#### NEIGHBORHOOD DEVELOPMENT FUND

Not-for-Profit Transmittal and Approval Form Charities Committee, Inc.

Applicant/Program: KUSAITA The Magic & The Wonder Magic Than Applicant Requested Amount: \$3,000 Appropriation Request Amount: \$ 2,000 Executive Summary of Request Funds Requested will assist with Cost of annual magic show tundraiser-which aims to raise money to provide financial assistance with medical bills a or treatment for Children October 8, 2022. V Yes Is this program/project a fundraiser? ✓ No Yes Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)? No Yes I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required. rimary Sponsor Signature Primary Sponsor Disclosure List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Date

Approved by:

Appropriations Committee Chairman

Final Appropriations Amount:

#### LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION Legal Name of Applicant Organization KD Serie Chemites Committee Inc. The magic & The Wonder \$2,000 **Program Name and Request Amount** Yes/No/NA Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding? Is the funding proposed by Council Member(s) less than or equal to the request amount? .. V Is the proposed public purpose of the program viable and well-documented? .. U Will all of the funding go to programs specific to Louisville/Jefferson County? Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet? Has prior Metro Funds committed/granted been disclosed? Is the application properly signed and dated by authorized signatory? Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included? If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district? Is the entity in good standing with: ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? Is the current Fiscal Year Budget included? Is the entity's board member list (with term length/term limits) included? Is recommended funding less than 33% of total agency operating budget? Does the application budget reflect only the revenue and expenses of the project/program? Is the cost estimate(s) from proposed vendor (if request is for capital expense) included? Is the most recent annual audit (if required by organization) included? Is a copy of Signed Lease (if rent costs are requested) included? Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included? Are the Articles of Incorporation of the Agency included? Is the IRS Form W-9 included? Is the IRS Form 990 included? Are the evaluation forms (if program participants are given evaluation forms) included?

Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if

shalanna M. Taylor

Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant

Date: 7 1877

required to do so)?

Prepared by:

met the BBB Charity Review Standards?

SECTION 1 – APPLICANT INFORMATION						
Legal Name of Applicant Organization:						
(as listed on: http://www.s	os.ky.gov/bi	usiness/records Kosair Ch	narities Committee, Inc	С.		
		ddress: 982 Eastern P	arkway, Louisville. KY	40217		
Website: www.kosai	r.org					
Applicant Contact:	Santia	go Lazaro	Title:	Staff Accountant		
Phone:	(502) 8	14-9895	Email:	slazaro@kosair.org		
Financial Contact:	Amy D	eering	Title:	VP of Finance		
Phone:	(502) 8	14-9914	Email:	adeering@kosair.org		
Organization's Repres	entative v	who attended NDF Train	ning: Santiago Laza	ro		
GEOG	RAPHICA	L AREA(S) WHERE PROG	RAM ACTIVITIES ARE (V			
Program Facility Locat	ion(s):	Louisville, KY				
Council District(s):		6 & 10	Zip Code(s):	40217, 40202		
	SECTIO	ON 2 - PROGRAM REQU	EST & FINANCIAL INFO	RMATION		
PROGRAM/PROJECT N	IAME: 1	ne magnic & Th	e wonder me	agic show		
Total Request: (\$)	\$ 2,000.0	0 Total Metro A	ward (this program) in	previous year: (\$) \$ 2,000.00		
Purpose of Request (cl	heck all th	nat apply):				
Operating Fu	nds (gene	erally cannot exceed 33%	6 of agency's total opera	ating budget)		
Programming	g/services	events for direct benef	it to community or qual	ified individuals		
Capital Proje	ct of the o	organization (equipment	, furnishing, building, et	c)		
The Following are Req	uired Atta	chments:				
✓ IRS Exempt Status Determined	ermination	Letter	Signed lease if rent co	osts are being requested		
Current year projected	budget		✓ IRS Form W9			
Current financial state	ment		Evaluation forms if used in the proposed program			
Most recent IRS Form	990 or 112	0-H	Annual audit (if required by organization)			
Articles of Incorporation	n (current	& signed)	Faith Based Organization Certification Form, if applicable			
Cost estimates from pr	oposed ve	ndor if request is for				
capital expense						
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.						
Source:			Amount: (\$)			
Source:	******		Amount: (\$)			
ource: Amount: (\$)						
Has the applicant contacted the BBB Charity Review for participation?  Yes  No						
	000 0	narity Review Standards	P I Vos I No			

Page 1

# **SECTION 3 – AGENCY DETAILS** Describe Agency's Vision, Mission and Services: Kosair Charities enhances the health and well-being of children by delivering financial support for healthcare, research, education, social services, and child advocacy. Kosair Charities envisions a world in which children in need live life to the fullest. Kosair Charities strives to help children realize their full potential while overcoming obstacles. We do that based on the following values: 1. Trust 2. Honesty and Integrity 3. Collaboration 4. Prudent Financial Stewardship 5. Inclusion

#### **SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF**

#### Describe the Board term limit policy:

Terms are 5 years. Board members may serve for up to three consecutive 5 year terms. Shrine officers serve by "virtue of office" and remain on the board as long as they maintain one of the aforementioned positions.

Three Highest Paid Staff Names	Annual Salary
Barry Dunn	\$ 258,000.00
Aimee Sapp	\$ 203,646.00
Roy Crawford	\$ 150,000.00



#### 2021 Kosair Charities Board of Directors

- Sean Beasley (January 2027)
- Kirk E. Carter (January 2027)
- Larry J. Craig (January 2026)
- Jon Dawson (January 2023)
- Robert W. Flowers (January 2025)
- Timothy E. (Tim) Hall (January 2025)
- Arvin D. (Dwayne) Holthouser (January 2024)
- Steve Hueston (January 2026)
- William A. (Bill) Kinman, III (January 2026)
- Harry L. Lusk (January 2023)
- **Dwight Maddox, Jr.** (January 2027)
- Patrick P. Miller (January 2024)
- David L. Nicholson (January 2024)
- David L. Owen (January 2027)
- Kenneth E. Reiss (January 2024)
- David L. Scheu (January 2025)
- John Shofner (January 2025)
- Glen E. Stuckel (January 2024)
- James E. (Jim) Szofer (January 2026)
- Rich Tinsley (January 2026)
- Richard L. (Rich) Williams (January 2026)

#### **Board Member Emeritus**

C. Brown Allen

#### President

Keith Inman

SECTION 5 – PROGRAM/PROJECT NARRATIVE
A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):
The Magic & The Wonder is a Vegas-style magic show taking place on October 8, 2022 at the Kentucky Center for the Performing Arts. The event serves as a fundraiser for Kosair Charities and net proceeds (revenue less opearating expenses) of the one day event will be used to assist families with medical bills and/or treatment of children in need. While the specific event is in October, client needs are served throughout the fiscal year of Kosair Charities.
B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):
Net Event Proceeds from The Magic & the Wonder are split 50/50 with Kid's Center for Pediatric Therapies. Kosair Charities' portion of Metro funds and non-Metro funds will be used to provide financial assistance with medical bills and/or treatment for children. Remuneration goes directly to the service provider (Kid's Center for Pediatric Therapies, Advanced ENT & Allergies, Pediatric Anesthesia Associates, etc.) and not to the clients themselves.
The portion of net proceeds benefiting Kids Center for Pediatric Therapies will support their mission of providing physical therapy, speech therapy and other services to children in need.

