK COUNTY YOUTH SHELTER AND FAMILY SERVICES INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$12,000.00 FOR ITEM NUMBER 2 THE

PART-TIME 3RD SHIFT YOUTH WORKER. NO FUNDING ALLOWED FOR THE FULL-TIME
YOUTH WORKER, RESIDENTIAL DIRECTOR/THERAPIST, CASE MANAGER, AND FOR
CLINICAL SUPERVISION.

NAME OF ORGANIZATION OR GOVERNMENT: CLIFF HAGAN BOYS & GIRLS CLUB INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$3,000.00 FOR FIDGETS, ACTIVE

SEATING, AND FURNISHINGS (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE
ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

CLOVERPORT INDEPENDENT SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: \$63,000 FOR ADA VAN W/ LIFT, PROGRAM

ASSISTANT SALARY, TECHNOLOGY, AND SOFTWARE/PROGRAM, PURCHASE, UPDATES AND
RENEWAL

NAME OF ORGANIZATION OR GOVERNMENT: COMMONWEALTH THEATRE CENTER INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$7,500.00 FOR RESILIENCY

Part IV Supplemental Information

RESIDENCIES, DRAMA CLUB-FALL AND SPRING SEMESTERS, EARLY CHILDHOOD

LEARNING RESIDENCIES, EMO CARDS AND SUPPLIES FOR DRAMA CLUB. A CONCERN

EXISTS FOR THE REPEATED SALARY REQUESTS.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY MEDICAL ASSOCIATES INC/NORTON CHILDREN'S MEDICAL GROUP

(H) PURPOSE OF GRANT OR ASSISTANCE: \$45,000.00 FOR ITEMS 1, 2, 3 AND 4

ON THE GRANT LIST - SMARTBOARD 6075 INTERVIEW PANEL WITH IQ+ SMART

LEARNING SUITE, 10.2 INCH, 64GB IPAD WITH APPLE PENCIL AND IPAD CASES,

AND AAC SPEECH DEVICE, LENOVO LAPTOPS. NO FUNDING FOR ITEMS 5-8

-DIAGNOSTIC TESTS, WII SWITH NINTENDO, PROJECTOR AND WORK OUT, RING FIT,

WALK IT OUT, RING CONTROLLER, AND BOARDMAKER ONLINE SUBSCRIPTION AND

PROJECTOR AND SCREEN (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE

ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY MEDICAL ASSOCIATES INC/NORTON CHILDREN'S MEDICAL GROUP

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

LIST - IPADS WITH CASES AND ACCESSORIES, Q-INTERACTIVE LICENSES AND IC

CARTS, NIH TOOLBOX 12 MONTH SUBSCRIPTION, ASEBA WEB SUBSCRIPTION AND 1000

E-PACKAGE, PAR INC. KITS, MANUALS, RECORD FORMS, BRIEF2 KITS, FORMS,

REPORTS, CPT320 - CONNERS CPT 3/CATA/K-CPT 2 COMBO KIT, AND DELL LATITUDE

5420 LAPTOPS (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: CRITICALLY LOVED

(H) PURPOSE OF GRANT OR ASSISTANCE: \$7,000.00 FOR PROFESSIONAL

COUNSELING/THERAPY AND EQUINE EMOTIONAL SUPPORT THERAPY. NO FUNDING FOR

THERAPY FOR SIBLINGS - THE EXTENSION OF SERVICES TO SIBLINGS CAUSES

Part IV Supplemental Information

CONCERN AS OUR GUIDELINES REQUIRE FUNDING TO BE LIMITED TO CHILDREN WITH
SPECIAL NEEDS ONLY.

NAME OF ORGANIZATION OR GOVERNMENT: CYSTIC FIBROSIS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$4,000 FOR CF SPECIALIZED PEDIATRIC
CARE SUPPORT AT THE UNIVERSITY OF KENTUCKY. CONSIDERATION FOR FUTURE
GRANTS REQUIRE CONCISE SPECIFICATION OF HOW FUNDING WILL BE SPENT. MUST
DEFINE SALARIES OR EQUIPMENT THAT FUNDING WILL SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: DEAF YOUTH SPORTS FESTIVAL INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$15,000 FOR SCHOLARSHIPS FOR
CHILDREN TO PARTICIPATE IN SPORTING COMPETITIONS AT THE DEAF YOUTH SPORTS
FESTIVAL (MDO).

NAME OF ORGANIZATION OR GOVERNMENT: DOWN SYNDROME OF LOUISVILLE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$21,000.00 FOR SALARIES FOR
CERTIFIED RETURNING SEE TEACHERS AND ASSISTANTS, DSL POP UP PROGRAMMING
MATERIALS, SEE PROGRAMMING MATERIALS, AND PAYMENTS TO SOUTHERN INDIANA
SPEECH THERAPISTS

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

(H) PURPOSE OF GRANT OR ASSISTANCE: \$7,000.00 FOR ITEM 1 AND ITEM 3-
STAFF/TEACHING ARTISTS AND PROGRAM EQUIPMENT. NO FUNDING FOR PROGRAM
SUPPLIES OR TECHNOLOGY (ZOOM LICENSE).

NAME OF ORGANIZATION OR GOVERNMENT:

DYSLEXIA ASSOCIATION OF THE PENNYRILE INC

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

Part IV Supplemental Information

GRAY ORAL READING TEST, ATTENTION DEFICIT DISORDER SCALE FOR CHILDREN,
TABLETS, IXL MATH PROGRAM, SCHOLARSHIPS, SCREENER SALARY, TUTOR SALARY,
AND HIP BOOKS (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

EASTERN KENTUCKY UNIVERSITY EKU SOCIAL SKILLS GROUPS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$4,000.00 FOR ANY ITEM PSYCHOLOGY

MASTER'S OR GRAD STUDENT STIPEND, OT MASTER'S OR GRAD STUDENT STIPEND,
AND FOR THE DIVERSITY, EQUITY, INCLUSION CONSULTANT(S) (NOT TO EXCEED
AMOUNTS REQUESTED FOR EACH LINE ITEM).

