

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

A For the **2016** calendar year, or tax year beginning **SEP 1, 2016** and ending **AUG 31, 2017**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization THE WHAS CRUSADE FOR CHILDREN, INC.		D Employer identification number 23-7075524	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	520 W. CHESTNUT ST.		(502)582-7706	
	City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40202		G Gross receipts \$ 29,619,362.	
F Name and address of principal officer: DAWN LEE SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions)		
J Website: ▶ WWW.WHASCUSADE.ORG		H(c) Group exemption number ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		L Year of formation: 1980		M State of legal domicile: KY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE MEDICAL AND EDUCATIONAL SUPPORT TO SPECIAL NEEDS CHILDREN.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	500
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,692,586.	7,140,322.
	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)	1,111,614.	1,719,475.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,804,200.	8,859,797.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,465,933.	5,500,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	10,926.	9,766.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 304,923.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	918,843.	911,446.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,395,702.	6,421,212.
19 Revenue less expenses. Subtract line 18 from line 12	408,498.	2,438,585.	
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)	27,327,807.	30,548,240.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,202,780.	7,136,498.
		20,125,027.	23,411,742.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	DAWN LEE, CEO & PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name REBECCA L. PHILLIPS, CPA	Preparer's signature	Date 03/05/19	Check if self-employed <input type="checkbox"/>	PTIN P00024055
	Firm's name ▶ MCM CPAS & ADVISORS LLP	Firm's EIN ▶ 27-1235638	Phone no. (502)749-1900		
Firm's address ▶ 462 S. FOURTH ST., SUITE 2600 LOUISVILLE, KY 40202-3445					

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 \$ 5,500,000. including grants of \$ 5,500,000.) (Revenue \$)

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

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

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

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

4e Total program service expenses 5,500,000.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		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	
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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		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 in 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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and 501(c)(7), (12), (11), (12a), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: DAWN LEE - (502) 582-7706
520 W. CHESTNUT ST., LOUISVILLE, KY 40202

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRENNEN LAWRENCE CHAIRMAN	0.10	X		X				0.	0.	0.
(2) JEFF NELSON VICE CHAIRMAN	0.10	X		X				0.	0.	0.
(3) ANGELICA WILLIAMS TREASURER	0.10	X		X				0.	0.	0.
(4) DON ALLEN BOARD MEMBER	0.10	X						0.	0.	0.
(5) JENNIFER ERHARD BOARD MEMBER	0.10	X						0.	0.	0.
(6) BILL GODFREY BOARD MEMBER	0.10	X						0.	0.	0.
(7) KELLY GRANGIER BOARD MEMBER	0.10	X						0.	0.	0.
(8) JOE GRAFFIS BOARD MEMBER BEGAN 3/2017	0.10	X						0.	0.	0.
(9) KEVIN HUGHES BOARD MEMBER	0.10	X						0.	0.	0.
(10) TOM MOBLEY BOARD MEMBER TIL 3/2017	0.10	X						0.	0.	0.
(11) VINCENT SMITH BOARD MEMBER	0.10	X						0.	0.	0.
(12) PAMELA STEPHENS BOARD MEMBER	0.10	X						0.	0.	0.
(13) GARY STEWART BOARD MEMBER	0.10	X						0.	0.	0.
(14) JOHN WALLING BOARD MEMBER TIL 3/2017	0.10	X						0.	0.	0.
(15) LINDA DANNA BOARD MEMBER	0.10 40.00	X						0.	0.	0.
(16) SHAWN KAELIN BOARD MEMBER	0.10 40.00	X						0.	0.	0.
(17) LISA COLUMBIA BOARD MEMBER	0.10 40.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JEAN O'BRIEN BOARD MEMBER AS OF 3/2017	0.10	X						0.	0.	0.
(19) TOM HOY SECRETARY	0.10			X				0.	0.	0.
(20) DAWN LEE PRESIDENT & CEO	40.00			X				0.	125,230.	9,514.
(21) JOHN BLIM VICE-PRESIDENT	40.00			X				0.	105,611.	22,607.
1b Sub-total								0.	788,743.	70,682.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	788,743.	70,682.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,140,322.				
	g Noncash contributions included in lines 1a-1f: \$		58,875.				
	h Total. Add lines 1a-1f		7,140,322.				
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)		598,320.			598,320.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		21,880,720.					
		b Less: cost or other basis and sales expenses		20,759,565.			
		c Gain or (loss)		1,121,155.			
	d Net gain or (loss)		1,121,155.			1,121,155.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			8,859,797.	0.	0.	1,719,475.	

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	5,500,000.	5,500,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	18,668.		18,668.	
c Accounting	13,952.		13,952.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	9,766.			9,766.
f Investment management fees	55,381.		55,381.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	74,297.		35,217.	39,080.
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	39,066.		34,102.	4,964.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,159.		11,159.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REIMBURSED SALARIES & B	597,358.		399,781.	197,577.
b MISCELLANEOUS	48,918.		44,656.	4,262.
c PRODUCTION & ENGINEERIN	37,902.		3,373.	34,529.
d FOOD	13,095.			13,095.
e All other expenses	1,650.			1,650.
25 Total functional expenses. Add lines 1 through 24e	6,421,212.	5,500,000.	616,289.	304,923.
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	1,873,445.	1	3,089,231.
	2 Savings and temporary cash investments	1,253,140.	2	350,652.
	3 Pledges and grants receivable, net	196,838.	3	228,834.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,611.	9	7,381.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	261,875.		
	b Less: accumulated depreciation	204,228.		
	11 Investments - publicly traded securities	22,275,372.	11	24,068,498.
	12 Investments - other securities. See Part IV, line 11	16,385.	12	16,265.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,632,210.	15	2,729,732.
16 Total assets. Add lines 1 through 15 (must equal line 34)	27,327,807.	16	30,548,240.	
Liabilities	17 Accounts payable and accrued expenses	59,245.	17	68,103.
	18 Grants payable	7,143,535.	18	7,068,395.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	7,202,780.	26	7,136,498.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	16,713,516.	27	19,043,087.
	28 Temporarily restricted net assets	671,001.	28	562,263.
	29 Permanently restricted net assets	2,740,510.	29	3,806,392.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	20,125,027.	33	23,411,742.	
34 Total liabilities and net assets/fund balances	27,327,807.	34	30,548,240.	

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	8,859,797.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,421,212.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,438,585.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,125,027.
5	Net unrealized gains (losses) on investments	5	463,924.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	384,206.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	23,411,742.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,316,775.	7,450,172.	6,654,570.	5,692,586.	7,120,727.	34,234,830.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7,316,775.	7,450,172.	6,654,570.	5,692,586.	7,120,727.	34,234,830.
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)						247,256.
6 Public support. Subtract line 5 from line 4.						33,987,574.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	7,316,775.	7,450,172.	6,654,570.	5,692,586.	7,120,727.	34,234,830.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	323,619.	314,132.	445,352.	518,862.	598,320.	2,200,285.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						36,435,115.
12 Gross receipts from related activities, etc. (see instructions)					12	5,478.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	93.28	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	93.90	%
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a The organization satisfied the Activities Test. Complete line 2 below.		
b The organization is the parent of each of its supported organizations. Complete line 3 below.		
c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

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

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

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

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

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7:			
	\$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

Employer identification number

THE WHAS CRUSADE FOR CHILDREN, INC.

23-7075524

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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

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		\$ 365,485.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2		\$ 212,474.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
3		\$ 201,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

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: (a) Donor advised funds, (b) Funds and other accounts, and Yes/No columns. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor advisement and grant fund usage.

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

Form for Part II Conservation Easements. Includes questions about the purpose of easements, number of easements, acreage, monitoring, and expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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 for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts for revenue and assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | | Amount |
|---------------------------------|-----------|--------|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	19,436,054.	18,556,280.	18,446,315.	14,494,421.	12,676,500.
b Contributions	1,942,331.	226,382.	627,639.	2,053,528.	1,448,863.
c Net investment earnings, gains, and losses	2,165,981.	1,255,550.	-97,000.	2,675,192.	1,061,766.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	683,959.	602,158.	420,674.	776,826.	692,708.
g End of year balance	22,860,407.	19,436,054.	18,556,280.	18,446,315.	14,494,421.

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

- a Board designated or quasi-endowment 87.41 %
- b Permanent endowment 12.59 %
- c Temporarily restricted endowment .00 %

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	3a(i)	x	
(ii) related organizations	3a(ii)		x
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	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.	75,284.	55,650.
d Equipment		130,941.	128,944.	1,997.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				57,647.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INTEREST RECEIVABLE	5,899.
(2) CASH SURRENDER VALUE OF LIFE INSURANCE	24,380.
(3) BENEFICIAL INTEREST IN CHARITABLE TRUSTS	1,670,553.
(4) BENEFICIAL INTEREST BY OTHERS	1,028,900.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	10,010,982.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	463,924.
b	Donated services and use of facilities	2b	629,289.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	113,353.
e	Add lines 2a through 2d	2e	1,206,566.
3	Subtract line 2e from line 1	3	8,804,416.
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	55,381.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	55,381.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,859,797.