C: If this request is a fundraiser, please detail how the proceeds will be spent:
The Magic & The Wonder is a Vegas-style magic show whose purpose is to raise funds for Kosair Charities. Revenues come primarily from program ad sales and ticket sales. Expenses include rental of the Kentucky Center for the Arts, costs associated with the talent (magicians), and promotional printing. All net proceeds will be directed to Kosair Charities for the express purpose of adhering to their company mission of serving children with medical needs. More specifically, 50% of the net proceeds will go to the Kid's Center for Pediatric Therapies. Kosair's 50% will be used to provide financial assistance with medical bills and/or treatment for children. Remuneration goes directly to the service provider (Kid's Center for Pediatric Therapies, Advanced ENT & Allergies, Pediatric Anaesthesia Associates, etc.) and not to the clients themselves.
D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date
and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:
▼ The funding request is a reimbursement of the following expenditures that will probably be incurred after the
application date, but prior to the execution of the grant agreement:
✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.
The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.
Reimbursements should not be made before application date unless an emergency can be demonstrated
by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach
invoices or proof of payment): ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan
identified in this application.
✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:
Kosair Charities receives hundreds of requests each year from families with children, for financial assistance. During the current fiscal year (October 1 2021-June 30, 2022) Kosair Charities paid \$653,090.91 in medical assistance for qualified families. The Magic & The Wonder's net proceeds will directly assist with the continuation of the supportive funds listed above.
F: Briefly describe any existing collaborative relationships the organization has with other community
organizations. Describe what those partners are bringing to the relationship in general and to this
organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.
organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.
organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.
organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.
organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

#### SECTION 6 - PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

	Column 1	Column 2	Column (1+2)=3 Total Funds	
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds		
A: Personnel Costs Including Benefits			\$ 0.00	
B: Rent/Utilities		\$ 20,000.00	\$ 20,000.00	
C: Office Supplies		\$ 1,000.00	\$ 1,000.00	
D: Telephone			\$ 0.00	
E: In-town Travel		\$ 2,000.00	\$ 2,000.00	
F: Client Assistance (See Detailed List on Page 8)			\$ 0.00	
G: Professional Service Contracts	\$ 2,000.00	\$ 2,500.00	\$ 4,500.00	
H: Program Materials			\$ 0.00	
I: Community Events & Festivals (See Detailed List on Page 8)			\$ 0.00	
J: Machinery & Equipment			\$ 0.00	
K: Capital Project			\$ 0.00	
L: Other Expenses (See Detailed List on Page 8)			\$ 0.00	
*TOTAL PROGRAM/PROJECT FUNDS	\$ 2,000.00	\$ 25,500.00	\$ 27,500.00	
% of Program Budget	7.27%	92.73%	100%	

#### List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	\$ 65,000.00
Fees Collected from Program Participants	
Other (please specify)	\$ 10,000.00
Total Revenue for Columns 2 Expenses **	\$ 75,000.00

<sup>\*</sup>Total of Column 1 MUST match "Total Request on Page 1, Section 2"

<sup>\*\*</sup>Must equal or exceed total in column 2.

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7	Column 1	Column 2	Column (1 + 2)=3
(circle one and use multiple sheets if necessary)	Proposed Metro Funds	Non- Metro Funds	Total Funds
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
	я		\$ 0.00
			\$ 0.00
			\$ 0.00
Total	\$ 0.00	\$ 0.00	\$ 0.00

anything not bought with cash revenues of the ag	<b>If only:</b> Includes Volunteers, Sp gency).	ace, Utilities, etc. (Include
Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Total Value of In-Kind  (to match Program Budget Line Item.  Volunteer Contribution &Other In Kind)	\$ 0.00	
* DONOR INFORMATION REFERS TO WHO MADE	THE IN KIND CONTRIBUTION.	VOLUNTEERS NEED NOT BE
LISTED INDIVIDUALLY, BUT GROUPED TOGETHER		
LISTED INDIVIDUALLY, BUT GROUPED TOGETHER PERSON PER WEEK		
LISTED INDIVIDUALLY, BUT GROUPED TOGETHER PERSON PER WEEK  Agency Fiscal Year Start Date: 10/01/2022  Does your Agency anticipate a significant increas budget projected for next fiscal year? NO	ON ONE LINE AS A TOTAL NOT	ING HOW MANY HOURS PER
LISTED INDIVIDUALLY, BUT GROUPED TOGETHER PERSON PER WEEK  Agency Fiscal Year Start Date: 10/01/2022  Does your Agency anticipate a significant increas budget projected for next fiscal year? NO	ON ONE LINE AS A TOTAL NOT	ING HOW MANY HOURS PER
LISTED INDIVIDUALLY, BUT GROUPED TOGETHER PERSON PER WEEK  Agency Fiscal Year Start Date: 10/01/2022  Does your Agency anticipate a significant increas	ON ONE LINE AS A TOTAL NOT	ING HOW MANY HOURS PER
LISTED INDIVIDUALLY, BUT GROUPED TOGETHER PERSON PER WEEK  Agency Fiscal Year Start Date: 10/01/2022  Does your Agency anticipate a significant increas budget projected for next fiscal year? NO	ON ONE LINE AS A TOTAL NOT	ING HOW MANY HOURS PER
LISTED INDIVIDUALLY, BUT GROUPED TOGETHER PERSON PER WEEK  Agency Fiscal Year Start Date: 10/01/2022  Does your Agency anticipate a significant increas budget projected for next fiscal year? NO	ON ONE LINE AS A TOTAL NOT	ING HOW MANY HOURS PER
LISTED INDIVIDUALLY, BUT GROUPED TOGETHER PERSON PER WEEK  Agency Fiscal Year Start Date: 10/01/2022  Does your Agency anticipate a significant increas budget projected for next fiscal year? NO	ON ONE LINE AS A TOTAL NOT	ING HOW MANY HOURS PER
LISTED INDIVIDUALLY, BUT GROUPED TOGETHER PERSON PER WEEK  Agency Fiscal Year Start Date: 10/01/2022  Does your Agency anticipate a significant increas budget projected for next fiscal year? NO	ON ONE LINE AS A TOTAL NOT	ING HOW MANY HOURS PER

#### SECTION 7 - CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

#### Standard Assurances

- Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of
  expenditure is subject to Kentucky's open records law.
- 2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
- 3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
- 4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
- 5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
- **6.** Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
- Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
- 8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
- 9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
- **10.** Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
- 11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

#### **Standard Certifications**

- 1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
- 2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
- 3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
- 4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
- The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

**Relationship Disclosure:** List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

#### **SECTION 8 - CERTIFICATIONS & ASSURANCES**

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory: Legal Signatory: (please print):		Climas Sapa		Date:	07/01/2022	-
		Aimee Sapp		Title:	CFAO	
Phone: 502-814-9906		Extension:	Email:	Email: asapp@kosair.org		

#### Internal Revenue Service

District Director

Kosair Charities Committee, Inc. 982 Eastern Parkway Louisville, KY 40217

#### Department of the Treasury

P.O. Box 2508 Cincinnati, Ohio 45201

Person to Contact: Bea Eith Telephone Number: 513-684-2634 Refer Reply to: CSB:EO

Date: JAN 1 0 1983

#### Dear Sir or Madam:

In response to your inquiry, Kosair Charities Committee, Inc., is exempt by virtue of an individual ruling dated December 1939 under section 501(c)(3) of the Internal Revenue Code. Form 990 is your present filing requirement. Your correct ID number is: 61-0514703.