NAME OF ORGANIZATION OR GOVERNMENT:

EASTERN KENTUCKY UNIVERSITY EKU-ASSISTIVE TECHNOLOGY PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: \$12,000.00 FOR ANY ITEM ON GRANT

LIST - COMMUNICATION KITS, BRAILLE RESOURCES, ADAPTIVE TOYS, ADAPTIVE
COMPUTER AID, MOXIE AI ROBOTS PLUS SUBSCRIPTION FOR SOCIAL SKILL
DEVELOPMENT, ACADEMIC SUPPORT--READING, ACADEMIC SUPPORT--MATH, AND OTHER
ADAPTIVE ITEMS (BEHAVIOR, MOBILITY, PERSONAL CARE) (NOT TO EXCEED AMOUNTS
REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

EASTERN KENTUCKY UNIVERSITY EKU-SCHOLARSHIPS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$19,600.00 FOR SCHOLARSHIPS FOR

STUDENTS SEEKING SPECIAL EDUCATION CERTIFICATION -- PREFERENCE IS TO
AWARD STUDENTS ENROLLED IN THE MASTER'S PROGRAM, IF POSSIBLE. WE ARE
GRATEFUL FOR AN ENDOWED GIFT FROM KOSAIR CHARITIES THAT MAKES A PORTION
OF THIS GRANT POSSIBLE TO SUPPORT STUDENTS STUDYING TO BE SPECIAL
EDUCATION TEACHERS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: EMINENCE INDEPENDENT SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: \$24,000.00 FOR ITEMS 1 AND 3

INSTRUCTION (CO-WRITER AND CLICKER SOFTWARE, IPADS, OSMO KITS, ETC.) AND

SOCIAL EMOTIONAL DEVELOPMENT. NO FUNDING FOR ITEM 2 - SPEECH LANGUAGE

THERAPIST SALARY

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

(H) PURPOSE OF GRANT OR ASSISTANCE: \$27,000 FOR FORENSIC PEDIATRICIAN

SALARY, MEDICAL ASSISTANT SALARY, 2 FAMILY THERAPIST SALARIES, CHILD

WELFARE SPECIALIST, AND CASE MANAGER SALARY. THERE IS A LOT OF CONCERN

FOR CONTINUING REQUEST FOR SALARIES.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY SCHOLAR HOUSE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$15,000 FOR ART THERAPIST STIPEND,

HEALTH AND WELLNESS COACH SALARY, AND PROGRAM MATERIAL AND SUPPLIES.

NAME OF ORGANIZATION OR GOVERNMENT:

FATHER MALONEYS BOYS HAVEN INC BOYS & GIRLS HAVEN

(H) PURPOSE OF GRANT OR ASSISTANCE: \$70,000 FOR ITEMS 1-4, AND ITEM 6 -

THERAPIST SALARIES, THERAPEUTIC SUPPORT SALARY, NURSE SALARY, MEDICAL

TRANSPORTATION COORDINATOR SALARY, AND MEDICAL/PSYCHIATRY CONSULTATION

FEES. NO FUNDING PROVIDED FOR CLINICAL TREATMENT & SENSORY ROOM

SUPPLIES. THE CRUSADE IS CONCERNED OVER THE CONTINUED REQUEST FOR

SALARIES. WE APPRECIATE SUPPORTING START-UP POSITIONS BUT RELUCTANTLY

SUPPORT POSITIONS LONG-TERM.

NAME OF ORGANIZATION OR GOVERNMENT: FEAT OF LOUISVILLE INC

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: \$13,500.00 FOR ANY ITEM ON GRANT

LIST - DREAMS IN MOTION SUMMER CAMP STAFFING, VEHICLE RENTAL, CAMP

ACTIVITY SUPPLIES, SWIM SCHOLARSHIPS, SWIM BEHAVIOR THERAPIST FOR ALL

ABOUT KIDS, AND SWIM EQUIPMENT (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH

LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: FLOYD MEMORIAL FOUNDATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$42,000.00 FOR ITEMS 1, 2 AND 3 -

NEONATAL ZOLL DEFIBRILLATOR, ONE GIRAFFE OMNIBED CARESTATION, ONE GIRAFFE

ISOLETTE BED. NO FUNDING ALLOWED FOR THE MEDICAL GRADE

REFRIGERATOR/FREEZER.

NAME OF ORGANIZATION OR GOVERNMENT:

GATEWAY COMMUNITY SERVICES GATEWAY COMMUNITY ACTION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$2,000.00 FOR ANY ITEM ON GRANT LIST

- LAYERED FOAM MATS, SENSORY SWING AND SAUCER, CALMING LIGHT FILTERS AND

LIGHT/MUSIC PROJECTOR, BALL ITEMS: BALL PIT, SENSORY PEANUT BALL, BALANCE

STABILITY BALL, WEIGHTED BALLS, ACTIVITY WALL CENTER, CALMING ENCLOSURES:

PORTABLE TENT, PORTABLE TUNNEL, BEAN BAG, AND ITEMS TO PROMOTE MOVEMENT:

SMALL TRAMPOLINE, BALANCE BEAM, BALANCE BOARDS, BALANCE DISC, SENSORY

STONES, SENSORY MATCH (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE

ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

GATEWAY JUVENILE DIVERSION PROJECT INC GATEWAY CHILDREN'S SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: FULL GRANT! \$1,965.04 FOR ANY ITEM

ON GRANT LIST - THERAPY GAMES & AIDS, SENSORY & FIDGET ITEMS, BUILDING

SETS & TOYS, AND STORAGE & ORGANIZATION.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

GILDAS CLUB LOUISVILLE INC GILDA'S CLUB KENTUCKIANA

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,000.00 FOR ITEM NUMBER 2 -

NOVEMBER YOUTH BOX DELIVERY. OUR GUIDELINES PROHIBIT SUPPORT OF

NOOGIEFEST; HOWEVER, WE ENCOURAGE YOU TO CONTACT THE CRUSADE OFFICE TO

DISCUSS OPTIONS FOR FUTURE GRANTS AS WE VALUE GILDA'S CLUB AS A PARTNER

IN OUR COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: GRAYSON COUNTY SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$10,000.00 FOR LARGE AND MEDIUM POST

MOUNTED COMMUNICATION BOARDS WITH MOUNTINGS (NOT TO EXCEED AMOUNTS

REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: GREATER CLARK COUNTY SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$20,000.00 TO PURCHASE SOFTWARE

PROGRAMS, LANGUAGE ACQUISITION THROUGH MOTOR PLANNING, TEACHTOWN

BASICS/ENCORE, TEACHTOWN TRANSITION TO ADULthood AND TEACHTOWN TEACHER

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

NAME OF ORGANIZATION OR GOVERNMENT: GREEN HILL THERAPY INC

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

CHILDREN WITH AUTISM FOR HIPPOThERAPY AND AQUATHERAPY SESSIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

GREEN RIVER AREA DOWN SYNDROME ASSOCIATION INC GRADSA

(H) PURPOSE OF GRANT OR ASSISTANCE: \$10,000.00 FOR SALARIES FOR TWO

DANCE COACHES, SKILL BUILDING CLASS INSTRUCTORS, AND EMPLOYMENT

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT:

GREEN RIVER REGIONAL EDUCATION COOPERATIVE INC

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

A-FRAME COMMUNICATION BOARDS, IPADS, ITUNES CARDS FOR AAC APPS, IPAD

CASES, AAC ALLY COURSE, AAC LANGUAGE LAB SUBSCRIPTIONS, LED FINGER LIGHTS

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

NAME OF ORGANIZATION OR GOVERNMENT:

HARBOR HOUSE OF LOUISVILLE INC CAPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: \$25,000 FOR CAPITAL COSTS FOR

INTERGENERATIONAL LIFE CENTER IN SOUTHWEST LOUISVILLE. WE ENCOURAGE YOU

TO MAKE ANOTHER GRANT IN FY 2023-24 BUT BE MORE SPECIFIC IN YOUR ASK.