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	6,724,267.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	629,289.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	629,289.
3	Subtract line 2e from line 1	3	6,094,978.
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	55,381.
b	Other (Describe in Part XIII.)	4b	270,853.
c	Add lines 4a and 4b	4c	326,234.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,421,212.

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 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 A "MORE-LIKELY-THAN-NOT" APPROACH AS DEFINED IN THE ASC. NO LIABILITY FOR UNCERTAIN INCOME TAX POSITIONS HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN CHARITABLE TRUSTS	84,453.
CHANGE IN BENEFICIAL INTEREST HELD BY OTHERS	28,900.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	113,353.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECOVERIES OF PRIOR YEAR GRANTS	270,853.
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**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADAIR COUNTY BOARD OF EDUCATION 1204 GREENSBURG ST. COLUMBIA, KY 42728	61-6001263	GOVERNMENT ENTITY	49,000.	0.			VEHICLE TO TRANSPORT STUDENTS WITH SPECIAL NEEDS
ALLEGRO DANCE PROJECT, INC. 315 SIERRA DRIVE LEXINGTON, KY 40505	46-4066462	501(C) 3	5,000.	0.			DANCE CLASSES FOR CHILDREN WITH SPECIAL NEEDS
AMERICAN NATIONAL RED CROSS 510 EAST CHESTNUT STREET LOUISVILLE, KY 40202	53-0196605	501(C) 3	20,000.	0.			HOME FIRE AND EMERGENCY PREPAREDNESS EDUCATION FOR CHILDREN WITH HEARING LOSS
AMERICAN PRINTING HOUSE FOR THE BLIND - 1839 FRANKFORT AVE. - LOUISVILLE, KY 40206	61-0444640	501(C) 3	6,000.	0.			BRAILLE BOOKS FOR VISUALLY IMPAIRED
AMERICANA COMMUNITY CENTER, INC. 4801 SOUTHSIDE DRIVE LOUISVILLE, KY 40214	61-1251306	501(C) 3	9,750.	0.			ARTS PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
ANCHORAGE INDEPENDENT SCHOOL DISTRICT - 11400 RIDGE ROAD - ANCHORAGE, KY 40223	61-6000099	GOVERNMENT ENTITY	40,000.	0.			EDUCATION PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 224.

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.**

Schedule I (Form 990) (2016)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPALACHIAN REGIONAL HEALTHCARE, INC. - 2260 EXECUTIVE DRIVE - LEXINGTON, KY 40505	52-0795508	501(C) 3	7,811.	0.			REHABILITATION FOR CHILDREN WITH SPECIAL NEEDS
ARCHDIOCESE OF LOUISVILLE 3940 POPLAR LEVEL ROAD LOUISVILLE, KY 40213	61-0447247	501(C) 3	48,000.	0.			MATERIALS AND TECHNOLOGY FOR STUDENTS WITH SPECIAL NEEDS
ARHHC, INC. P.O. BOX 2013, 225 COLLEGE ST. ELIZABETHTOWN, KY 42701	61-6030361	501(C) 3	6,500.	0.			SUMMER PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
ASBURY UNIVERSITY ONE MACKLEM DRIVE WILMORE, KY 40390	61-0458355	501(C) 3	20,000.	0.			SCHOLARSHIPS FOR TEACHER CANDIDATES FOR SPECIAL EDUCATION SERVICES
BAPTIST HEALTH FOUNDATION GREATER LOUISVILLE, INC. - 4000 KRESGE WAY - LOUISVILLE, KY 40207	20-0292291	501(C) 3	78,000.	0.			EQUIPMENT FOR NICU
BARDSTOWN INDEPENDENT SCHOOLS 308 NORTH 5TH ST. BARDSTOWN, KY 40004	61-6001009	GOVERNMENT ENTIT	32,739.	0.			INDOOR PLAYGROUND FOR CHILDREN WITH SPECIAL NEEDS
BARREN RIVER AREA CHILD ADVOCACY CENTER - 103 E. 12TH ST. - BOWLING GREEN, KY 42101	61-1337449	501(C) 3	10,000.	0.			FORENSIC INTERVIEWS FOR SPECIAL NEEDS CHILDREN
BATH COUNTY BOARD OF EDUCATION 405 WEST MAIN ST. OWINGSVILLE, KY 40360	61-6001341	GOVERNMENT ENTIT	8,000.	0.			PLAYGROUND FOR CHILDREN WITH SPECIAL NEEDS
BELLARMINE UNIVERSITY/PHYSICAL THERAPY PROGRAM - 2001 NEWBURG ROAD - LOUISVILLE, KY 40205	61-0482955	501(C) 3	40,000.	0.			PHYSICAL THERAPY PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

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BELLARMINI UNIVERSITY/SCHOLARSHIPS 2001 NEWBURG ROAD LOUISVILLE, KY 40205	61-0482955	501(C) 3	12,000.	0.			SCHOLARSHIPS FOR TEACHER CANDIDATES FOR SPECIAL EDUCATION SERVICES
BEST BUDDIES KENTUCKY 1911A BARDSTOWN ROAD LOUISVILLE, KY 40205	52-1614576	501(C) 3	10,500.	0.			FRIENDSHIP PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
BIG BROTHERS BIG SISTERS OF KENTUCKIANA, INC. - 1519 GARDINER LANE - LOUISVILLE, KY 40218	61-6057856	501(C) 3	6,000.	0.			MENTORING CHILDREN WITH SPECIAL NEEDS
BINGHAM CHILD GUIDANCE CLINIC, INC. - 200 E. CHESTNUT ST. - LOUISVILLE, KY 40202	61-0445838	501(C) 3	50,000.	0.			MENTAL HEALTH SERVICES TO CHILDREN WITH SPECIAL NEEDS
BLUEGRASS CENTER FOR AUTISM 1250 BARDSTOWN RD., SUITE 15 LOUISVILLE, KY 40204	27-2279128	501(C) 3	25,000.	0.			SPEECH THERAPY PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
BLUEGRASS CHAPTER OF NATIONAL AMBUCS - P.O. BOX 23072 - LEXINGTON, KY 40523	61-1792619	501(C) 3	1,200.	0.			EQUIPMENT FOR CHILDREN WITH DISABILITIES
BOYS & GIRLS CLUBS OF KENTUCKIANA 3900 CRITTENDEN DRIVE LOUISVILLE, KY 40209	61-0568789	501(C) 3	12,000.	0.			PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS
BOYS & GIRLS HAVEN 2301 GOLDSMITH LANE LOUISVILLE, KY 40218	61-0479621	501(C) 3	95,000.	0.			THERAPEUTIC TREATMENT SERVICES FOR CHILDREN WITH SPECIAL NEEDS
BRECKINRIDGE COUNTY BOARD OF EDUCATION - 86 AIRPORT ROAD - HARDINSBURG, KY 40143	61-6001288	GOVERNMENT ENTIT	38,000.	0.			PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS

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BULLITT COUNTY BOARD OF EDUCATION 1040 HIGHWAY 44 EAST SHEPHERDSVILLE, KY 40165	61-6001357	GOVERNMENT ENTIT	50,000.	0.			TECHNOLOGY AND MATERIALS FOR STUDENTS WITH SPECIAL NEEDS
BULLITT COUNTY FAMILY YMCA BRANCH 409 JOE B. HALL AVENUE SHEPHERDSVILLE, KY 40165	61-0444843	501(C) 3	7,000.	0.			PROGRAM ACTIVITIES FOR CHILDREN WITH SPECIAL NEEDS
BURGIN INDEPENDENT SCHOOLS 440 EAST MAIN ST. BURGIN, KY 40310	61-6001391	GOVERNMENT ENTIT	5,000.	0.			MATERIALS FOR CHILDREN WITH SPECIAL NEEDS
CAMP TESSA OF MEADE COUNTY 465 SPRINGDALE ROAD GUSTON, KY 40142	46-1042442	501(C) 3	5,200.	0.			CAMP FOR CHILDREN WITH AUTISM
CAMP TESSA, INC. 177 STARKEY LANE CECILIA, KY 42724	20-2632503	501(C) 3	7,000.	0.			CAMP FOR CHILDREN WITH SPECIAL NEEDS
CAMPBELLSVILLE BOARD OF EDUCATION 136 SOUTH COLUMBIA AVENUE CAMPBELLSVILLE, KY 42718	61-6001031	GOVERNMENT ENTIT	18,000.	0.			TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS
CANAAN COMMUNITY ACADEMY 8775 N. CANAAN MAIN ST., PO BOX 20 CANAAN, IN 47224	30-0627217	501(C) 3	10,000.	0.			THERAPY AND COUNSELING SALARY SUPPORT FOR CHILDREN WITH SPECIAL NEEDS
CARROLL COUNTY PUBLIC SCHOOLS 813 HAWKINS ST. CARROLL, KY 41008	61-6001259	GOVERNMENT ENTIT	6,000.	0.			MATERIALS FOR CHILDREN WITH SPECIAL NEEDS
CASA AT WOODLAWN P.O. BOX 45 DANVILLE, KY 40423	26-1841458	501(C) 3	4,100.	0.			COURT ADVOCACY SERVICES FOR ABUSED/NEGLECTED VICTIMS