Contributions to you are deductible as provided in section 170 of the Internal Revenue Code. Bequests, legacies, devises, transfers or gifts are deductible for Federal, estate and gift tax purposes under sections 2055, 2106 and 2522 of the Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 170(b)(1)(A)(iii).

Sincerely yours.

James J. Ryan District Director



2022 Budget	\$1,747,500 \$392,000 \$580,000 \$2,719,500	\$926,779 \$926,779	\$5,098,000 \$1,274,500	\$8,921,500 \$0 \$15,294,000 \$18,940,279	\$3,478,818	\$446,150 \$24,100	\$194,648 \$404,500
	Revenues Public Support Contributions Special Events Legacies and Bequests Total	Program Services Revenue Program Services Revenue Total Other Revenues	Interest & Dividends, net of fees Realized Gain/(Loss) on Investments	Unrealized Gain/(Loss) on Investments Other Revenue Total Total Revenue	Personnel Expenses Salaries and Employee Benefits Total personnel expenses Other Expenses	Advertising and Publicity Bank & Credit Card Fees	Conferences, Meetings, and Travel Depreciation

# A CHARITIES

# FY22 Budget 9/30/2022

2022	Budget	\$84,950	\$112,681	\$332,750	\$12,002,022	\$106,000	\$86,100	\$178,400	\$320,500	\$166,817	\$15,700	\$23,947	\$50,735	\$144,278	\$600,000	\$1,500	\$15,295,778	\$18,774,596	\$165,683		STITEMS SIX 4/11/45
		Development Programs	Dues and Subscriptions	Events Expense	Grants	Insurance	Computer Services	Printing, Shipping, and Postage	Professional Fees	Repairs and Maintenance	Staff Development	Supplies	Telephone	Utilities	Contingency Budget	Other Taxes	Total other expenses	Total expenses	NET SURPLUS/(DEFICIT)	Total European Budget last and the	IOLG EXDELISE DUUREL JESS TIOLI CAS

\$925,000

Additional Cash Outlay (Continuation Grar Capital Expense \$19,585,096

\$2,719,500

Revenue - Public Support

Total Cash Outlay

TO CHARITIES

FY22 Budget 9/30/2022

2022 Budget \$16,865,596

Total Cash Outlay after Revenue

#### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

➤ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**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 <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

filing of th	is form, visit www.irs.gov/e-file-providers/e-file-for-chari	ities-and-n	oon-profits.								
Automa	tic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).								
All corpor	ations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMIC	s, and trusts						
must use	Form 7004 to request an extension of time to file income	e tax retur	ns.								
Type or	Name of exempt organization or other filer, see instru-	ctions.		Taxpaye	r identification num	ber (TIN)					
print											
File by the	KOSAIR CHARITIES COMMITTEE,				61-051470	) 3					
due date for filing your eturn, See	Number, street, and room or suite no. If a P.O. box, so PO BOX 37370	ee instruct	tions.								
nstructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions.  LOUISVILLE, KY 40233											
Enter the I	Return Code for the return that this application is for (file	a separa	te application for each return)			0 1					
Application	on .	Return	Application			Return					
s For		Code	Is For			Code					
	or Form 990-EZ	01	Form 990-T (corporation)			07					
Form 990-		02	Form 1041-A			08					
	) (individual)	03	Form 4720 (other than individual)			09					
orm 990-		04	Form 5227			10					
	T (sec. 401(a) or 408(a) trust) T (trust other than above)	05 06	Form 6069 Form 8870			11 12					
	KEITH INMAN  oks are in the care of > 982 EASTERN PAR			0217		.1					
Telepho	one No. ► 502-637-7696		Fax No. >								
	ganization does not have an office or place of business					· 🔲					
If this is	for a Group Return, enter the organization's four digit of										
oox 🕨 📗	. If it is for part of the group, check this box	and atta	ch a list with the names and TINs of	all memb	ers the extension is	for.					
the d	uest an automatic 6-month extension of time until organization named above. The extension is for the orga calendar year or tax year beginning OCT 1, 2020	nization's		the exem	npt organization retu ·	urn for					
2 If the	e tax year entered in line 1 is for less than 12 months, ch Change in accounting period	neck reaso	on: Initial return	Final retur	n						
3a If thi	s application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less			_					
	nonrefundable credits. See instructions.			3a	\$	0.					
	s application is for Forms 990-PF, 990-T, 4720, or 6069,	_				^					
estimated tax payments made. Include any prior year overpayment allowed as a credit.  Balance due, Subtract line 3b from line 3a. Include your payment with this form, if required, by											
	g EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.					
Caution: If	you are going to make an electronic funds withdrawal ( s.	direct deb	oit) with this Form 8868, see Form 84	53-EO an	d Form 8879-EO for	payment					

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

#### Form 8879-EO

#### IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning OCT 1 , 2019, and ending SEP 30

, 20 2 0 Do not send to the IRS. Keep for your records.

**Employer identification number** 

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

Go to www.irs.gov/Form8879EO for the latest information.

KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 Name and title of officer KEITH INMAN PRESIDENT Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here 🕨 🗶 b Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_\_ 2b \_\_\_\_\_ 2a Form 990-FZ check here b Total tax (Form 1120-POL, line 22) \_\_\_\_\_\_ 3b \_\_\_\_\_ 3a Form 1120-POL check here 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here b Balance Due (Form 8868, line 3c) 5b **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account, To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only I authorize ERO firm name as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. X As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will entermy PIN on the return's displosure consent screen.