NAME OF ORGANIZATION OR GOVERNMENT:

HARDIN COUNTY SCHOOLS SPECIAL EDUCATION DEPARTMENT HARDIN COUNTY SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$50,000.00 FOR 9-PASSENGER VANS WITH

CRUSADE SIGNAGE AND RECOMMENDED LICENSE PLATES

NAME OF ORGANIZATION OR GOVERNMENT:

HARRISON COUNTY EXCEPTIONAL LEARNERS COOPERATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: \$12,000.00 FOR MUSIC THERAPY

(PERSONAL COUNSELING), ANGELES SOUND SPONGE QUIET DIVIDERS, HILO THERAPY

TABLE WITH SIDERAILS, AND THE ULTRA-BRIGHT LED LIGHT PANELS. NO FUNDING

FOR ITEM NUMBER 4 - THE OUTDOOR STORAGE SHED (NOT TO EXCEED AMOUNTS

REQUESTED FOR EACH LINE ITEM.)

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: HENRY COUNTY PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$30,000.00 TOWARDS ITEM NUMBER 1 FOR

CAREER EXPLORATION ADAPTED SERIES, 17 MODULES. NO FUNDING FOR ITEMS

2-4 (DIGITAL BADGE CREDENTIAL AND ACCOUNT ACTIVATION OR PORTABLE SHELVING

SET.)

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

(H) PURPOSE OF GRANT OR ASSISTANCE: \$25,000.00 FOR ABR SOFTWARE,

LICENSE, SERVER, AND NAVIGATION SERVICES. PER OUR GUIDELINES NO FUNDING

ALLOWED FOR TRAINING.

NAME OF ORGANIZATION OR GOVERNMENT: HOME OF THE INNOCENTS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$103,000.00 FOR STOCKTON BEDS,

MONROE BEDS, AND POSEY BED + CANOPY (NOT TO EXCEED THE AMOUNTS REQUESTED

FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: HOSPARUS INC HOSPARUS HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: \$40,000 TO SUPPORT SALARIES FOR

KOURAGEOUS KIDS SOCIAL WORKER, KOURAGEOUS KIDS CHAPLAIN, AND CHILDREN AND

YOUTH GRIEF COUNSELOR

NAME OF ORGANIZATION OR GOVERNMENT:

ISAAC W BERNHEIM FOUNDATION INC BERNHEIM ARBORETUM AND RESEARCH FOREST

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

MUD/CONSTRUCTIVE PLAY AREA, ADA SIDEWALK, ACCESSIBILITY PLAY STRUCTURES

STREAM PLAY, GRIT ALL TERRAIN WHEELCHAIRS + MODIFICATIONS, POTABLE WATER

LINE TO MUD PLAY AREA, ACCESSIBLE CHILD FRIENDLY WATER PUMP (NOT TO

EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM.)

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

JAMES WHITCOMB RILEY MEMORIAL ASSOCIATION RILEY CHILDREN'S FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$6,000 FOR CAMPERSHIPS FOR RILEY

CAMP SESSIONS 1, 2 AND 3, KAN DU CAMP, BEYOND THE WOODS CAMP, HI-LITE

CAMP SESSION, ABOUT FACE CAMP SESSION, AND INDEPENDENCE CAMP

NAME OF ORGANIZATION OR GOVERNMENT:

JEFFERSON COUNTY BOARD OF EDUCATION JEFFERSON COUNTY PUBLIC SCHOOLS JCPS-AUT

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL AWARD \$7,500.00 FOR

MOTIVAIDER, TIME TIMERS, BOUNCY BANDS, LIGHT FILTERS, STRESS BALLS,

FIDGET PADS, AND STRETCH BANDS (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH

LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

JEFFERSON COUNTY BOARD OF EDUCATION JEFFERSON COUNTY PUBLIC SCHOOLS JCPS-COM

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL AWARD \$15,000.00 FOR ANY ITEM

ON THE GRANT LIST - EXPRESSIVE EXPANSION TOOL (EET) KIT AND LARGE SCALE

CORE VOCABULARY PLAYGROUND BOARD (NOT TO EXCEED AMOUNTS REQUESTED FOR

EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

JEFFERSON COUNTY BOARD OF EDUCATION JEFFERSON COUNTY PUBLIC SCHOOLS JCPS-DEA

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL AWARD \$40,000.00 FOR ANY ITEM

ON GRANT LIST - DYNAMIC CLASSROOM SOUNDFIELD SYSTEMS, TEACHER TRANSMITTER

DEVICES, SOUNDFIELD SYSTEMS, PORTABLE, AND PERSONAL ASSISTIVE LISTENING

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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

JEFFERSON COUNTY BOARD OF EDUCATION JEFFERSON COUNTY PUBLIC SCHOOLS JCPS-MOD

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL AWARD \$65,000.00 FOR

NEWS-TO-YOU LICENSES, UNIQUE LEARNING SYSTEM LICENSES, AND SYMBOLSTIX

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

NAME OF ORGANIZATION OR GOVERNMENT:

JEFFERSON COUNTY BOARD OF EDUCATION JEFFERSON COUNTY PUBLIC SCHOOLS JCPS-PSY

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL AWARD \$4,000.00 FOR ANY ITEM

ON GRANT LIST - PLUSOPTIX MOBILE VISION SCREENER, MADSEN ALPHA OEA

DEVICE, RUGS, PORTABLE PLAY PANEL, INFANT DISCOVERY SET, SENSORY TOYS,

AND THE OREGON PROJECT COMPLETE SET (NOT TO EXCEED AMOUNTS REQUESTED FOR

EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

JEFFERSON COUNTY BOARD OF EDUCATION JEFFERSON COUNTY PUBLIC SCHOOLS JCPS-VIS

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL AWARD \$27,500.00 FOR ANY ITEM

ON GRANT LIST - IPAD PRO TABLETS, IPAD PRO PROTECTIVE CASES WITH

KEYBOARDS, JAMF AGI/WHITE GLOVE/APPLE, HIGH STRIKER ENABLING DEVICE,

FLIP-FLOP ENABLING DEVICES, MUSICAL ENABLING DEVICE, BUSY BALL POPPER

ENABLING DEVICE, ETC. (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE

ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

JEFFERSON COUNTY BOARD OF EDUCATION JEFFERSON COUNTY PUBLIC SCHOOLS/JCPS-ASS

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL AWARD \$64,000.00 FOR ANY ITEM

ON GRANT LIST - IPAD TABLETS, VOLUME APP PURCHASE FOR TABLETS, NOVACHAT

DEDICATED COMMUNICATION DEVICES, DYNAMIC DISPLAY EYE GAZE DEVICES,

Part IV Supplemental Information

UNIVERSAL FLOOR STAND MOUNT AND TABLETOP MOUNT FOR EYE GAZE DEVICES, AND

12.9" IPAD PRO (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

JEFFERSONVILLE TOWNSHIP PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: \$2,500.00 FOR OUTDOOR ALUMINUM

BOARD, 70"X13" WITH CUSTOMIZATION AND INDOOR VINYL BOARDS, 50"X13" WITH

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

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH COMMUNITY OF LOUISVILLE INC JCC - CAPITAL REQUEST

(H) PURPOSE OF GRANT OR ASSISTANCE: \$55,000 FOR ITEMS 1 AND 2 -

PLAYBOOSTER AND FREESTANDING EQUIPMENT. NO FUNDING FOR NO FAULT POUR IN

PLACE RUBBER SURFACING.