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CASA OF LEXINGTON 1155 RED MILE PLACE LEXINGTON, KY 40504	61-1339185	501(C) 3	17,000.	0.			ADVOCATE FOR CHILDREN WITH SPECIAL NEEDS
CASA OF SOUTH CENTRAL KY, INC. P.O. BOX 867, 316 EAST 10TH ST. BOWLING GREEN, KY 42102	61-1334266	501(C) 3	7,500.	0.			ADVOCATE FOR CHILDREN WITH SPECIAL NEEDS
CASA OF THE HEARTLAND, INC. P.O. BOX 6065 ELIZABETHTOWN, KY 42702	26-0876943	501(C) 3	11,250.	0.			ADVOCATE FOR CHILDREN WITH SPECIAL NEEDS
CASA OF THE RIVER REGION 982 EASTERN PARKWAY, BOX 9 LOUISVILLE, KY 40217	61-1066568	501(C) 3	6,500.	0.			ADVOCACY ACADEMY \$7,000
CASA PROGRAM FOR BULLITT COUNTY, INC. - P.O. BOX 1025 - SHEPHERDSVILLE, KY 40165	61-1454102	501(C) 3	15,000.	0.			ADVOCATE FOR CHILDREN WITH SPECIAL NEEDS
CAVERNA BOARD OF EDUCATION 1106 NORTH DIXIE HWY. CAVE CITY, KY 42127	61-6002422	GOVERNMENT ENTIT	8,400.	0.			TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS
CENTER FOR WOMEN & INFANTS AT UNIVERSITY OF LOUISVILLE HOSPITAL - 530 SOUTH JACKSON ST. - LOUISVILLE, KY 40202	61-1293786	501(C) 3	46,377.	0.			EQUIPMENT FOR NEONATAL UNIT
CENTERSTONE KENTUCKY 10101 LINN STATION RD., SUITE 600 LOUISVILLE, KY 40223	31-0939757	501(C) 3	34,000.	0.			PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS
CENTRAL KENTUCKY EDUCATION COOPERATIVE - 2331 FORTUNE DRIVE, SUITE 110 - LEXINGTON, KY 40509	61-1204854	501(C) 3	30,000.	0.			PROGRAMS FOR STUDENTS WITH SPECIAL NEEDS

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CEREBRAL PALSY KIDS CENTER, INC. DBA KID'S CENTER FOR PEDIATRIC THERAPIES - P. O. BOX 17630 - LOUISVILLE, KY 40217	61-0492378	501(C) 3	30,000.	0.			THERAPY FOR CHILDREN WITH SPECIAL NEEDS
CHILD DEVELOPMENT CENTER OF THE BLUEGRASS - 290 ALUMNI DR. - LEXINGTON, KY 40503	61-0543376	501(C) 3	10,000.	0.			SALARY SUPPORT TO BENEFIT CHILDREN WITH SPECIAL NEEDS
CHILDREN'S LAW CENTER, INC. 1002 RUSSELL ST. COVINGTON, KY 41011	61-1167352	501(C) 3	12,500.	0.			EDUCATION ADVOCACY FOR CHILDREN WITH SPECIAL NEEDS
CLARK COUNTY YOUTH SHELTER AND FAMILY SERVICES, INC. - P. O. BOX 886/118 E. CHESTNUT ST. - JEFFERSONVILLE, IN 47131	31-1126065	501(C) 3	11,000.	0.			RESIDENTIAL LIVING PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
CLARKSVILLE COMMUNITY SCHOOLS 200 ETTTEL LANE CLARKSVILLE, IN 47129	35-6002244	GOVERNMENT ENTIT	13,800.	0.			EQUIPMENT FOR STUDENTS WITH SPECIAL NEEDS
CLOVERPORT INDEPENDENT SCHOOLS 214 WEST MAIN ST. CLOVERPORT, KY 40111	61-6001396	GOVERNMENT ENTIT	38,000.	0.			PROJECT TO ASSIST CHILDREN WITH SPECIAL NEEDS
COMMUNITIES IN SCHOOLS OF CLARK COUNTY, INC. - 1406 FREDERICK AVE. - JEFFERSONVILLE, IN 47130	32-0015379	501(C) 3	10,000.	0.			THERAPY FOR CHILDREN WITH SPECIAL NEEDS
COMMUNITY ACTION OF SO. INDIANA HEAD START - 1613 EAST 8TH ST. - JEFFERSONVILLE, IN 47130	02-0591170	501(C) 3	12,000.	0.			EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
COMMUNITY ACTION OF SO. KENTUCKY, INC. - 921 BEAUTY AVE. - BOWLING GREEN, KY 42101	61-0660969	501(C) 3	10,000.	0.			EARLY INTERVENTION SERVICES FOR CHILDREN WITH SPECIAL NEEDS

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CUMBERLAND COUNTY BOARD OF EDUCATION - 810 NORTH MAIN ST. - BURKESVILLE, KY 42717	61-6001251	GOVERNMENT ENTIT	6,190.	0.			TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS
CYSTIC FIBROSIS FOUNDATION 1941 BISHOP LANE, SUITE 108 LOUISVILLE, KY 40218	13-1930701	501(C) 3	8,000.	0.			THERAPY FOR CHILDREN WITH CYSTIC FIBROSIS
DORMAN PRESCHOOL P.O. BOX 853 SHELBYVILLE, KY 40065	61-0620554	501(C) 3	28,000.	0.			EARLY INTERVENTION SERVICES FOR CHILDREN WITH SPECIAL NEEDS
DOWN SYNDROME ASSOCIATION OF CENTRAL KENTUCKY - 1050 CHINOE RD., SUITE 204 - LEXINGTON, KY 40502	38-3682694	501(C) 3	3,000.	0.			THERAPY FOR CHILDREN WITH DOWN SYNDROME
DOWN SYNDROME OF LOUISVILLE, INC. 5001 S. HURSTBOURNE PARKWAY LOUISVILLE, KY 40291	61-1214126	501(C) 3	15,000.	0.			PROGRAM FOR CHILDREN WITH DOWN SYNDROME
DREAM RIDERS OF KENTUCKY, INC. P.O. BOX 172 PHILPOT, KY 42366	01-0802015	501(C) 3	7,000.	0.			THERAPEUTIC RIDING THERAPY FOR CHILDREN WITH SPECIAL NEEDS
DREAMS WITH WINGS, INC. 1579 BARDSTOWN ROAD LOUISVILLE, KY 40205	61-1371540	501(C) 3	10,000.	0.			SALARY SUPPORT FOR STAFF TO WORK WITH CHILDREN WITH SPECIAL NEEDS
EASTER SEALS WEST KENTUCKY 801 NORTH 29TH ST. PADUCAH, KY 42001	31-1572931	501(C) 3	9,000.	0.			FLOORING FOR OUTDOOR PLAY AREA FOR CHILDREN WITH SPECIAL NEEDS
EASTERN KENTUCKY UNIVERSITY/AUTISM SPECTRUM DISORDERS - 521 LANCASTER AVE., DEPT. OF PSYCHOLOGY - RICHMOND, KY 40475	61-1011211	GOVERNMENT ENTIT	5,000.	0.			PROGRAM FOR CHILDREN WITH AUTISM

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EASTERN KENTUCKY UNIVERSITY/DEPARTMENT OF SPECIAL EDUCATION - 521 LANCASTER AVE. - RICHMOND, KY 40475	61-1011211	GOVERNMENT ENTIT	17,841.	0.			TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS
EASTERN KENTUCKY UNIVERSITY/SCHOLARSHIPS - 521 LANCASTER AVE. - RICHMOND, KY 40475	61-1011211	GOVERNMENT ENTIT	15,000.	0.			SCHOLARSHIPS FOR TEACHER CANDIDATES FOR SPECIAL EDUCATION SERVICES
ELIZABETHTOWN INDEPENDENT SCHOOLS 219 HELM STREET ELIZABETHTOWN, KY 42749	61-6001403	GOVERNMENT ENTIT	16,000.	0.			ITEMS TO BENEFIT STUDENTS WITH SPECIAL NEEDS
EMINENCE INDEPENDENT SCHOOLS 254 WEST BROADWAY EMINENCE, KY 40019	61-6001055	GOVERNMENT ENTIT	23,000.	0.			EQUIPMENT AND TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS
ENGLISHTON PARK PRESBYTERIAN MINISTRIES - PO BOX 240 - LEXINGTON, IN 47138	23-7378186	501(C) 3	3,000.	0.			OUTDOOR EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
EXCEPTIONAL EQUITATION 2107 MASSIE SCHOOL RD. LAGRANGE, KY 40031	31-0951588	501(C) 3	3,500.	0.			EQUINE ACTIVITIES FOR CHILDREN WITH DISABILITIES
FAMILY & CHILDREN'S PLACE 525 ZANE ST. LOUISVILLE, KY 40203	61-0549561	501(C) 3	26,500.	0.			SUPPORT FOR MENTAL HEALTH PROGRAM FOR VICTIMS OF SEXUAL ABUSE
FAMILY ARK 101 NOAH'S LANE JEFFERSONVILLE, IN 47130	35-1292608	501(C) 3	17,650.	0.			THERAPY FOR CHILDREN WITH SPECIAL NEEDS
FAMILY ENRICHMENT CENTER 1133 ADAMS ST. BOWLING GREEN, KY 42101	61-0956466	501(C) 3	10,000.	0.			IN-HOME EDUCATION TO CHILDREN WITH SPECIAL NEEDS