#### Certification and Authentication

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

35628835628

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Cut Inna Date 2/11/21

ERO's signature BLUE & CO., LLC

Date > 02/09/21

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

Officer's signature

### (Rev. January 2020) 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.

**Open to Public** 

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

Inspection

OMB No. 1545-0047

_	rui u	ie zo ie calendar year, or tax year beginning OCT I, ZOIF and	enaing 5	EP 30, 2020	)								
В	Check applica	C Name of organization		D Employer identi	fication number								
Е	Add	ess KOSAIR CHARITIES COMMITTEE, INC.											
	Nam char	ge Doing business as		61-05147	703								
	lnitia retu	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numb	er									
	Fina	n/ FO BOX 37370	502-637-	502-637-7696									
	term ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	68,146,328.									
Amended return  Application  F Name and address of principal officer: KEITH INMAN  H(a) Is this a group return for subordinates?  Yes													
_	tion pend	ing 1		for subordinate	s?Yes X No								
		SAME AS C ABOVE		H(b) Are all subordinates									
		tempt status: X 501(c)(3)	r 527	1	a list. (see instructions)								
		ite: WWW.KOSAIR.ORG	T	H(c) Group exempti									
	Form o	organization: X Corporation Trust Association Other ►  Summary	L Year	of formation: 1923	M State of legal domicile; KY								
-	1	Briefly describe the organization's mission or most significant activities: TO PR	COTECT	THE HEALTH	` &								
Activities & Governance		WELL-BEING OF CHILDREN IN KENTUCKY AND SOU	UTHERN	INDIANA BY	PROVIDING								
rna	2	Check this box  if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ssets.								
o Ve	3			<u>3</u>									
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)											
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	25								
Σ	6	Total number of volunteers (estimate if necessary)			106								
Act	7 a			<u>7a</u>									
	b	Net unrelated business taxable income from Form 990-T, line 39			<del>†</del>								
		Contributions and mucha (Dod VIII Pro 41)		Prior Year	Current Year								
e	8	Contributions and grants (Part VIII, line 1h)		4,906,616. 0.	4,540,819.								
Revenue	9	Program service revenue (Part VIII, line 2g)		12,523,533.	11,318,428.								
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		302,751.									
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,732,900.	490,881. 16,350,128.								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,754,769.	17,327,575.								
	14	D C 11 (D 10/2 1 (A) P 4)		0.	0.								
		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		2,082,530.	2,380,138.								
Ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.								
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 224,70	9.	-									
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,543,217.	2,055,012.								
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		15,380,516.	21,762,725.								
	19	Revenue less expenses. Subtract line 18 from line 12		2,352,384.	-5,412,597.								
5			Beg	inning of Current Year	End of Year								
sets	20	Total assets (Part X, line 16)	2'	70,604,259.	279,450,778.								
ASS	21	Total liabilities (Part X, line 26)		12,355,777.	15,182,474.								
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	2	58,248,482.	264,268,304.								
Pa	irt II	Signature Block		·									
		alties of perjury, I declare that I have examined this return, including accompanying schedules a			y knowledge and belief, it is								
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer h	nas any knowledge.									
		Signature of officer		Date									
Sig		· -		Date									
Her	е	KEITH INMAN, PRESIDENT Type or print name and title											
Paid		Print/Type preparer's name   Preparer's signature   Preparer's sig		2/09/21 self-employ	PTIN PO 0 7 7 3 1 4								
Prep		Firm's name BLUE & CO., LLC	104		35-1178661								
	Only	Firm's address 2650 EASTPOINT PKWY, SUITE 300	I HIII 2 EIIA										
	J,	LOUISVILLE, KY 40223											
Mav	the I	RS discuss this return with the preparer shown above? (see instructions)		11.1000 110.50	2-992-3500 X Yes No								
					140								

ld	Other program services (Describe on Schedule O.)		
	14 352 117	11 397 094 \ (	

**4e** Total program service expenses ▶ 20,282,598.

## Form 990 (2019) KOSAIR CHARITIES COMMITTEE, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	ļ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		İ	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	ļ	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		l	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	make the contract of the contr			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes, " complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

Form 990 (2019) KOSAIR CHARITIES COMMITTEE, INC.

Part IV Checklist of Required Schedules (continued)

1 0	Continued)			<del></del>
	Did the appropriation was at least \$5,000 of wants on at least the section of a section in this in the in-		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	000	x	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	^	┼
2.5	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
<b>24</b> a	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
<b>2</b> 5 a	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? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
00	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		X
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<del>                                     </del>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	X	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
<b>-</b>	Cobodisto N. Dort II	32		х
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? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	<u> </u>
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		<b></b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	x	
Par		<u> 36  </u>	Δ.	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		11 11 11	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

Form 990 (2019) KOSAIR CHARITIES COMMITTEE, INC.

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1
	filed for the calendar year ending with or within the year covered by this return 25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	<u>7c</u>	ATTERIOR DE STA	X
	If "Yes," indicate the number of Forms 8282 filed during the year		19.00	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		P 2003 1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	508,00	2640	
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	_8_		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	155 j. 0.00 j. 0.00	16864000
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			37
	excess parachute payment(s) during the year?	15		<u> X</u>
	If "Yes," see instructions and file Form 4720, Schedule N.			v
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
	If "Yes," complete Form 4720, Schedule O.		STATES !	aneyayili.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 22			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a				
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	· · · · · · · · · · · · · · · · · · ·	b	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	-		
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	X
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ KY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availab	le
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	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	······		
	KEITH INMAN - 502-637-7696			
	000 EXCREDI DADEWAY TOTTCUTTE BY 40017			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) (B) (C) (D) (E) (F)

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more th				one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson i	s bot	h an	compensation	compensation	amount of
	week	-	Cei ai		10010	Tuda	T	from	from related	other
	(list any hours for	direct				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	o a	stee			nsate		(W-2/1099-MISC)	(** 2, 1000 111100)	organization
	organizations	trust	ıal tru		oyee	ошо				and related
	below	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
**************************************	line)	를	ist	₩	- <del>K</del> e	물등	호			
(1) RON CAUGHRON	3.00									
BOARD MEMBER		X					<u> </u>	0.	0.	0.
(2) H. I. STROTH	3.00						1		_	
CHAIRMAN		X		X			<u> </u>	0.	0.	0.
(3) KIRK CARTER	3.00								_	_
TREASURER		X		X		<u> </u>	<u> </u>	0.	0.	0.
(4) JOHN B. HITT	3.00								_	_
BOARD MEMBER		X	Ш					0.	0.	0.
(5) DAVID OWEN	3.00									
TRUSTEE		X						0.	0.	0.
(6) KENNETH E. REISS	3.00									
VICE-CHAIRMAN		X		X			<u> </u>	0.	0.	0.
(7) LARRY CRAIG	3.00									
BOARD MEMBER		X						0.	0.	0.
(8) ROBERT FLOWERS	3.00									
BOARD MEMBER		X						0.	0.	0.
(9) RICK LAIRD	3.00									
BOARD MEMBER		X					<u> </u>	0.	0.	0.
(10) TOM LARIMORE	3.00									
BOARD MEMBER		X						0.	0.	0.
(11) HARRY LUSK	3.00									
BOARD MEMBER		X						0.	0.	0.
(12) DWIGHT MADDOX	3.00									
SECRETARY		X		X				0.	0.	0.
(13) PATRICK MILLER	3.00									
BOARD MEMBER		X						0.	0.	0.
(14) ROBERT HART	3.00			l						
BOARD MEMBER		X						0.	0.	0.
(15) DAVID NICHOLSON	3.00									
BOARD MEMBER		X						0.	0.	0.
(16) DAVID L. SCHEU	3.00									
BOARD MEMBER		X						0.	0.	0.
(17) GLEN E. STUCKEL	3.00									
BOARD MEMBER		X	l					0.	0.	0.