NAME OF ORGANIZATION OR GOVERNMENT: JUNIOR ACHIEVEMENT OF KENTUCKIANA INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FULL GRANT! \$2,650.00 FOR PROGRAM

COSTS FOR STUDENT WORKBOOKS FOR JA BIZTOWN, JA FINANCE PARK, JA INSPIRE,

AND CLASSROOM PROGRAM KITS

NAME OF ORGANIZATION OR GOVERNMENT:

JUSTIN KING FOUNDATION INCORPORATED JUSTIN'S PLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: \$3,000.00 FOR ARENA EQUIPMENT,

LESSON AIDS, TACK, AND NON-MOUNTED PROGRAMMING TOOLS (NOT TO EXCEED

AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: KENDYL AND FRIENDS FOUNDATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$12,000 FOR CAPITAL COST FOR THE

Part IV Supplemental Information

ACCESSIBLE BASEBALL FIELD - FOR TWO LARGE RECTANGLE SHADES AND ADA

BLEACHERS PREFERABLY WITH CRUSADE SIGNAGE - NO FUNDING FOR RENTAL FEES OR

THANK YOU GIFTS.

NAME OF ORGANIZATION OR GOVERNMENT:

KENTUCKIANA CENTER FOR EDUCATION HEALTH AND RESEARCH INC/KENTUCKIANA CHILDR

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL AWARD \$10,000 - (\$7,000 FOR

SALARIES FOR PEDIATRIC CHIROPRACTOR, AND \$3,000 FOR CRANIOSACRAL

THERAPIST) NO FUNDING FOR THE REGISTERED DIETICIAN AND LICENSED MASSAGE

THERAPIST. THE CRUSADE REQUESTS QUANTITATIVE RESEARCH BE GIVEN ABOUT THE

EFFICACY OF THE PROGRAM FOR FUTURE GRANT REQUESTS AND IS ALSO CONCERNED

ABOUT THE DEPENDENCY OF CRUSADE FUNDING FOR SALARIES.

NAME OF ORGANIZATION OR GOVERNMENT:

KENTUCKY CENTER FOR SPECIAL CHILDRENS SERVICES CARRIAGE HOUSE EDUCATIONAL SE

(H) PURPOSE OF GRANT OR ASSISTANCE: \$50,000 FOR ITEMS 1 AND 4 - PARTIAL

SALARY FOR A BOARD CERTIFIED BEHAVIOR ANALYST & INTERN AND CENTRAL REACH

SOFTWARE. NO FUNDING FOR THE BEHAVIORAL SUPPORTS SPECIALISTS OR

COGNITIVE/BEHAVIORAL ASSISTANTS.

NAME OF ORGANIZATION OR GOVERNMENT:

KENTUCKY EASTER SEAL SOCIETY INC EASTER SEALS CARDINAL HILL

(H) PURPOSE OF GRANT OR ASSISTANCE: FULL GRANT \$3,110.64 FOR PEDIATRIC

THERAPY GYM EQUIPMENT - ACROBAT SWING HAMMOCKS AND VIBRO-TACTILE SENSORY

CORNER

NAME OF ORGANIZATION OR GOVERNMENT: KENTUCKY HEMOPHILIA FOUNDATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FULL GRANT! \$6,124.00 FOR ANY ITEM

Part IV Supplemental Information

ON GRANT LIST FOR THE 2023 SUMMER CAMP PROGRAM FOR CHILDREN AND YOUTHS

WITH BLEEDING DISORDERS - CABINS, FACILITIES RENTAL, USE OF POOL, SPORTS

AND RECREATIONAL ACTIVITIES, INFIRMARY, WELLNESS, AND FITNESS MATERIALS,

ETC.

NAME OF ORGANIZATION OR GOVERNMENT: KORE ACADEMY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,000.00 FOR ANY ITEM ON GRANT LIST

-PRODIGY MUSIC PROGRAM, CHROMEBOOKS, ALLEGRO DANCE PROGRAM, AND ON THE

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

NAME OF ORGANIZATION OR GOVERNMENT:

LIGHTHOUSE PROMISE INC LIGHTHOUSE ACADEMY AT NEWBURG

(H) PURPOSE OF GRANT OR ASSISTANCE: \$3,500.00 FOR FAMILY AND CHILDREN'S

PLACE COUNSELORS AND HEALTH AND BACK TO SCHOOL FAIR. THE CRUSADE

ENCOURAGES YOU TO CONTACT OUR CEO OR GRANTS MANAGER BEFORE THE NEXT GRANT

PERIOD TO DISCUSS OPTIONS THAT MAY FIT BETTER WITH OUR GUIDELINES.

NAME OF ORGANIZATION OR GOVERNMENT:

LOUISVILLE PRESBYTERIAN THEOLOGICAL SEMINARY

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

SALARIES FOR PLAY THERAPY SUPERVISORS, ART SUPPLIES, TOYS, SAND TRAY

SUPPLIES AND SESSION FEES (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE

ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

MADISON AREA EDUCATIONAL SPECIAL SERVICES UNIT

(H) PURPOSE OF GRANT OR ASSISTANCE: FULL GRANT! \$5,796.66 FOR ANY ITEM

ON GRANT LIST - SSU OT SERVICES AND CLASSROOM EQUIPMENT OUTLINED IN THE

Part IV Supplemental Information

DETAILED DOCUMENTS ATTACHED TO GRANT.

NAME OF ORGANIZATION OR GOVERNMENT: MARYHURST, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$27,378.00 FOR PLATFORM BEDS OR ANY

ITEM ON GRANT LIST - SHELVES, DESK, BEDROOM STOOLS (NOT TO EXCEED AMOUNT
REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: MEADE COUNTY PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL GRANT AWARD \$25,000 - (\$4,132
FOR THE CONCERTO VITES WITH THE REMAINING AMOUNT FOR TURF)

NAME OF ORGANIZATION OR GOVERNMENT:

MEREDITH-DUNN LEARNING CENTER INC MEREDITH-DUNN SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: \$20,000 FOR ANY ITEM ON GRANT LIST -
STEP UP TO WRITING CLASSROOM KIT FOR GRADES 3-5, GRADES 6-8 AND K-2 AND
50 CHROMEBOOKS. NO AWARD FOR SHIPPING AND HANDLING OR LICENSE FEES (NOT
TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

MOUNTAIN COMPREHENSIVE CARE CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$10,000 FOR ITEMS 1 AND 2 - SALARY
FOR CASE MANAGER AND ACTIVITIES, OUTINGS AND ART/CRAFT SUPPLIES FOR
SUMMER CAMPS. NO FUNDING FOR ITEMS 3 AND 4 - ROYAL CHRISTMAS BALL AND
BACK TO SCHOOL BASH (WE NEED DETAILS OF EXPENSES BEFORE WE CAN COMMIT
FUNDS THESE ITEMS.)