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FAMILY SCHOLAR HOUSE, INC. 403 REG SMITH CIRCLE LOUISVILLE, KY 40208	61-1285124	501(C) 3	20,000.	0.			PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
FAYETTE COUNTY PUBLIC SCHOOL DISTRICT - 701 EAST MAIN ST. - LEXINGTON, KY 40502	61-6001059	GOVERNMENT ENTIT	17,000.	0.			TECHNOLOGY FOR STUDENTS WITH SPECIAL NEEDS
FEAT OF LOUISVILLE, INC. 1100 E. MARKET ST. LOUISVILLE, KY 40206	61-1374663	501(C) 3	13,000.	0.			PROGRAMS FOR CHILDREN WITH AUTISM
FLAGET MEMORIAL HOSPITAL FOUNDATION - 250 E. LIBERTY ST., STE. 602 - LOUISVILLE, KY 40202	61-1029768	501(C) 3	10,000.	0.			EQUIPMENT FOR INFANTS WITH SPECIAL NEEDS
FLOYD MEMORIAL FOUNDATION/BAPTIST HEALTH FLOYD - 1850 STATE ST. - NEW ALBANY, IN 47150	31-0933781	501(C) 3	22,689.	0.			EQUIPMENT FOR INFANTS WITH SPECIAL NEEDS
FRANKFORT INDEPENDENT SCHOOL DISTRICT/CAPITAL CITY PREP - 959 LEESTOWN LANE - FRANKFORT, KY 40601	61-6001407	GOVERNMENT ENTIT	17,500.	0.			PROGRAMS AND ITEMS FOR CHILDREN WITH SPECIAL NEEDS
FRANKLIN COUNTY BOARD OF EDUCATION 190 KINGS DAUGHTERS DRIVE FRANKFORT, KY 40601	61-6001280	GOVERNMENT ENTIT	30,000.	0.			PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS
FRAZIER REHAB INSTITUTE 250 E. LIBERTY ST., STE. 602 LOUISVILLE, KY 40202	61-1029768	501(C) 3	8,000.	0.			EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
FRIENDS SCHOOL, INC. 901 BRECKENRIDGE LANE LOUISVILLE, KY 40207	61-1213141	501(C) 3	20,000.	0.			PROGRAM TO SERVE STUDENTS WITH DISABILITIES

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FUND FOR THE ARTS 623 WEST MAIN ST. LOUISVILLE, KY 40202	61-0479626	501(C) 3	7,500.	0.			ARTS PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
GATEWAY COMMUNITY ACTION 151 UNIVERSITY DRIVE WEST LIBERTY, KY 41472	61-0865874	501(C) 3	2,000.	0.			BUILDING REPAIR FOR HEAD START PROGRAM
GILDA'S CLUB LOUISVILLE 633 BAXTER AVE. LOUISVILLE, KY 40204	20-1635170	501(C) 3	20,000.	0.			CHILDREN IN YOUTH PROGRAM WHO HAVE BEEN DIAGNOSED WITH CANCER
GRAVES COUNTY BOARD OF EDUCATION 2290 STATE ROUTE 121 N. MAYFIELD, KY 42066	61-6001322	GOVERNMENT ENTIT	10,000.	0.			EQUIPMENT AND TECHNOLOGY FOR STUDENTS WITH SPECIAL NEEDS
GRAYSON COUNTY SCHOOLS 790 SHAW STATION ROAD LEITCHFIELD, KY 42754	61-6001310	GOVERNMENT ENTIT	20,058.	0.			SENSORY ROOMS FOR CHILDREN WITH SPECIAL NEEDS
GREATER CLARK COUNTY SCHOOLS 2112 UTICA SELLERSBURG RD. JEFFERSONVILLE, IN 47130	35-1151414	GOVERNMENT ENTIT	36,500.	0.			TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS
GREEN COUNTY BOARD OF EDUCATION 402 EAST HODGENVILLE AVE. GREENSBURG, KY 42743	61-6001285	GOVERNMENT ENTIT	16,000.	0.			TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS
GREEN HILL THERAPY, INC. 1410 LONG RUN ROAD LOUISVILLE, KY 40245	61-1378588	501)C	18,000.	0.			HIPPO THERAPY FOR CHILDREN WITH SPECIAL NEEDS
HANCOCK COUNTY PUBLIC SCHOOLS 83 STATE ROUTE 3543 HAWESVILLE, KY 42348	61-6001293	GOVERNMENT ENTIT	4,000.	0.			RESOURCES FOR CHILDREN WITH SPECIAL NEEDS

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HARDIN COUNTY BOARD OF EDUCATION 521 CHARLEMAGNE BLVD., STE. 100 ELIZABETHTOWN, KY 42701	61-6001274	GOVERNMENT ENTIT	44,000.	0.			TECHNOLOGY AND MATERIALS FOR STUDENTS WITH SPECIAL NEEDS
HARDIN MEMORIAL HOSPITAL FOUNDATION - 913 NORTH DIXIE AVE. - ELIZABETHTOWN, KY 42701	61-1251585	501(C) 3	90,000.	0.			ACUTE CARE EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
HARRISON COUNTY EXCEPTIONAL LEARNERS COOPERATIVE - 121 HIGH SCHOOL ROAD - CORYDON, IN 47112	35-1172509	GOVERNMENT ENTIT	20,728.	0.			ITEMS TO BENEFIT STUDENTS WITH SPECIAL NEEDS
HARRISON COUNTY HOSPITAL 1141 HOSPITAL DRIVE NW CORYDON, IN 47112	35-1180407	501(C) 3	4,144.	0.			EQUIPMENT TO MONITOR INFANTS WITH SPECIAL NEEDS
HART COUNTY SCHOOL 25 QUALITY STREET MUNFORDVILLE, KY 42765	61-6001333	GOVERNMENT ENTIT	14,000.	0.			TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS
HENRY COUNTY PUBLIC SCHOOLS 326 SOUTH MAIN ST. EMINENCE, KY 40050	61-6001335	GOVERNMENT ENTIT	22,500.	0.			SALARY SUPPORT FOR MENTAL HEALTH COUNSELOR
HEUSER HEARING & LANGUAGE ACADEMY DBA LOUISVILLE DEAF ORAL SCHOOL - 111 E. KENTUCKY STREET - LOUISVILLE, KY 40203	61-0492369	501(C) 3	75,687.	0.			AUDIOLOGY CARE FOR CHILDREN WITH HEARING LOSS
HINDMAN SETTLEMENT SCHOOL, INC. PO BOX 844, 56 EDUCATION LANE HINDMAN, KY 41822	61-0447248	501(C) 3	12,500.	0.			READING TUTORS FOR CHILDREN WITH SPECIAL NEEDS
HOME OF THE INNOCENTS/EQUIPMENT 1100 E. MARKET ST. LOUISVILLE, KY 40206	61-0445834	501(C) 3	105,000.	0.			SERVICES FOR CHILDREN WITH SPECIAL NEEDS