Nours for granization   Page   Page	(A)	(B)				C)			(D)	(E)	(F)
(   ist any hours for related organizations below line)   18) MARTIN WALTERS   3.00   OARD MEMBER   X   O.	Name and title	hours per	box	not ch	check more than one				compensation	compensation	amount of
Name		(list any hours for related organizations below line)	Ö	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization
19) GEORGE YOUNGER OARD MEMBER  20) C. BROWN ALLEN 3.00  OARD MEMBER EMERITUS  X  0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(18) MARTIN WALTERS	3.00								_	_
Name			X		_				0.	0.	0
20) C. BROWN ALLEN   3.00		3.00	J.						_	0	0
OARD MEMBER EMERITUS		3.00	^	$\vdash$	$\dashv$				U .	U •	U
21   JOHN BURGIN   3.00	SOARD MEMBER EMERITUS	3.00	x						0.	0.	0
22) TROY ROYALTY   3.00	21) JOHN BURGIN	3.00									<u>~</u>
OARD MEMBER         X         0.         0.         0           23) KEITH INMAN         40.00         X         314,125.         0.         62,426           24) AIMEE SAPP         40.00         X         167,365.         0.         35,012           25) LINDSAY WEHR         40.00         X         119,976.         0.         23,457           26) ALLISON SAMBLANET         40.00         X         103,302.         0.         22,571           1b Subtotal         Total from continuation sheets to Part VII, Section A         704,768.         0.         143,466           c Total (add lines 1b and 1c)         704,768.         0.         143,466           2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	SOARD MEMBER		X						0.	0.	0
23   KEITH INMAN	22) TROY ROYALTY	3.00									
X   314,125.   0. 62,426	SOARD MEMBER		X						0.	0.	0
24) AIMEE SAPP  R VICE PRESIDENT, CFO  25) LINDSAY WEHR  ENIOR VP OF STRATEGY  ENIOR VP OF DEVELOPMENT  103,302.  103,457  105 Subtotal  C Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	23) KEITH INMAN	40.00									
X   167,365.   0. 35,012	RESIDENT				X				314,125.	0.	62,426
25   LINDSAY WEHR	24) AIMEE SAPP	40.00			- 1						
ENIOR VP OF STRATEGY  26) ALLISON SAMBLANET 40.00  ENIOR VP OF DEVELOPMENT  103,302. 0. 22,571  1b Subtotal  Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	R VICE PRESIDENT, CFO				X				167,365.	0.	35,012
26) ALLISON SAMBLANET  ENIOR VP OF DEVELOPMENT  10	25) LINDSAY WEHR	40.00									
ENIOR VP OF DEVELOPMENT  1b Subtotal  Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	ENIOR VP OF STRATEGY						X		119,976.	0.	23,457
1b Subtotal	26) ALLISON SAMBLANET	40.00					- 1				
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	ENIOR VP OF DEVELOPMENT						X				22,571
d Total (add lines 1b and 1c)    Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable								<b>▶</b>			143,466
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	c Total from continuation sheets to Part	t VII, Section A					<b>I</b>	▶			0
	d Total (add lines 1b and 1c)				<u> </u>				704,768.	0.	143,466
compensation from the organization	2 Total number of individuals (including but	it not limited to the	ose l	isted	abo	ove)	who	rec	ceived more than \$100,0	00 of reportable	
Yes N	compensation from the organization	<u> </u>									Yes No

line 1a? If "Yes," complete Schedule J for such individual 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? If "Yes," complete Schedule J for such individual ..... Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person .

**Section B. Independent Contractors** 

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

the organization. Report compensation for the calendar year ending with or within	n the organization's tax year.										
(A) Name and business address	(B) Description of services	(C) Compensation									
		Compensation									
LUSK MECHANICAL CONTRACTORS, INC	MECHANICAL										
	CONTRACTOR	238,979.									
PNC INSTITUTIONAL ASSET MANAGEMENT	INVESTMENT										
116 ALLEGHENY CTR, PITTSBURGH, PA 15212	MANAGEMENT FEES	107,542.									
2 Total number of independent contractors (including but not limited to those listed	dabove) who received more than										
\$100,000 of compensation from the organization											

<u> </u>			Check if Schedule O	cont	ains a res	sponse	or note to any lir	ne in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
										24011000 10101140	sections 512 - 514
\$ 5	9	1 a	Federated campaigns		<u>1</u>	а					
rar		b	Membership dues		1	b					
Contributions, Gifts, Grants	a a	C	Fundraising events		1	с	43,536.				
		d	Related organizations		1	d		1			
S, C		е	Government grants (cont	ributi	ions) 1	е					
50		f	All other contributions, gifts,	gran	ts, and						
절	Ě		similar amounts not included	d abov	ve 1	f	4,497,283.				
글		g	Noncash contributions included in	lines	1a-1f 1	g \$					A STATE OF STATE OF STATE
0 8		h	Total. Add lines 1a-1f				<b>&gt;</b>	4,540,819.			
							Business Code				
ě	2	2 a									
Program Service Revenue		b									
Se		C									
a a		d									
90		е			·····						
چ		f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f				<b>&gt;</b>				
	3	3	Investment income (include	ding (	dividends	s, intere	est, and				
	İ		other similar amounts)				<b>&gt;</b>	4,555,393.			4,555,393.
	4	Ļ	Income from investment of	of tax	-exempt	bond p	roceeds 🕨				
	5	5	Royalties								
					(i) R	eal	(ii) Personal				
	6	а	Gross rents	6a	1,029	,848.				1	
		b	Less: rental expenses	6b	756	,836.			No.		
		C	Rental income or (loss)	6c	273	,012.	<u> </u>				
		d	Net rental income or (loss	)		******		273,012.	273,012.		
	7	a	Gross amount from sales of		(i) Secu	ırities	(ii) Other				
			assets other than inventory	7a	57,551	,513.					
		b	Less: cost or other basis								
e			and sales expenses	7b	50,788	,478.					
Revenue		C	Gain or (loss)	7c	6,763	,035.					
8			Net gain or (loss)					6,763,035.			6,763,035.
þer	8	а	Gross income from fundraising	ng eve	ents (not						
ಠ			including \$	43,	536. of						
			contributions reported on		•						
			Part IV, line 18				460,178.				
			Less: direct expenses				250,886.				
			Net income or (loss) from					209,292.			209,292.
	9	а	Gross income from gamin	_							
			Part IV, line 19								
		b Less: direct expenses 9b  c Net income or (loss) from gaming activities									
	10 a Gross sales of inventory, less returns										
			and allowances								
- 1			Less: cost of goods sold								1 m
		c	Net income or (loss) from sales of inventory				·····				
<u></u>					Business Code						
Miscellaneous Revenue	11	а	MISCELLANEOUS				900099	8,577.	8,577.		
E d		b									
e ce		C	***************************************								
N N			All other revenue								
			Total. Add lines 11a-11d					8,577.	_		0.00
	12		Total revenue. See instruction	กร			<b>&gt;</b>	16,350,128.	281,589.	0.1	11,527,720.