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

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

Part IV Supplemental Information

-- SALARY FOR ACADEMY SUPPORT COORDINATOR, PSYCHOLOGICAL AND EDUCATIONAL

ASSESSMENT, OT & SPEECH ASSESSMENT, OT AND SPEECH THERAPY SESSIONS,

BRIGANCE EVALUATION TOOL AND KINESTHETIC EQUIPMENT (NOT TO EXCEED AMOUNTS

REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

NELCASA INC NELCASA CASA OF NELSON COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL AWARD \$13,080.00 (\$12,000

TOWARDS THE SALARY OF A VOLUNTEER COORDINATOR AND \$1,080 FOR THE CASE

MANAGEMENT DATABASE (OPTIMA)). NO FUNDING FOR THE CASA VOLUNTEER

EDUCATIONAL MATERIALS OR CONTINUED EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT: NELSON COUNTY SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$20,000 FOR ADAPTIVE PLAYGROUND

EQUIPMENT - TEN SPIN, PLATFORM SWING FOR THERAPY ROOM, BUBBLE TUBES,

SENSORY MATERIALS FOR SENSORY BINS AND SENSORY PATHWAYS, ACTIVITY WALL

PANELS, FLEXIBLE SEATING, AND PLAYGROUND COMMUNICATION BOARD (NOT TO

EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

NEW ALBANY FLOYD COUNTY CONSOLIDATED SCHOOL CORPORATION NEW ALBANY FLOYD COU

(H) PURPOSE OF GRANT OR ASSISTANCE: \$14,500.00 FOR ANY ITEM ON GRANT

LIST - SONOVA - HEARING EQUIPMENT ROGER TOUCHSCREEN, ROGER PEN, ROGER

FOCUS 2, ROGER X, MLX AUDIO CHECKER, RESOUND- MULTI MIC, AND OTICON-

CONNECT CLIP

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FULL GRANT! \$4,956.20 FOR ANY ITEM
 ON GRANT LIST - UPAR (PROTOCOL FOR ACCOMMODATIONS IN READING), BLUELINE
 JOYSTICK, CLEVY BLUETOOTH KEYBOARD AND KEYGUARD, APPS TO SUPPORT
 COMMUNICATION, READING AND WRITING, KAMI AND CLAROREAD PLUS: USA EDITION
 (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: OLDHAM COUNTY BOARD OF EDUCATION
 (H) PURPOSE OF GRANT OR ASSISTANCE: \$65,000 FOR CURRICULUM MATERIALS FOR
 HIGHLY STRUCTURED CLASSROOM; NO FUNDING FOR TRANSPORTATION FOR COMMUNITY
 BASED INSTRUCTION. (MINISTERS BELIEVE THE PRICE OF VEHICLES ARE INFLATED
 DURING THIS TIME PERIOD AND THINK IT MAY BE PRUDENT TO WAIT FOR
 STABILIZATION OF AUTOMOBILE MARKET.)

NAME OF ORGANIZATION OR GOVERNMENT:
 ORANGE COUNTY REHABILITATIVE AND DEVELOPMENTAL SERVICES INC FIRST CHANCE CEN
 (H) PURPOSE OF GRANT OR ASSISTANCE: \$20,500.00 FOR SALARIES FOR
 PLAYGROUPO FOR SPECIAL NEEDS CHILDREN, CORNER READING NOOK, UP AND DOWN
 ROLLER COASTER, TOT BOXES WITH ART SUPPLIES, ALFRESCO PLAY MODULE, LARGE
 CONNECT FOUR GAME SET, DVDS, DISNEY AND COCOMELON AND COCOMELON SING AND
 LEARN LAPTOP

NAME OF ORGANIZATION OR GOVERNMENT: OUTSIDE THE BOX THERAPY INC
 (H) PURPOSE OF GRANT OR ASSISTANCE: \$2,000 FOR THERAPIST SALARY COSTS
 AND PROGRAM SUPPLIES (ARTS AND CRAFT SUPPLIES, GAMES, YOGA MATS). NO
 FUNDING ALLOWED FOR SHAWNEE AND IROQUOIS PARK PERMIT FEES.

NAME OF ORGANIZATION OR GOVERNMENT: OWEN COUNTY SCHOOL DISTRICT
 (H) PURPOSE OF GRANT OR ASSISTANCE: FULL GRANT! \$2,600.00 FOR ITEMS FOR

Part IV Supplemental Information

A SENSORY ROOM - PULL STRETCH AND SQUEEZE BALLS, CRASH PAD, CRASH PAD

COVER, SENSORY LED BUBBLE TOWER, PATCHWORK ACTIVITY MAT, LED LIGHT

ILLUMINATORS CUBE LIGHTS, GROOVY LAVA LAMPS, AND SCENTED WEIGHTED SAND.

NAME OF ORGANIZATION OR GOVERNMENT: OWENSBORO DANCE THEATER INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$11,000.00 FOR ITEMS 1, 2 AND 4 -

CLASS SESSIONS AT SIX AREA SCHOOLS, PUZZLE PIECES AND THE WENDELL FOSTER

CENTER, AND EQUIPMENT TO BE USED AT CLASS LOCATIONS. NO FUNDING ALLOWED

FOR FAMILY SESSIONS OF ADAPTIVE AERIAL DANCE CLASSES (NOT TO EXCEED

AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: OWENSBORO HEALTH FOUNDATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$15,000.00 FOR NICVIEW CAMERA

SYSTEM. THE CRUSADE FOR CHILDREN ENCOURAGES YOUR NEXT REQUEST TO FOCUS ON

DIRECT SERVICES TO CHILDREN. FEEL FREE TO REACH OUT TO OUR OFFICE TO

DISCUSS OPTIONS FOR THE NEXT GRANT PERIOD TO OPTIMIZE OPPORTUNITIES WITH

THE CRUSADE.