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HOME OF THE INNOCENTS /CAPITAL 1100 E. MARKET ST. LOUISVILLE, KY 40206	61-0445834	501(C) 3	125,000.	0.			SERVICES FOR CHILDREN WITH SPECIAL NEEDS
HOPE HILL YOUTH SERVICES PO BOX 257 MOUNT STERLING, KY 40353	35-1870499	501(C) 3	4,000.	0.			SENSORY PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
HOSPARUS HEALTH 3532 EPHRAIM MCDOWELL DRIVE LOUISVILLE, KY 40205	61-0921718	501(C) 3	42,000.	0.			GRIEF COUNSELING PROGRAMS FOR CHILDREN WITH TERMINAL ILLNESSES
INDIAN SUMMER CAMP 607 W. MAIN ST., SUITE 200 LOUISVILLE, KY 40202	61-1256743	501(C) 3	20,000.	0.			CAMPERSHIPS FOR CHILDREN WITH CANCER
JEFFERSON COUNTY BOARD OF EDUCATION AUTISM - 3332 NEWBURG ROAD - LOUISVILLE, KY 40218	61-6001316	GOVERNMENT ENTIT	21,000.	0.			PROGRAMS FOR STUDENTS WITH AUTISM
JEFFERSON COUNTY BOARD OF EDUCATION/ASSISTIVE TECHNOLOGY PROGRAM - 3332 NEWBURG ROAD - LOUISVILLE, KY 40218	61-6001316	GOVERNMENT ENTIT	60,000.	0.			ASSISTIVE TECHNOLOGY FOR STUDENTS WITH SPECIAL NEEDS
JEFFERSON COUNTY BOARD OF EDUCATION/COMMUNICATION DISORDERS - 3332 NEWBURG ROAD - LOUISVILLE, KY 40218	61-6001316	GOVERNMENT ENTIT	18,700.	0.			TECHNOLOGY FOR STUDENTS WITH SPECIAL NEEDS
JEFFERSON COUNTY BOARD OF EDUCATION/DEAF & HARD OF HEARING PROGRAM - 3332 NEWBURG ROAD - LOUISVILLE, KY 40218	61-6001316	GOVERNMENT ENTIT	18,000.	0.			EQUIPMENT FOR DEAF/HARD OF HEARING STUDENTS
JEFFERSON COUNTY BOARD OF EDUCATION/EARLY CHILDHOOD - 3332 NEWBURG ROAD - LOUISVILLE, KY 40218	61-6001316	GOVERNMENT ENTIT	7,000.	0.			TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS

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JEFFERSON COUNTY BOARD OF EDUCATION/MODERATE TO SEVERE DISABILITIES - 3332 NEWBURG ROAD - LOUISVILLE, KY 40218	61-6001316	GOVERNMENT ENTIT	32,000.	0.			ITEMS TO BENEFIT STUDENTS WITH SPECIAL NEEDS
JEFFERSON COUNTY BOARD OF EDUCATION/OT/PT PROGRAM - 3332 NEWBURG ROAD - LOUISVILLE, KY 40218	61-6001316	GOVERNMENT ENTIT	40,000.	0.			OCCUPATIONS AND PHYSICAL THERAPY EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
JEFFERSON COUNTY BOARD OF EDUCATION/VISION PROGRAM - 3332 NEWBURG ROAD - LOUISVILLE, KY 40218	61-6001316	GOVERNMENT ENTIT	10,000.	0.			MATERIALS FOR CHILDREN ARE VISUALLY IMPAIRED
JEWISH COMMUNITY CENTER 3600 DUTCHMANS LANE LOUISVILLE, KY 40205	61-0444765	501(C) 3	5,000.	0.			CAMPERSHIPS AND THERAPY FOR CHILDREN WITH SPECIAL NEEDS
JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. - 1401 W. MUHAMMAD ALI BLVD. - LOUISVILLE, KY 40203	61-0476694	501(C) 3	4,100.	0.			CAREER PLANNING FOR STUDENTS WITH SPECIAL NEEDS
KENTUCKIANA CHILDREN'S CENTER 1810 BROWNSBORO RD. LOUISVILLE, KY 40206	61-6014488	501(C) 3	22,000.	0.			THERAPEUTIC TREATMENT SERVICES FOR CHILDREN WITH SPECIAL NEEDS
KENTUCKY CENTER FOR SPECIAL CHILDREN'S SERVICES/CARRIAGE HOUSE - 13101 EASTPOINT PARK BLVD. - LOUISVILLE, KY 40223	61-0680753	501(C) 3	62,800.	0.			EDUCATIONAL SERVICES FOR CHILDREN WITH DISABILITIES
KENTUCKY CENTER FOR THE ARTS FOUNDATION, INC. - 501 W. MAIN ST. - LOUISVILLE, KY 40202	31-0999046	501(C) 3	25,000.	0.			ARTS PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
KENTUCKY CHILDREN'S HOSPITAL 138 LEADER AVE. LEXINGTON, KY 40508	61-6001218	501(C) 3	5,625.	0.			COPING PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

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KENTUCKY EASTER SEAL SOCIETY/CREATIVE BEGINNINGS CHILD DEVELOPMENT CENTER - 2050 VERSAILLES RD. - LEXINGTON, KY	61-0444712	501(C) 3	2,420.	0.			PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
KENTUCKY EDUCATIONAL DEVELOPMENT CORPORATION - 904 ROSE ROAD - ASHLAND, KY 41102	61-0659010	501(C) 3	15,000.	0.			CURRICULUM FOR CHILDREN WITH SPECIAL NEEDS
KENTUCKY HEMOPHILIA FOUNDATION, INC. - 1850 TAYLOR AVENUE, SUITE 2 - LOUISVILLE, KY 40213	61-0656750	501(C) 3	6,000.	0.			CAMP FOR CHILDREN WITH BLEEDING DISORDERS
KENTUCKY HORSE PARK FOUNDATION, INC. - 4089 IRON WORKS PARKWAY - LEXINGTON, KY 40511	62-1257717	501(C) 3	5,000.	0.			THERAPY FOR CHILDREN WITH SPECIAL NEEDS
KENTUCKY LIONS EYE FOUNDATION, INC. - 301 E. MUHAMMAD ALI BLVD. - LOUISVILLE, KY 40202	61-0516171	501(C) 3	15,575.	0.			VISION SCREENING FOR CHILDREN WITH SPECIAL NEEDS
KENTUCKY SCHOOL FOR DEAF 303 S. SECOND ST., P.O. BOX 27 DANVILLE, KY 40423	61-1091577	501(C) 3	35,000.	0.			PROGRAM FOR CHILDREN THAT ARE DEAF
KORE ACADEMY, INC. 4300 NICHOLASVILLE ROAD LEXINGTON, KY 40515	20-1530223	501(C) 3	6,000.	0.			READING PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
LAKE CUMBERLAND COMMUNITY ACTION AGENCY - P. O. BOX 830 - JAMESTOWN, KY 42629	61-0855431	501(C) 3	1,711.	0.			LEARNING MATERIALS FOR STUDENTS WITH SPECIAL NEEDS
LARUE COUNTY PUBLIC SCHOOLS 208 COLLEGE ST. HODGENVILLE, KY 42748	61-6001298	GOVERNMENT ENTIT	12,000.	0.			CONVERSION OF VEHICLE TO MAKE WHEELCHAIR ACCESSIBLE

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LAWRENCE COUNTY SCHOOLS 50 BULLDOG LANE LOUISA, KY 41230	61-6001315	GOVERNMENT ENTIT	20,000.	0.			MATERIALS FOR CHILDREN WITH SPECIAL NEEDS
LEARNING DISABILITIES ASSOCIATION OF KENTUCKY - 2210 GOLDSMITH LANE, #118 - LOUISVILLE, KY 40218	61-1103968	501(C) 3	1,210.	0.			TUTORING PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
LEARNING FOR LIFE/BOY SCOUTS OF AMERICA - 12001 SYCAMORE STATION PLACE - LOUISVILLE, KY 40299	75-2396057	501(C) 3	18,000.	0.			CAMP FOR CHILDREN WITH SPECIAL NEEDS
LEXINGTON HEARING & SPEECH CENTER, INC. - 350 HENRY CLAY BLVD. - LEXINGTON, KY 40502	61-0593951	501(C) 3	10,000.	0.			HEARING AND SPEECH PROGRAM DIRECTOR SALARY SUPPORT
LIFESPRING HEALTH SYSTEMS 460 SPRING ST. JEFFERSONVILLE, IN 47130	35-1097350	501(C) 3	3,000.	0.			THERAPEUTIC RESOURCES FOR CHILDREN WITH SPECIAL NEEDS
LIGHTHOUSE PROMISE, INC. 5312 SHEPHERDSVILLE RD. LOUISVILLE, KY 40228	61-1362760	501(C) 3	5,500.	0.			PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS
LINCOLN COUNTY SCHOOL DISTRICT 305 DANVILLE ST. STANFORD, KY 40484	61-6001365	GOVERNMENT ENTIT	18,500.	0.			MATERIALS FOR CHILDREN WITH SPECIAL NEEDS
MADISON AREA EDUCATIONAL SPECIAL SERVICES UNIT - 702 ELM STREET - MADISON, IN 47250	35-1371543	GOVERNMENT ENTIT	8,500.	0.			ACADEMIC SUPPORT FOR CHILDREN WITH SPECIAL NEEDS
MADISON CONSOLIDATED SCHOOLS 2421 WILSON AVE. MADISON, IN 47250	35-6002609	GOVERNMENT ENTIT	20,000.	0.			EQUIPMENT TO BENEFIT CHILDREN WITH SPECIAL NEEDS