#### 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 (C) Management and general expenses (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b, Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 16,874,935. 16,874,935. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 452,640. 452,640. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 578,927. 578,927. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,328,916. 1,011,129. 157,610. 160,177. Other salaries and wages 7 Pension plan accruals and contributions (include 176,817. 140,275. 16,873. 19,669. section 401(k) and 403(b) employer contributions) 118,014. 158,884. Other employee benefits 24,824. 16,046. 9 136,594. 81,702. 43,093. 11,799. Payroll taxes 10 Fees for services (nonemployees): 11 Management а 59,249. 4,392. 54,857. b Legal 40,400. 40,400. Accounting C Lobbying Professional fundraising services. See Part IV, line 17 891,119. 891,119. Investment management fees g Other. (If line 11g amount exceeds 10% of line 25. 72,489. 138,320. 65,831. column (A) amount, list line 11g expenses on Sch O.) 479,969. 13,682. Advertising and promotion 493,651. 12 66,122. 169,758. 90,983. 12,653. Office expenses 13 Information technology 22,996. 21,298. 1,698. 14 15 Royalties 25,447. 39. 25,408. Occupancy 16 5,511. 3,661. 938. 912. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 66,337. 66,337. Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates Depreciation, depletion, and amortization ..... 18,590. 18,590. 22 50,228. 50,228. 23 Other expenses, Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 44,267. DUES AND SUBSCRIPTIONS 51,026. 6,639. 120. 11,329. DEVELOPMENT PROGRAMS 10,271. 71. 987. STAFF DEVELOPMENT 7,548. 4,754. 2,332. 462. 3,503. 1,959. d OTHER EXPENSES 1,358. 186. e All other expenses 21,762,725. 20,282,598. 1,255,418. 224,709. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

Form 990 (2019)
Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	T	······	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,732.	1	13,908
	2	Savings and temporary cash investments	177,385.	2	278,644
	3	Pledges and grants receivable, net	14,997.	3	13,997
	4	Accounts receivable, net	117,745.	4	56,819
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s)	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	23,732.	9	91,904
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 15,717,428.			
	b	Less: accumulated depreciation 10b 8,901,220.	6,682,111.	10c	6,816,208
	11	Investments - publicly traded securities	246,197,703.	11	255,042,582
	12	Investments - other securities. See Part IV, line 11	15,849,499.	12	15,763,221
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,538,355.	15	1,373,495
	16	Total assets. Add lines 1 through 15 (must equal line 33)	270,604,259.	16	279,450,778
	17	Accounts payable and accrued expenses	548,476.	17	344,838.
	18	Grants payable	11,673,538.	18	14,302,570
	19	Deferred revenue		19	42,554
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
Iţie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	368,800.
	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	133,763.		123,712.
	26	Total liabilities. Add lines 17 through 25	12,355,777.	26	15,182,474.
		Organizations that follow FASB ASC 958, check here   X			
Ses		and complete lines 27, 28, 32, and 33.			
a a	27	Net assets without donor restrictions	104,405,772.	27	102,881,151.
Ra	28	Net assets with donor restrictions	153,842,710.	28	161,387,153.
		Organizations that do not follow FASB ASC 958, check here			
5		and complete lines 29 through 33.			
O S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Š	32	Total net assets or fund balances	258,248,482.	32	264,268,304.
	33	Total liabilities and net assets/fund balances	270,604,259.	33	279,450,778.

Form **990** (2019)

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						1
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16	,35	0,1	.28	
2	Total expenses (must equal Part IX, column (A), line 25)	2	21	,76	2,7	25.	,
3	Revenue less expenses. Subtract line 2 from line 1	3	- 5	, 41	2,5	97.	,
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	258	, 24	8,4	82.	
5	Net unrealized gains (losses) on investments	5	11	, 43	2,4	19.	,
6	Donated services and use of facilities	6					_
7	Investment expenses	7					•
8	Prior period adjustments	8					-
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	,
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	264	,26	8,3	04.	,
Pa	rt 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: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	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:					1	
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	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?			2c		X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche						0000
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing						
	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	ed aud	it				-
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

**Employer identification number** Name of the organization KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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. 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. \_\_\_\_\_ 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (iii) Type of organization (i) Name of supported (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

(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.)

Se	ction A. Public Support	· · · · · · · · · · · · · · · · · · ·							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not						]		
	include any "unusual grants.")	3366327.	4076713.	3633107.	4906616.	4540819.	20523582.		
2	Tax revenues levied for the organ-								
	ization'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	3366327.	4076713.	3633107.	4906616.	4540819.	20523582.		
5	The portion of total contributions								
•	by each person (other than a								
	governmental unit or publicly			100					
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	nahuma A								
6	Public support. Subtract line 5 from line 4.						20523582.		
	etion B. Total Support	- Andreadour and Andreas Advantaged	Annual speak sensors of the sensor of the se				20323302.		
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total		
	Amounts from line 4	3366327.	4076713.	3633107.	4906616.		20523582.		
	Gross income from interest.	33003271	40707431	30331071	4200010.	4040010.	20323302.		
0	dividends, payments received on								
	· • •								
	securities loans, rents, royalties, and income from similar sources	5244856.	5026110.	6518828.	6356217	55852/1	28731252.		
9	Net income from unrelated business	3244030.	3020110.	0310020.	0330217.	3303241.	20/31232.		
9									
	activities, whether or not the								
40	business is regularly carried on					···			
10	Other income. Do not include gain								
	or loss from the sale of capital					0 577	0 577		
	assets (Explain in Part VI.)					8,577.	8,577. 49263411.		
	Total support. Add lines 7 through 10		,				49203411.		
12	Gross receipts from related activities,	•	*			12			
13	First five years. If the Form 990 is for	-			•				
Sec	organization, check this box and storetion C. Computation of Publi	c Support Per	centage						
	Public support percentage for 2019 (li	·····		dumo (fl)	I	14	41.66 %		
	Public support percentage from 2018				r	15			
IOa	16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
<b>.</b>	33 1/3% support test - 2018. If the c		•						
D							, <u> </u>		
47.	and stop here. The organization qualifies as a publicly supported organization								
1/a	17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization								
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
	b 10% -facts-and-circumstances test - 2018. 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								
					• .		<u> </u>		
	organization meets the "facts-and-circ			•		***************************************			
<u> 18</u>	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box an	d see instructions	<b>&gt;</b>		

(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 \

Se	ction A. Public Support	low, please com	piete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
7 <i>a</i>	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						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·	<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
ь	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						·····
	activities not included in line 10b,				j		
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for the	he organization's	first second thir	fourth or fifth ta	y vear as a section	n 501/c)/3) organizati	on
• •		•			•		·
Sec	tion C. Computation of Public			***************************************			
	Public support percentage for 2019 (line			olumn (f))		15	9
16	Public support percentage from 2018 S	chedule A, Part	III, line 15			16	C
	tion D. Computation of Investi						
17	Investment income percentage for 2019	9 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	g
	Investment income percentage from 20					18	g
	33 1/3% support tests - 2019. If the o	•				<u> </u>	
	more than 33 1/3%, check this box and	-				•	<b>&gt;</b>
	33 1/3% support tests - 2018. If the o	•	•			***************************************	
	line 18 is not more than 33 1/3%, check	-			•	•	
	Private foundation. If the organization						

#### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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))? If "Yes," provide detail in **Part VI.**
- **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? If "Yes," provide detail in **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2 3a		
3b		
3c	17.2	
4a		
4b		
4c		
5a 5b		
5c		
7		
8		
9a 9b		
10a		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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	Check here if the current year is the organization's first as a non-functio	nally integra	ated Type III supporting organiza	ation (see
	instructions).			