NAME OF ORGANIZATION OR GOVERNMENT:

PAOLI COMMUNITY SCHOOL CORPORATION THROOP ELEMENTARY SCHOOL

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

GROUND PREPARATION, ELASTAPLAY POURED IN PLACE SURFACING AND PLAYGROUND

EQUIPMENT

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

(H) PURPOSE OF GRANT OR ASSISTANCE: \$18,000 FOR SALARY FOR DIRECTOR OF

TRAINING, TRAINING ASSISTANTS, AND MEDICAL/VETERINARY/BREEDING EXPENSES

FOR DOGS IN TRAINING AND LITTERS

Part IV Supplemental Information

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

(H) PURPOSE OF GRANT OR ASSISTANCE: \$21,000.00 TO PROVIDE MENTAL HEALTH COUNSELING, AND THERAPY AND MEDICATION MANAGEMENT PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

PROJECT CAMP INC THE CENTER FOR COURAGEOUS KIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$37,500.00 FOR CAMPER SPONSORSHIPS FOR KENTUCKY AND INDIANA CHILDREN AND STAFFING SUPPORT FOR NURSES FOR SUMMER CAMPS

NAME OF ORGANIZATION OR GOVERNMENT:

PROVIDENCE SELF SUFFICIENCY MINISTRIES INC PROVIDENCE HOUSE FAMILY PRESERVAT

(H) PURPOSE OF GRANT OR ASSISTANCE: \$10,000.00 FOR FURNITURE AND SUPPLIES, INCLUSIVE PLAY ITEMS, EMOTION/BEHAVIOR REGULATION ITEMS

NAME OF ORGANIZATION OR GOVERNMENT: PUZZLE PIECES INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$21,000.00 FOR PRE-EMPLOYMENT

TRANSITION SERVICES (ETS) PROGRAM TEACHER/DEVELOPER SALARY AND PRE-ETS PROGRAM 1:1 SUPPORTER

NAME OF ORGANIZATION OR GOVERNMENT: ROCKCASTLE COUNTY HOSPITAL INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL AWARD \$18,500.00. FULL FUNDING FOR THE BLADDER SCANNER AND REMAINING FUNDING FOR ITEMS 2-8 - BANTAM EASY STAND STANDING FRAME, LECKEY SQUIGGLES PEDIATRIC STANDER, HIPPO PEDIATRIC SCALE, IPAD PRO, SENSORY WRAP SWING, OWLET BABY MONITORS, MISCELLANEOUS PEDIATRIC SUPPLIES. NO FUNDING FOR AMAZON GIFT CARDS.

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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

ROMAN CATHOLIC BISHOP OF LOUISVILLE ARCHDIOCESE OF LOUISVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL AWARD \$40,000 FOR FLEXIBLE

DESKS, CHAIRS FOR FLEXIBLE SEATING, SENSORY MATERIALS, CURRICULUM

SUPPORTS/SCREENERS, TECHNOLOGY SUPPORTS, AND TEACHER/STUDENT MATERIALS,

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

NAME OF ORGANIZATION OR GOVERNMENT:

SAINT JOSEPH BEREHA HOSPITAL FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$12,000.00 FOR TWO VEIN FINDERS.

THE CRUSADE WOULD LIKE TO SEE FUTURE GRANTS WITH A HIGHER PERCENTAGE

TARGETED TO CHILDREN WITH SPECIAL NEEDS AS DEFINED BY THE CRUSADE.

NAME OF ORGANIZATION OR GOVERNMENT: SAINT JOSEPH LONDON FOUNDATION INC

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

2 THE ALGO 7I NEWBORN HEARING SCREENER AND THE REMAINING AMOUNT TOWARDS

THE GIRAFFE OMNIBED. THE CRUSADE WOULD LIKE TO SEE FUTURE GRANTS WITH A

HIGHER PERCENTAGE TARGETED TO CHILDREN WITH SPECIAL NEEDS AS DEFINED BY

THE CRUSADE.

NAME OF ORGANIZATION OR GOVERNMENT:

SAINT JOSEPH MOUNT STERLING FOUNDATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$40,000 FOR STRYKER BASSINETS AND

CARESCAPE MONITORS. NO FUNDING ALLOWED FOR INSTALLATION OR SHIPPING.

NAME OF ORGANIZATION OR GOVERNMENT: SEVEN COUNTIES SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL GRANT AWARD \$126,000 - FULL

Part IV Supplemental Information

AMOUNT FOR ITEMS 4 AND 5 -OCCUPATIONAL THERAPY EQUIPMENT, AND TECHNOLOGY

FOR AUTISTIC CHILDREN. THE REMAINING AMOUNT FOR ITEMS 1-3 - SALARIES

FOR EDUCATION STAFF, SALARIES FOR DSD SERVICES, CONTRACTING FEES FOR DSD

SERVICES. (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, AND OCCUPATIONAL/PHYSICAL THERAPY (NOT TO EXCEED

AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: SILVER CREEK SCHOOL CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$17,000.00 FOR ANY LINE ITEM - TOUCH

SCREEN COMPUTERS, JUNO SOUND SYSTEMS, AND DIGITAL CURRICULUM- IXL, GOZEN,

TEACHTOWN, NEWS2YOU (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: \$15,500.00 FOR ANY ITEM ON GRANT

LIST - ONLINE CURRICULUM, JENNSWINGS ADA SEATS, PEANUT BALLS, AND

ANGELES QUIET DIVIDERS WITH SOUND SPONGE (NOT TO EXCEED AMOUNTS REQUESTED

FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

SOUTH CENTRAL KENTUCKY KIDS ON THE BLOCK INC/KENTUCKY KIDS ON THE BLOCK INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$3,950.00 FOR ITEMS 2 AND 3 -

CUSTOM WHEELCHAIR AND MARK RILEY PUPPET. NO FUNDING AWARDED FOR ITEM 1

PHYSICAL AND MENTAL CHALLENGES PROGRAMS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SPALDING UNIVERSITY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL AWARD - \$7,184.00 (\$6,534.00

TOWARDS THE LARGE SCALE PLAY BASED EQUIPMENT, TOOLS TO SUPPORT EVERYDAY

ACTIVITIES, AND ADAPTIVE TECHNOLOGY AND \$641.00 TOWARDS THE CURRICULA AND

PROGRAMS) (NOT TO EXCEED AMOUNTS REQUESTED IN LINE ITEMS.)

NAME OF ORGANIZATION OR GOVERNMENT: SPENCER COUNTY PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$30,000 FOR CHROMEBOOKS/LENOVOS,

DELL LAPTOPS, HP COLOR PRINTER, THERAPY MATERIALS, AND ALTERNATIVE

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

NAME OF ORGANIZATION OR GOVERNMENT: SPRINGS VALLEY SCHOOL CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL GRANT AWARD: \$12,200 - THE

CRUSADE DOES NOT TYPICALLY PROVIDE FULL GRANTS. BECAUSE YOU ARE A NEW

PARTNER WITH THE CRUSADE, WE HAVE DECIDED TO COMBINE YOUR GRANTS. YOU

ARE ALLOWED TO SPEND \$12,200 FOR ANY ITEM ON THIS GRANT OR THE CAPITAL

GRANT. ITEMS REQUESTED - KITCHEN RENOVATION - IPADS AND APPLE PENCIL

STYLUS, TABLE AND CHAIRS, MICROWAVE, POTS AND PANS, DISHES & SILVERWARE,

ACCOMMODATION WHEELS, OR PRINTERS. WE DO NOT REIMBURSE SALES TAX,

SHIPPING OR FREIGHT. (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE

ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

ST FRANCIS HIGH SCHOOL INC ST. FRANCIS SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL GRANT AWARD \$8,473.00 - \$5,000

FOR SIDEWALK INSTALLATION AND \$3,473 FOR ITEMS 2 AND 3 - IPADS FOR

LEARNING SUPPORT, AND TLC CURRICULUM NEEDS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

ST JOSEPH HOSPITAL FOUNDATION INC THE WOMEN'S HOSPITAL AT SAINT JOSEPH EAST

(H) PURPOSE OF GRANT OR ASSISTANCE: \$100,000 FOR EQUIPMENT TO REFRESH

THE LEVEL III NICU AT THE WOMEN'S HOSPITAL AT SAINT JOSEPH EAST.