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MARION COUNTY BOARD OF EDUCATION 755 EAST MAIN ST. LEBANON, KY 40033	61-6001309	GOVERNMENT ENTIT	11,995.	0.			MATERIALS FOR STUDENTS WITH SPECIAL NEEDS
MARYHURST, INC. 1015 DORSEY LANE LOUISVILLE, KY 40223	31-1542209	501(C) 3	20,000.	0.			THERAPEUTIC NEEDS FOR CHILDREN WITH SPECIAL NEEDS
MEADE COUNTY BOARD OF EDUCATION 1155 OLD EKRON RD. BRANDENBURG, KY 40108	61-6001248	GOVERNMENT ENTIT	25,000.	0.			SENSORY ROOMS FOR CHILDREN WITH SPECIAL NEEDS
MEREDITH-DUNN SCHOOL 3023 MELBOURNE AVE. LOUISVILLE, KY 40220	23-7339248	501(C) 3	19,000.	0.			TECHNOLOGY TO BENEFIT CHILDREN WITH SPECIAL NEEDS
MIRACLE DANCER SCHOLARSHIP FOUNDATION - 9013 GALENE DRIVE - LOUISVILLE, KY 40299	26-3653751	501(C) 3	3,080.	0.			DANCE PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
MIRACLE LEAGUE OF LOUISVILLE 800 LILLY CREEK ROAD, SUITE #102 LOUISVILLE, KY 40243	61-1740095	501(C) 3	55,000.	0.			BASEBALL PROGRAM FOR CHILDREN WITH DISABILITIES
MOUNTAIN COMPREHENSIVE CARE CENTER, INC. - 104 SOUTH FRONT AVE. - PRESTONBURG, KY 41653	61-0663787	501(C) 3	17,000.	0.			THERAPY FOR CHILDREN WITH SEVERE EMOTIONAL DISABILITIES
MUSCULAR DYSTROPHY ASSOCIATION 909 LILLY CREEK RD., SUITE 201 LOUISVILLE, KY 40243	13-1665552	501(C) 3	12,000.	0.			CAMP FOR CHILDREN WITH MUSCULAR DRYSTROPHY
NATIVITY ACADEMY AT ST. BONIFACE 529 E. LIBERTY ST. LOUISVILLE, KY 40202	51-0450314	501(C) 3	22,000.	0.			TECHNOLOGY TO BENEFIT STUDENTS WITH SPECIAL NEEDS

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NELCASA, INC. 860 W. STEPHEN FOSTER AVE. BARDSTOWN, KY 40004	61-1101749	501(C) 3	3,000.	0.			ADVOCATE FOR CHILDREN WITH SPECIAL NEEDS
NELSON COUNTY SCHOOLS 288 WILDCAT LANE BARDSTOWN, KY 40004	61-6001240	GOVERNMENT ENTIT	20,000.	0.			MATERIALS FOR CHILDREN WITH SPECIAL NEEDS
NEW ALBANY-FLOYD CO. CONSOLIDATED SCHOOL CORP. - 2801 GRANT LINE RD. - NEW ALBANY, IN 47150	35-6005953	GOVERNMENT ENTIT	62,098.	0.			ITEMS FOR STUDENTS WITH SPECIAL NEEDS
NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES - 5516 EAST ALEXANDRIA PIKE - COLD SPRING, KY 41076	61-1106680	501(C) 3	3,000.	0.			TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS
NORTON CHILDREN'S HOSPITAL 234 E. GRAY ST., SUITE 450 LOUISVILLE, KY 40202	61-6027530	501(C) 3	450,000.	0.			OPERATING ROOM EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
OLDHAM COUNTY BOARD OF EDUCATION 1900 BUTTON LANE LAGRANGE, KY 40031	61-6001306	GOVERNMENT ENTIT	50,000.	0.			TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS
OPEN DOOR YOUTH SERVICES 2524 CORYDON PIKE, SUITE 108 NEW ALBANY, IN 47150	35-6000144	GOVERNMENT ENTIT	9,000.	0.			RESOURCES FOR CHILDREN WITH SPECIAL NEEDS
ORANGE CO. REHAB & DEVELOP. SERVICES/FIRST CHANCE CENTER - P.O. BOX 267 - PAOLI, IN 47454	35-1160833	501(C) 3	36,000.	0.			EARLY INTERVENTION SERVICES FOR CHILDREN WITH SPECIAL NEEDS
OUR LADY OF PEACE 250 E. LIBERTY ST., STE. 602 LOUISVILLE, KY 40202	61-1029768	501(C) 3	27,000.	0.			HEALING ARTS PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

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OUR LADY OF PROVIDENCE JR.-SR. HIGH SCHOOL - 707 PROVIDENCE WAY - CLARKSVILLE, IN 47129	35-0894977	501(C) 3	14,000.	0.			PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
OWEN COUNTY SCHOOLS 1600 HWY. 22 EAST OWENTON, KY 40359	61-6001340	GOVERNMENT ENTIT	5,000.	0.			CURRICULUM FOR CHILDREN WITH SPECIAL NEEDS
OWENSBORO DANCE THEATRE, INC. 2705 BRECKENRIDGE ST. OWENSBORO, KY 42303	61-1040701	501(C) 3	13,000.	0.			DANCE PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
OWENSBORO HEALTH FOUNDATION, INC. PO BOX 22505 OWENSBORO, KY 42304	61-1251763	501(C) 3	18,013.	0.			EQUIPMENT FOR NEWBORN BABIES
PAWS WITH PURPOSE P.O. BOX 5458 LOUISVILLE, KY 40255	20-0681397	501(C) 3	20,000.	0.			TRAINING AND PLACEMENT OF ASSISTANCE DOGS FOR CHILDREN WITH SPECIAL NEEDS
PEOPLE & ANIMAL LEARNING SERVICES P.O. BOX 1033 BLOOMINGTON, IN 47402	35-2107038	501(C) 3	2,000.	0.			RIDE SCHOLARSHIPS FOR THERAPEUTIC THERAPY
PERSONAL COUNSELING SERVICE, INC. 1205 APPLGATE LANE CLARKSVILLE, IN 47129	31-0919635	501(C) 3	40,000.	0.			COUNSELING PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
PITT ACADEMY 7515 WESTPORT ROAD LOUISVILLE, KY 40222	23-7066205	501(C) 3	25,000.	0.			TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS
PROVIDENCE SELF SUFFICIENCY MINISTRIES, INC. - 8037 UNRUH DRIVE - GEORGETOWN, IN 47122	35-1947580	501(C) 3	15,000.	0.			THERAPY FOR CHILDREN WITH SPECIAL NEEDS

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PUZZLE PIECES, INC. 1512 FREDERICA ST. OWENSBORO, KY 42301	45-3042804	501(C) 3	18,000.	0.			SUMMER PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
RAUCH, INC. 845 PARK PLACE NEW ALBANY, IN 47150	35-1011521	501(C) 3	15,000.	0.			INTERVENTION STRATEGIES FOR YOUNG CHILDREN WITH SPECIAL NEEDS
RILEY CHILDREN'S FOUNDATION 30 S. MERIDIAN ST., STE 200 INDIANAPOLIS, IN 46204	35-0868147	501(C) 3	8,000.	0.			CAMPERSHIPS FOR CHILDREN WITH DISABILITIES
ROCKCASTLE REGIONAL HOSPITAL PO BOX 1310, 145 NEWCOMB AVE. MOUNT VERNON, KY 40456	61-0523304	501(C) 3	20,000.	0.			EQUIPMENT TO PROVIDE QUALITY FOR CHILDREN WITH SPECIAL NEEDS
SAFY 1169 EAST PKWY., SUITE 3364 LOUISVILLE, KY 40217	26-1641642	501(C) 3	4,000.	0.			TUTORING FOR CHILDREN WITH SPECIAL NEEDS
SCOTT COUNTY SCHOOL DISTRICT 2 145 SOUTH THIRD ST. SCOTTSBURG, IN 47170	35-1101018	GOVERNMENT ENTIT	10,000.	0.			SUPPLIES FOR CHILDREN WITH SPECIAL NEEDS
SHELBY COUNTY PUBLIC SCHOOLS 1155 WEST MAIN ST. SHELBYVILLE, KY 40065	61-6001356	GOVERNMENT ENTIT	80,000.	0.			TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS
SOUTH CENTRAL AREA SPECIAL EDUCATION COOPERATIVE - 600 ELM STREET, SUITE 2 - PAOLI, IN 47454	31-0986767	GOVERNMENT ENTIT	20,000.	0.			CURRICULUM FOR CHILDREN WITH SPECIAL NEEDS
SOUTH CENTRAL KENTUCKY KIDS ON THE BLOCK - 958 COLLETT AVENUE SUITE 100 - BOWLING GREEN, KY 42101	61-1164527	501(C) 3	3,500.	0.			EDUCATIONAL PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