NAME OF ORGANIZATION OR GOVERNMENT:

ST JOSEPHS CATHOLIC ORPHAN SOCIETY ST JOSEPH CHILDRENS HOME ST JOE'S CAPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: \$80,000.00 FOR CAPITAL CAMPAIGN TO

RENOVATE THE 1885 'LANDMARK' BUILDING - BUILDING FOREVER HOMES, PHASE TWO

NAME OF ORGANIZATION OR GOVERNMENT:

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL GRANT AWARD \$30,000 - \$20,000

FOR ITEM 2 - NURSING SALARY AND \$10,000 FOR ITEMS 3 AND 4 - MEDICAL

ITEMS, AND PSYCHOLOGICAL TESTING. NO FUNDING FOR ITEM 1 HEALTH

COORDINATOR.

NAME OF ORGANIZATION OR GOVERNMENT:

STAGE ONE THE LOUISVILLE CHILDRENS THEATRE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$7,000.00 FOR TICKET SUPPORT AND

SPONSORSHIP, MATERIALS AND SUPPLIES, ACCESS SERVICE FEES, AND INVENTORY

HELD TICKETS. NO FUNDING FOR ITEM 4 - ANNUAL STAFF AUTISM TRAINING.

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

NAME OF ORGANIZATION OR GOVERNMENT:

SUMMIT ACADEMY OF GREATER LOUISVILLE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$10,000.00 FOR ANY ITEM ON GRANT

LIST - K-6TH CLASSROOM PACKS- MAKING MEANING, K-6TH EXPANDING EXPRESSIONS

Part IV Supplemental Information

MANUAL AND TOOLS AND ADDITIONAL MANUALS FOR MAKING MEANING (NOT TO EXCEED

AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: SUNRISE CHILDRENS SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$12,000.00 FOR GLEN DALE CENTER

EXERCISE EQUIPMENT, NORDIC TRACK TREADMILL, ELLIPTICAL, INCLINE

TREADMILL, STUDIO CYCLE, BOWFLEX REVOLUTION HOME GYM, CIRCUIT FITNESS

RECUMBENT BIKE, FITLAYA FITNESS AB WORKOUT MACHINE, AND FINERFORM SITUP

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

NAME OF ORGANIZATION OR GOVERNMENT: T J SAMSON COMMUNITY HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL GRANT AWARD \$50,000 - \$20,000

TO THE OUTDOOR HANDICAP ACCESSIBLE PLAYGROUND AND \$30,000 TO SALARIES FOR

ITEMS 1, 4, AND 5 - IECE CERTIFIED EARLY INTERVENTION SPECIALIST, BCBA

BOARD CERTIFIED BEHAVIORAL ANALYST AND RBT REGISTERED BEHAVIORAL

TECHNICIAN. NO FUNDING FOR ITEMS 3 AND 6 - DISABILITY CASE MANAGER OR

SCHOLARSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT:

TAYLOR COUNTY BOARD OF EDUCATION TAYLOR COUNTY SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$35,000 FOR CHROMEBOOKS AND

LICENSES, SELF CHARGING MOBILE DEVICE CARTS, MULTI SENSORY ENVIRONMENT

EQUIPMENT, AND ONLINE LITERACY SOFTWARE AND LICENSES (NOT TO EXCEED

AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: THE DE PAUL SCHOOL INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$11,000.00 FOR ITEMS 1-3 (ROBOTIC

SETS FOR GRADES K-5, IPAD CLASSROOM SET, AND MONOPRICE PE VOXEL 3D

Part IV Supplemental Information

PRINTER) (NO FUNDING ALLOWED FOR STORAGE CABINETS, OCULUS QUEST HEADSETS, GAMEMAKER SOFTWARE AND TILTBRUS 3D DESIGN SOFTWARE) (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

THE POINT ARC OF NORTHERN KENTUCKY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$11,000.00 FOR ITEM 3 TECHNOLOGY

EQUIPMENT - CHROMEBOOKS AND SPEECH TABLETS FOR NON-VERBAL AUTISTIC STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT: THE REATH CENTER INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$8,000 FOR SCHOLARSHIPS, INSTRUCTOR

SALARIES AND RIDER HELMETS (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT: TRUSTEES OF INDIANA UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL AWARD \$8,974.00 FOR

SCHOLARSHIPS (\$6,000.00 FOR UNDERGRADUATE STUDENTS AND \$2,974.00 FOR

GRADUATE STUDENTS SEEKING SPECIAL EDUCATION CERTIFICATION). WE ARE

GRATEFUL FOR AN ENDOWED GIFT FROM KOSAIR CHARITIES THAT MAKES A PORTION

OF THIS GRANT POSSIBLE TO SUPPORT STUDENTS STUDYING TO BE SPECIAL

EDUCATION TEACHERS.

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION UK - ADAPTED TOY LENDING LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,300.00 FOR ONE 3D PRINTERS AND

ONE 3D LASER PRINTER. NO FUNDING FOR DESKTOP COMPUTERS AND MONITORS,

ADAPTED KEYBOARDS AND 3D PRINTER FILAMENTS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION UNIVERSITY OF KENTUCKY- KENTUCKY

(H) PURPOSE OF GRANT OR ASSISTANCE: \$4,800.00 FOR ITEMS 1 AND 2 -

SPECIALIZED TRAINING BY A CERTIFIED BEHAVIOR CONSULTANT FOR DOGS AND

HANDLERS TO WORK IN PEDIATRIC HOSPITALS AND CANINE COUNSELORS THERAPY DOG

VESTS. NO FUNDING FOR ITEMS 3-5.

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF LOUISVILLE FOUNDATION INC SPECIAL EDUCATION SCHOLARSHIPS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$17,700.00 FOR PARTIAL SCHOLARSHIPS

FOR STUDENTS SEEKING SPECIAL EDUCATION CERTIFICATION -- PREFERENCE IS TO

AWARD STUDENTS ENROLLED IN THE MASTER'S PROGRAM, IF POSSIBLE. WE ARE

GRATEFUL FOR AN ENDOWED GIFT FROM KOSAIR CHARITIES THAT MAKES A PORTION

OF THIS GRANT POSSIBLE TO SUPPORT STUDENTS STUDYING TO BE SPECIAL

EDUCATION TEACHERS.

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF LOUISVILLE FOUNDATION INC UOFL PEACE HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: \$30,000.00 FOR DINING AND TUB

ACTIVITY CHAIRS, ACTIVITIES AND SUPPLIES, ACTIVITY AND PEDESTAL DINING

TABLES, AND BENCHES

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF LOUISVILLE FOUNDATION INC UOFL PSYCHOLOGICAL SERVICES (ADHD)

(H) PURPOSE OF GRANT OR ASSISTANCE: \$28,000.00 FOR SALARY FOR LICENSED

CLINICAL PSYCHOLOGIST, SALARY FOR CLINICAL SERVICES ASSISTANT, SALARY FOR

PART-TIME MASTERS-LEVEL CLINICAL PSYCHOLOGIST, CLINICAL ASSESSMENT

Part IV Supplemental Information

MEASURES, COMPUTERS, TABLETS, FURNITURE, AND ASSORTED TOYS & GAMES (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

VINCENNES COMMUNITY SCHOOL CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$8,000.00 FOR ITEMS 1, 2 AND 4

(IHEAR SUBSCRIPTION - CENTER FOR DEAF AND HARD OF HEARING, CAMP YES!, AND 1-2-3 MAGIC FAMILY KIT)

NO FUNDING FOR ITEM 3, AND ITEMS 5-7 (LODGING, RED SKELTON MUSEUM ADMISSION, PRESENTATION SUPPLIES, AND FOOD AND SNACKS.)

NAME OF ORGANIZATION OR GOVERNMENT:

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

(H) PURPOSE OF GRANT OR ASSISTANCE: \$46,000.00 FOR SALARIES FOR A FULL TIME TEACHER AND DEVELOPMENTAL INTERVENTIONIST OF THE VISUALLY IMPAIRED

NAME OF ORGANIZATION OR GOVERNMENT:

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

(H) PURPOSE OF GRANT OR ASSISTANCE: \$85,000.00 FOR SALARIES FOR

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

NAME OF ORGANIZATION OR GOVERNMENT:

WENDELL FOSTERS CAMPUS FOR DEVELOPMENTAL DISABILITIES INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$15,000 FOR PIVOT CABINETRY, FORMICA

COUNTERS WITH UNDER-MOUNTED SINK WITH IDEAL EDGE AND FAUCET, HARDWARE FOR CABINETS, JARVIS ECOTOP STANDING DESKS, CONVECTION OVEN, AIR FRY, MICROWAVE, AND REFRIGERATOR. NO FUNDING FOR ITEM 4 - INSTALLATION.

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT:

WESTERN KENTUCKY UNIVERSITY KELLY AUTISM PROGRAM (KAP)

(H) PURPOSE OF GRANT OR ASSISTANCE: \$22,000 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: \$35,000 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: \$19,600.00 FOR SCHOLARSHIPS FOR STUDENTS STUDYING SPECIAL EDUCATION -- PREFERENCE IS TO AWARD STUDENTS ENROLLED IN THE MASTER'S PROGRAM, IF POSSIBLE. WE ARE GRATEFUL FOR AN ENDOWED GIFT FROM KOSAIR CHARITIES THAT MAKES A PORTION OF THIS GRANT POSSIBLE TO SUPPORT STUDENTS STUDYING TO BE SPECIAL EDUCATION TEACHERS.

NAME OF ORGANIZATION OR GOVERNMENT:

WESTERN KENTUCKY UNIVERSITY WKU- CAMP COLLAB

(H) PURPOSE OF GRANT OR ASSISTANCE: \$4,000.00 FOR ANY ITEM REQUESTED ON THE GRANT LIST - CLINIC COSTS FOR CLIENTS, AAC DEVICES, SALARY FOR MAE TEACHER SUPERVISOR (NOT TO EXCEED AMOUNTS REQUESTED FOR EACH LINE ITEM).

NAME OF ORGANIZATION OR GOVERNMENT: WOODFORD COUNTY PUBLIC SCHOOLS

Part IV Supplemental Information

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

MOUNTBATTEN BRAILLER, ORION T1-84 TALKING GRAPHING CALCULATOR, MANGOLD

BRAILLE CURRICULUM, STEREO BUTTERFLY TEST ASSESSMENT, AND BEERY VISUAL

PERCEPTION ASSESSMENT STARTER KIT (NOT TO EXCEED AMOUNTS REQUESTED FOR

EACH LINE ITEM.)

NAME OF ORGANIZATION OR GOVERNMENT:

YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE YMCA CHILDCARE SERVIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTAL GRANT AWARD \$50,000 - \$15,500

FOR YMCA SAFE PLACE SERVICES - 3 YOUTH WORKERS, \$13,000 FOR JEFFERSON

COUNTY CHILDCARE SPECIAL NEEDS SUPPORT STAFF, \$8,500 FOR BULLITT COUNTY

CHILDCARE SPECIAL NEEDS SUPPORT STAFF, \$6,000 FOR FLOYD / CLARK COUNTY

CHILDCARE SPECIAL NEEDS SUPPORT STAFF, \$3,500 FOR OLDHAM COUNTY SUMMER

CAMP SPECIAL NEEDS SUPPORT STAFF AND \$3,500 FOR MEADE COUNTY - CAMP

PIOMINGO SUPPORT STAFF / SUMMER NURSE. INCREASE IN GRANT AMOUNT FROM

PREVIOUS YEAR DUE TO HARDSHIP CAUSED BY COVID.

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

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

-SOFTWARE, COMPUTERS, PROGRAM FACILLITATORS, TECHNOLOGY ROOM, AND ADA

CONCRETE SIDEWALK

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

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 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
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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)	149,645.	0.	511.	7,590.	2,671.	160,417.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	152,933.	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	9,519.	DONOR ESTIMATE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SUPPLIES)	X	3	8,597.	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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** X
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2021

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

THE WHAS CRUSADE FOR CHILDREN, INC.

Employer identification number

23-7075524

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

THE BYLAWS HAVE BEEN AMENDED TO REDUCE THE NUMBER OF DIRECTORS OVER THE

NEXT 3 YEARS TO BE NO LESS THAN 16 AND NO MORE THAN 22 THROUGH MARCH 2023,

NO LESS THAN 16 AND NO MORE THAN 19 THROUGH MARCH 2024, AND NO LESS THAN 16

AND NO MORE THAN 18 FOR PERIODS BEGINNING AFTER MARCH 2024.

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.

Name of the organization THE WHAS CRUSADE FOR CHILDREN, INC.	Employer identification number 23-7075524
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN FUNDS HELD BY OTHERS	-140,375.
CHANGE IN BENEFICIAL INTEREST IN CHARITABLE TRUSTS	-371,706.
RETURN OF GRANT FUNDS PAID OUT IN PRIOR YEARS	242,403.
TOTAL TO FORM 990, PART XI, LINE 9	-269,678.

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.