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SOUTHERN HILLS COUNSELING CENTER, INC. - 480 EVERS MAN DRIVE, PO BOX 769 - JASPER, IN 47546	35-1148518	501(C) 3	13,000.	0.			BEHAVIORAL HEALTH SERVICES TO CHILDREN WITH SPECIAL NEEDS
SOUTHERN INDIANA REHAB HOSPITAL 250 E. LIBERTY ST., STE. 602 LOUISVILLE, KY 40202	61-1029768	501(C) 3	10,000.	0.			PEDIATRIC THERAPY CLINIC
SPALDING UNIVERSITY, INC./ENABLING TECHNOLOGIES - 812 S. SECOND STREET - LOUISVILLE, KY 40203	61-0444780	501(C) 3	7,500.	0.			LOAN LIBRARY FOR CHILDREN WITH SPECIAL NEEDS
SPALDING UNIVERSITY, INC./SCHOLARSHIPS - 901 SOUTH 4TH STREET - LOUISVILLE, KY 40203	61-0444780	501(C) 3	12,000.	0.			SCHOLARSHIPS FOR TEACHER CANDIDATES FOR SPECIAL EDUCATION SERVICES
SPECIAL OLYMPICS OF KENTUCKY, INC. 1230 LIBERTY BANK LN., SUITE 140 LOUISVILLE, KY 40222	61-0954571	501(C) 3	17,000.	0.			HEALTHY ATHLETES PROGRAM FOR CHILDREN WITH DISABILITIES
SPENCER COUNTY PUBLIC SCHOOLS 207 W. MAIN ST. TAYLORSVILLE, KY 40071	61-6011367	GOVERNMENT ENTIT	28,000.	0.			TECHNOLOGY AND THERAPY FOR CHILDREN WITH SPECIAL NEEDS
SPINA BIFIDA ASSOCIATION OF KENTUCKY - 982 EASTERN PARKWAY, BOX 18 - LOUISVILLE, KY 40217	31-1081176	501(C) 3	23,000.	0.			PROGRAMS FOR CHILDREN WITH SPINA BIFIDA
SPROUTLINGS PEDIATRIC DAY CARE AND PRESCHOOL - 3761 JOHNSON HALL DR. - MASONIC HOME, KY 40041	61-0458374	501(C) 3	10,115.	0.			TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS
ST. FRANCIS SCHOOL 233 W. BROADWAY LOUISVILLE, KY 40204	31-0896538	501(C) 3	15,000.	0.			LEARNING CENTER FOR CHILDREN WITH SPECIAL NEEDS

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ST. JOSEPH LONDON HOSPITAL FOUNDATION - 250 E. LIBERTY ST., STE. 602 - LOUISVILLE, KY 40202	61-1029768	501(C) 3	20,000.	0.			EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
ST. JOSEPHS CHILDREN'S HOME 2823 FRANKFORT AVE. LOUISVILLE, KY 40206	61-0475286	501(C) 3	20,000.	0.			PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS
ST. VINCENT DE PAUL LOUISVILLE 1015-C S. PRESTON ST. LOUISVILLE, KY 40203	61-0727110	501(C) 3	10,000.	0.			PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
STAGEONE FAMILY THEATRE 315 W. MARKET ST., SUITE 2S LOUISVILLE, KY 40202	61-0466715	501(C) 3	5,000.	0.			TICKETS TO PRODUCTION FOR 250 CHILDREN WITH AUTISM
SUMMIT ACADEMY OF GREATER LOUISVILLE INC. - 11508 MAIN ST. - LOUISVILLE, KY 40243	61-1214457	501(C) 3	12,500.	0.			SALARY SUPPORT FOR HIGH SCHOOL TEACHER
SUNRISE CHILDREN'S SERVICES, INC. 300 HOPE STREET MT. WASHINGTON, KY 40047	61-0597273	501(C) 3	20,000.	0.			VEHICLES TO TRANSPORT CHILDREN WITH SPECIAL NEEDS
TAYLOR COUNTY BOARD OF EDUCATION 1209 EAST BROADWAY CAMPBELLSVILLE, KY 42718	61-6001256	GOVERNMENT ENTIT	12,000.	0.			TECHNOLOGY FOR STUDENTS WITH SPECIAL NEEDS
TELFORD YMCA 1100 EAST MAIN ST. RICHMOND, KY 40475	61-6000619	501(C) 3	10,000.	0.			EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
THE BOYS & GIRLS CLUB OF BOWLING GREEN, KENTUCKY - WAR MEMORIAL UNIT, INC. - 260 SCOTT WAY, PO BOX 872 - BOWLING GREEN, KY 42102	61-0482974	501(C) 3	8,000.	0.			TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS

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THE CENTER FOR COURAGEOUS KIDS 1501 BURNLEY ROAD SCOTTSVILLE, KY 42164	20-1789905	501(C) 3	40,000.	0.			CAMP FOR CHILDREN WITH ILLNESSES
THE CENTER FOR WOMEN AND FAMILIES, INC. - P. O. BOX 2048 - LOUISVILLE, KY 40201	61-0444846	501(C) 3	17,000.	0.			PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
THE DE PAUL SCHOOL 1925 DUKER AVENUE LOUISVILLE, KY 40205	61-0711082	501(C) 3	80,000.	0.			RENOVATIONS TO BUILDING
THE MORTON CENTER, INC. 1028 BARRET AVENUE LOUISVILLE, KY 40202	31-1068020	501(C) 3	24,000.	0.			SUBSTANCE ABUSE PROGRAM FOR CHILDREN WITH DISABILITIES
THE REATH CENTER 55 HERITAGE DR. CAMPBELLSVILLE, KY 42718	20-4464384	501(C) 3	4,000.	0.			THERAPY FOR CHILDREN WITH SPECIAL NEEDS
THE WOMEN'S HOSPITAL AT SAINT JOSEPH EAST - 250 E. LIBERTY ST., STE. 602 - LOUISVILLE, KY 40202	61-1029768	501(C) 3	30,000.	0.			EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION/PACCK - 109 KINKEAD HALL - LEXINGTON, KY 40506	61-6033693	501(C) 3	6,000.	0.			TECHNOLOGY FOR COMMUNICATION DISORDERS CLINIC
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION/CAPITAL - 571 S. FLOYD ST., STE. 432 - LOUISVILLE, KY 40202	61-1029626	501(C) 3	238,000.	0.			CONSTRUCTIONS OF CLINICAL SUITE FOR PEDIATRICS
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION/CHILD NEUROLOGY PROGRAM - 571 S. FLOYD ST., STE. 432 - LOUISVILLE, KY 40202	61-1029626	501(C) 3	150,000.	0.			CHILD NEUROLOGY PROGRAM

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UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION/CYSTIC FIBROSIS CENTER - 571 S. FLOYD ST., STE. 432 - LOUISVILLE, KY 40202	61-1029626	501(C) 3	20,000.	0.			CYSTIC FIBROSIS CENTER
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION/ENDOCRINOLOGY INFUSION CTR. - 571 S. FLOYD ST., STE. 432 - LOUISVILLE, KY 40202	61-1029626	501(C) 3	14,000.	0.			PEDIATRIC ENDOCRINOLOGY INFUSION CENTER
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION/LEARNING DISORDERS - 571 S. FLOYD ST., STE. 432 - LOUISVILLE, KY 40202	61-1029626	501(C) 3	60,000.	0.			CHILDRENS LEARNING DISORDERS CLINIC
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION/PEDIATRIC CLINIC - 982 EASTERN PKWY. - LOUISVILLE, KY 40217	61-1029626	501(C) 3	12,000.	0.			PEDIATRIC CLINIC FOR CHILDREN WITH SPECIAL NEEDS
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION/PEDIATRIC NUTRITION PROGRAM - 571 S. FLOYD ST., STE. 432 - LOUISVILLE, KY 40202	61-1029626	501(C) 3	60,000.	0.			PEDIATRIC NUTRITION PROGRAM
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION/SCHOLARSHIPS - 300 E. MARKET ST., 3RD FLOOR - LOUISVILLE, KY 40202	61-1029626	501(C) 3	20,000.	0.			SCHOLARSHIPS FOR TEACHER CANDIDATES FOR SPECIAL EDUCATION SERVICES
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION/SCHOOL OF DENTISTRY - 501 S. PRESTON ST. - LOUISVILLE, KY 40202	61-1029626	501(C) 3	40,000.	0.			DENTISTRY PROGRAM FOR CHILDREN
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION/STAR PROGRAM - 571 S. FLOYD ST., STE. 432 - LOUISVILLE, KY 40202	61-1029626	501(C) 3	103,000.	0.			PROGRAM FOR CHILDREN WITH AUTISM
USPIRITUS, INC. 3121 BROOKLAWN CAMPUS DRIVE LOUISVILLE, KY 40218	61-0471572	501(C) 3	80,000.	0.			EDUCATION PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISUALLY IMPAIRED PRESCHOOL SERVICES - INDIANAPOLIS - 1100 WEST 42ND STREET, SUITE 228 - INDIANAPOLIS, IN 46208	61-1061973	501(C) 3	30,000.	0.			PROGRAMS FOR VISUALLY IMPAIRED CHILDREN
VISUALLY IMPAIRED PRESCHOOL SERVICES - LEXINGTON - 350 HENRY CLARY BLVD. - LEXINGTON, KY 40502	61-1061973	501(C) 3	30,000.	0.			PROGRAMS FOR VISUALLY IMPAIRED CHILDREN
VISUALLY IMPAIRED PRESCHOOL SERVICES - LOUISVILLE - 1906 GOLDSMITH LANE - LOUISVILLE, KY 40218	61-1061973	501(C) 3	75,000.	0.			PROGRAMS FOR VISUALLY IMPAIRED CHILDREN
VOLUNTEERS OF AMERICA MID-STATES, INC. - 570 SOUTH FOURTH ST., SUITE 100 - LOUISVILLE, KY 40202	61-0480950	501(C) 3	20,000.	0.			SPECIAL NEEDS SCREENING & CASE MANAGEMENT FOR CHILDREN
VSA KENTUCKY P.O. BOX 3320 BOWLING GREEN, KY 42102	61-1133019	501(C) 3	10,000.	0.			ARTS PROGRAM FOR CHILDREN WITH SPECIAL NEEDS
WASHINGTON COUNTY SCHOOLS 120 MACKVILLE HILL SPRINGFIELD, KY 40069	61-6001364	GOVERNMENT ENTIT	12,000.	0.			SPEECH PATHOLOGIST SALARY SUPPORT FOR STUDENTS WITH SPECIAL NEEDS
WENDELL FOSTER'S CAMPUS FOR DEVELOPMENTAL DISABILITIES - 815 TRIPLETT STREET - OWENSBORO, KY 42303	61-0490868	501(C) 3	18,000.	0.			TECHNOLOGY TO BENEFIT CHILDREN WITH AUTISM
WEST CLARK COMMUNITY SCHOOLS 601 RENZ AVENUE SELLERSBURG, IN 47172	35-1146809	GOVERNMENT ENTIT	16,000.	0.			MATERIALS FOR STUDENTS WITH SPECIAL NEEDS
WEST POINT INDEPENDENT BOARD OF EDUCATION - 209 N. 13TH ST. - WEST POINT, KY 40177	61-6001374	GOVERNMENT ENTIT	19,000.	0.			SALARY SUPPORT FOR SPECIAL EDUCATION TEACHERS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN KY. UNIVERSITY RESEARCH FOUNDATION/KELLY AUTISM PROGRAM - 1906 COLLEGE HEIGHTS BLVD, #11016 - BOWLING GREEN, KY 42101	61-1358086	501(C) 3	20,000.	0.			PROGRAM FOR CHILDREN WITH AUTISM
WESTERN KY. UNIVERSITY RESEARCH FOUNDATION/SCHOLARSHIPS - 1906 COLLEGE HEIGHTS BLVD, #11016 - BOWLING GREEN, KY 42101	61-1358086	501(C) 3	20,370.	0.			SCHOLARSHIPS FOR TEACHER CANDIDATES FOR SPECIAL EDUCATION SERVICES
WESTERN KY. UNIVERSITY RESEARCH FOUNDATION/VICKIE & DAN RENSHAW EARLY CHILD - 1906 COLLEGE HEIGHTS BLVD, #11016 - BOWLING GREEN, KY	61-1358086	501(C) 3	33,950.	0.			EARLY INTERVENTION SERVICES FOR CHILDREN WITH SPECIAL NEEDS
WHITLEY COUNTY BOARD OF EDUCATION 300 MAIN ST. WILLIAMSBURG, KY 40769	61-6001378	GOVERNMENT ENTIT	7,624.	0.			TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS
WILDERNESS TRACE CHILD DEVELOPMENT CENTER - 409 STEWARTS LANE - DANVILLE, KY 40422	61-1230722	501(C) 3	10,000.	0.			THERAPEUTIC INTERVENTION FOR CHILDREN WITH SPECIAL NEEDS
WOODFORD COUNTY PUBLIC SCHOOL 330 PISGAH PIKE VERSAILLES, KY 40383	61-6001372	GOVERNMENT ENTIT	9,000.	0.			PLAYGROUND AND PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS
WORKING FOR PUZZLE FOR AUTISM 179 MEADOW LANE LEBANON, KY 40033	46-0588766	501(C) 3	6,000.	0.			THERAPY FOR CHILDREN WITH AUTISM
YMCA OF GREATER LOUISVILLE 545 S. 2ND STREET LOUISVILLE, KY 40202	61-0444843	501(C) 3	15,000.	0.			PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS
YMCA SAFE PLACE SERVICES 2400 CRITTENDEN DRIVE LOUISVILLE, KY 40217	61-0444843	501(C) 3	15,000.	0.			SALARY SUPPORT FOR STAFF TO WORK WITH CHILDREN WITH SPECIAL NEEDS

Schedule I (Form 990)

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

THE WHAS CRUSADE FOR CHILDREN, INC.

Employer identification number

23-7075524

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td>First-class or charter travel</td> <td>Housing allowance or residence for personal use</td> </tr> <tr> <td>Travel for companions</td> <td>Payments for business use of personal residence</td> </tr> <tr> <td>Tax indemnification and gross-up payments</td> <td>Health or social club dues or initiation fees</td> </tr> <tr> <td>Discretionary spending account</td> <td>Personal services (such as, maid, chauffeur, chef)</td> </tr> </table>	First-class or charter travel	Housing allowance or residence for personal use	Travel for companions	Payments for business use of personal residence	Tax indemnification and gross-up payments	Health or social club dues or initiation fees	Discretionary spending account	Personal services (such as, maid, chauffeur, chef)		
First-class or charter travel	Housing allowance or residence for personal use									
Travel for companions	Payments for business use of personal residence									
Tax indemnification and gross-up payments	Health or social club dues or initiation fees									
Discretionary spending account	Personal services (such as, maid, chauffeur, chef)									
<p>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</p>	1b									
<p>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?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td>Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td>Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td>Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	Compensation committee	<input type="checkbox"/> Written employment contract	Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
Compensation committee	<input type="checkbox"/> Written employment contract									
Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X								
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>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:</p> <p>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	X								
<p>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:</p> <p>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	X								
<p>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</p>	7	X								
<p>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</p>	8	X								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LINDA DANNA BOARD MEMBER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)		0.					0.
(2) LISA COLUMBIA BOARD MEMBER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)		0.					0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

THE RELATED ORGANIZATION USED THE FOLLOWING METHODS IN ESTABLISHING THE

COMPENSATION OF THE ORGANIZATION'S PRESIDENT AND CEO:

- COMPENSATION SURVEY OR STUDY

- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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	3	39,280.	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	19	13,095.	DONOR ESTIMATE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SUPPLIES)	X	2	6,500.	DONOR ESTIMATE
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

Schedule M (Form 990) (2016)

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

SCHEDULE M, LINE 32B:

THE ORGANIZATION'S INVESTMENT ADVISOR (PNC) SELLS STOCK DONATIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

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 6:

THE ORGANIZATION HAS THREE MEMBERS AND ALL MEMBERS SHALL BE EMPLOYEES OF

TEGNA INC. THE GENERAL MANAGER OF WHAS-TV SHALL BE A MEMBER AND SHALL

APPOINT THE OTHER TWO MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS HAVE THE AUTHORITY TO ELECT THE BOARD OF DIRECTORS; HOWEVER,

THE BOARD OF DIRECTORS ELECT THE OFFICERS.

FORM 990, PART VI, SECTION A, LINE 7B:

ALL DECISIONS OF THE GOVERNING BODY MAY BE VOTED ON BY THE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CONTROLLER, THE TREASURER AND THE CEO REVIEW THE FORM 990. A COPY OF

THE FORM 990 IS PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES EACH VOTING OFFICER AND DIRECTOR TO ANNUALLY

COMPLETE AND SIGN A QUESTIONNAIRE CONCERNING POTENTIAL CONFLICT OF

INTERESTS. THESE FORMS ARE THEN REVIEWED BY THE SECRETARY.

FORM 990, PART VI, SECTION B, LINE 15:

THE CEO'S SALARY IS DETERMINED BY THE BOARD OF DIRECTORS USING

COMPARABILITY DATA AND GUIDELINES ESTABLISHED BY THE HUMAN RESOURCES

DEPARTMENT OF TEGNA, INC. AND USED BY WHAS. THE CEO DETERMINES SALARY

INCREASES FOR EACH EMPLOYEE USING CRITERIA AND STANDARDS ESTABLISHED BY THE

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

THE WHAS CRUSADE FOR CHILDREN, INC.

Employer identification number

23-7075524

HUMAN RESOURCES DEPARTMENT OF TEGNA, INC. AND USED BY WHAS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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

CHANGE IN BENEFICIAL INTEREST IN CHARITABLE TRUSTS 84,453.

RETURN OF GRANT FUNDS PAID OUT IN PRIOR YEAR 270,853.

CHANGE IN BENEFICIAL INTEREST IN FUNDS HELD BY OTHERS 28,900.

TOTAL TO FORM 990, PART XI, LINE 9 384,206.

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.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

THE WHAS CRUSADE FOR CHILDREN, INC.

Employer identification number

23-7075524

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

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

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

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

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

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

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

DAWN LEE

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

1 I request an automatic 6-month extension of time until JULY 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning SEP 1, 2016, and ending AUG 31, 2017.

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

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

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

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045