8

Schedule A (Form 990 or 990-EZ) 2019

Current Year

Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

Schedule A (Form 990 or 990-EZ) 2019

Part VI. See instructions.

Breakdown of line 7:

a Excess from 2015

b Excess from 2016

c Excess from 2017

d Excess from 2018

e Excess from 2019

and 4c.

Excess distributions carryover to 2020. Add lines 3j

Schedule A	(Form 990 or 9	90-EZ) 2019	KOSAIR	CHARITIES	COMMITTEE,	INC.	61-051 <b>4</b> 703 Page 8
Part VI	Supplement Part IV, Section line 1; Part IV,	ntal Inform in A, lines 1, Section D, l is 5, 6, and t	<b>nation.</b> Pro 2, 3b, 3c, 4b, ines 2 and 3; l	vide the explanation 4c, 5a, 6, 9a, 9b, 9c Part IV, Section E, lir	s required by Part II, I , 11a, 11b, and 11c; I les 1c, 2a, 2b, 3a, and	ine 10; Part II, line 17a Part IV, Section B, lines	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
		· ·					
			Alman, the state of the state o				
				susvenius, sauto — — — — — — — — — — — — — — — — — — —			
				·			
				***************************************			
				RANGE SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE			
· · · · · · · · · · · · · · · · · · ·	······································	· · · · · · · · · · · · · · · · · · ·					
			***************************************				
					44		
						***************************************	
					<del></del>		

### Schedule B

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

INC.

OMB No. 1545-0047

2019

Name of the organization

KOSAIR CHARITIES COMMITTEE

**Employer identification number** 

61-0514703

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-F7 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** X 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) filling 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) (2019)

Name of organization

Employer identification number

## KOSAIR CHARITIES COMMITTEE, INC.

61-0514703

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EMOGENE CARTER TRUST  982 EASTERN PKWY  LOUISVILLE, KY 40214	\$ 2,241,810.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	COLONEL HARLAND SANDERS FOUNDATION  982 EASTERN PKWY  LOUISVILLE, KY 40214	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HOWARD NEWTON TINSLEY ESTATE  982 EASTERN PKWY  LOUISVILLE, KY 40214	\$142,811.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	FRANCES ROGERS JEFFRESS ESTATE  982 EASTERN PKWY  LOUISVILLE, KY 40214	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CHARITABLE TRUST OF BELL B NEEL  982 EASTERN PKWY  LOUISVILLE, KY 40214	\$\$ <u>100,372.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

## KOSAIR CHARITIES COMMITTEE, INC.

61-0514703

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 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 Part III 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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (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 (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

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

KOSAIR CHARITIES COMMITTEE, INC.

**Employer identification number** 61-0514703

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
2	Aggregate value of contributions to (during year)	2,800.	
3	Aggregate value of grants from (during year)	106,296.	
4	Aggregate value at end of year	1,450.	
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose co	nferring
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	tion or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the or	rganization during the tax
	year >		
4	Number of states where property subject to conservation eas	ement is located >	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conser	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conservation	n easements during the year
	<b>\$</b>		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(	<del></del>
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statement	s that describes the
Day	organization's accounting for conservation easements.  t III Organizations Maintaining Collections of	Art Historical Transuras or Othe	or Cimilar Accets
rai	till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form		er Sirillar Assets.
			la la sana da satura da
ıa	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publication and the first state of the first		nerance of public
L	service, provide in Part XIII the text of the footnote to its finance		
D	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		<b>.</b> .
•		a una ar athar similar assets for financial as	
2	If the organization received or held works of art, historical trea	· · . · . · . · . · . · . · . · . ·	airi, provide
_	the following amounts required to be reported under FASB AS	•	<b>►</b> ¢
	Revenue included on Form 990, Part VIII, line 1		> 5

Schedule D (Form 990) 2019

6,816,208.

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule	D (Form	990) 2	2019

Complete if the experimetion engaged #Ves#	on Forms 000 Double ( line	11h O F 000 D+ V	E 40
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value		n: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENTS HELD IN TRUST			, , , , , , , , , , , , , , , , , , , ,
(B) BY OTHERS	14,702,120.	END-OF-YEAR	MARKET VALUE
(C) INVESTMENTS HELD IN TRUST			
(D) FOR OTHERS	1,061,101.	END-OF-YEAR	MARKET VALUE
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	15,763,221.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation	n: 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.)			
	on Form 000 Doubly line t	Idd Con Form 000 Dod V	C 45
Complete if the organization answered "Yes" o	Description	i id. See Forni 990, Part X, i	(b) Book value
	20001171.011		(b) Book value
(3)	<del>,</del>		
(4)			
(5)			
(6)			
(7)	**************************************		
(8)			
(9)	***************************************		
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)		<b>&gt;</b>
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line 1	1e or 11f. See Form 990, P	art X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ANNUITIES PAYABLE			123,712.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			100 510
Total. (Column (b) must equal Form 990, Part X, col. (B) line	•		<u>123,712.</u>
<ol><li>Liability for uncertain tax positions. In Part XIII. provide t</li></ol>	he text of the footpote to t	the organization's financial s	statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2019			COMMITTEE,		61-0514703	Page			
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.									
					07 640	~ ~ .			

	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	27,	648,	264.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	432,419.				
b	Donated services and use of facilities					
C	Recoveries of prior year grants		9.50			
d	Other (Describe in Part XIII.)	756,836.				
е	Add lines 2a through 2d		2e		189,	
3	Subtract line 2e from line 1		3	<u>15,</u>	459,	<u>009.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	891,119.				
C	Add lines 4a and 4b		4c		891,	<u>119.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)		5	16,	350,	<u> 128.</u>

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.			
1	Total expenses and losses per audited financial statements			1	21,879,328.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
	Other (Describe in Part XIII.)	2d	1,007,722.		
е	Add lines 2a through 2d			2e	1,007,722.
3	Subtract line 2e from line 1		*******************************	3	20,871,606.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	. 4b	891,119.		
C	Add lines 4a and 4b			4c	891,119.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	21,762,725.
Pa	t 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 CORPUS OF THE ENDOWMENT FUND, WHICH IS DERIVED FROM BEQUESTS AND WILLS NOT OTHERWISE DESIGNATED BY THE DONOR, SHALL NOT BE EXPENDED FOR ANY PURPOSE OTHER THAN REINVESTMENT. THE REINVESTMENT INCOME SHALL BE USED FOR GRANTS AND SERVICES RELATED TO CHILDREN DEVELOPMENT AND OTHER SUCH CHARITABLE PURPOSES AS ARE IN ACCORDANCE WITH KOSAIR CHAIRITIES COMMITTEE INC'S ARTICLES OF INCORPORATION.

#### PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE COMMITTEE AND RECOGNIZE A TAX LIABILITY IF THE COMMITTEE HAS TAKEN AN UNCERTAIN POSITION

#### **SCHEDULE G**

Department of the Treasury

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

w irs gov/Form990 for instructions and the latest information

OMB No. 1545-0047

2019

Open to Public Inspection

	o to www.irs.gov/Form990 for instr	uction	s and	the latest informat	ion.	TE	mopeonon
Name of the organization	CILAD TENTE C. COMMITTEN	T") .	T.T.C.			1 ' '	entification number
	CHARITIES COMMITTE					61-0514	
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answer</li> <li>t.</li> </ul>	ered "Y	'es" o	n Form 990, Part IV,	line 1	7. Form 990-EZ	I filers are not
1 Indicate whether the organization rais	sed funds through any of the followin	g activ	ities.	Check all that apply.			
a Mail solicitations	e Solicita	tion of	non-g	overnment grants			
<b>b</b> Internet and email solicitations	s f Solicita	tion of	gover	nment grants			
c Phone solicitations	g Special	fundra	aising	events			
d In-person solicitations							
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ling of	fficers, directors, trus	tees,	or	
key employees listed in Form 990, P	art VII) or entity in connection with p	rofessi	onal f	undraising services?		Yes	No 🗌 No
<b>b</b> If "Yes," list the 10 highest paid indi-	viduals or entities (fundraisers) pursu	ant to	agree	ments under which t	ne fur	ndraiser is to be	•
compensated at least \$5,000 by the	organization.						
		Τ			·		l
(i) Name and address of individual	A salida	(iii)	Did aiser	(iv) Gross receipts	(v)	Amount paid or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have c	trol of	from activity	1	fundraiser	to (or retained by) organization
		contrib			IIS	ted in col. (i)	<u> </u>
		Yes	No				
		_			<del> </del>		
Total		<del></del>	<b></b>				
3 List all states in which the organization		ontribu	utions	or has been notified	it is e	exempt from re	gistration
or licensing.							
						····	
						······································	
				·			

Schedule G (Form 990 or 990-EZ) 2019 KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events JUST FORE MILLER HIGH (add col. (a) through BALL KIDS col. (c)) (event type) (event type) (total number) Gross receipts 107,379. 186,110. 210,225. 503,714. 6,920. 16,656. 19,960. 43,536. 2 Less: Contributions 90,723. 179,190. 190,265. 3 Gross income (line 1 minus line 2) 460,178. 4 Cash prizes 5 Noncash prizes Expenses 11,200. 2,050. 12,495. 25,745. 6 Rent/facility costs Direct 22,720. 12,510. 3,252. 38,482. 7 Food and beverages 4,200. 1,436. 5,636. 8 Entertainment Other direct expenses 32,060. 31,009. 181,023. 250,886. 10 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) 209,292. Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Noncash prizes 3 Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) ..... 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? VAS **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

**b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2019 KOSAIR CHARITIES COMMITTEE, INC. 61-	<u>0514703</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		· ·
	The organization's facility	13a	9/
	An outside facility	13b	9/
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	L	
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
C	If "Yes," enter name and address of the third party:		
	Name	<del>-</del>	· · · · · · · · · · · · · · · · · · ·
	Address		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation  \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
47	Mandatory distributions:		
	•		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	No
	retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	1es	NO
	organization's own exempt activities during the tax year \$		
	TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III. linge Q. (	0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	T. III, III 165 5, 3	30, 100,

Schedule G	G (Form 990 or 990-EZ)  Supplemental Infor	KOSAIR	CHARITIES	COMMITTEE,	INC.	61-0514703 Page 4
Part IV	Supplemental Infor	mation (con	tinued)			The state of the s
	44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					
		······································				
				<del>(1</del>		
		1 11 11 11 11 11 11 11 11 11 11 11 11 1				
			<del></del>			
					***************************************	
		.,				
			,		, , , , , , , , , , , , , , , , , , ,	
				***************************************	***************************************	***************************************
				<del>*************************************</del>		

# SCHEDULE 1 (Form 990)

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

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

Open to Public 2070 Inspection

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

Name of the organization

Part

Department of the Treasury Internal Revenue Service

Employer identification number 61-0514703 X Yes 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 INC. KOSAIR CHARITIES COMMITTEE, criteria used to award the grants or assistance? General Information on Grants and Assistance

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for moni	toring the use of grant	funds in the United	States.			
Part II   Grants and Other Assistance to Domestic Organizations and Domestic Governments. Correction recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	Domestic Organi \$5,000. Part II car	izations and Domestic	<b>Domestic Governments.</b> C ed if additional space is need	complete if the orga	anization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
METRO LOUISVILLE ROTARY CLUB CHARITIES - 1 RIVERFRONT PLAZA - LOUISVILLE, KY 40202		501C3	5,000.	•0			SEE SCHEDULE O
CENTERSTONE 101 W. MUHAMMAD ALI BLVD LOUISVILLE, KY 40202		501C3	125,000.	0.			SER SCHEDULE O
MARYHURST 1015 DORSEY LANE LOUISVILLE, KY 40223		501C3	50,787.	0.			SEE SCHEDULE O
ST. VINCENT DEPAUL 1015C PRESTON HWY LOUISVILLE, KY 40203		501C3	32,856.	0.			SER SCHEDULE O
THE HEALING PLACE 1020 W. MARKET STREET LOUISVILLE, KY 40202		50103	18,221.	.0			SEE SCHEDULE O
THE MORTON CENTER 1028 BARRET AVE LOUISVILLE, KY 40204		50103	20,000.	0.			SEE SCHEDULE O
<ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	nd government or s listed in the line	ganizations listed in the 1 table	e line 1 table				

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

Schedule I (Form 990) (2019)

ന
0
-
4
5
위
ပြ

Schedule I (Form 990) KOSAIR CHARITIES COMMITTEE, INC.

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>p</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
CONVENTUAL FRANCISCAN FRIARS 103 ST FRANCIS BLVD MOUNT ST FRANCIS, IN 47146		501C3	5,000.	0.			SEE SCHEDULE O
LOUISVILLE TKO, INC. 104 E BRECKINRIDGE ST LOUISVILLE, KY 40203		50103	23,000.	•0			SEE SCHEDULE O
SHRINERS HOSPITAL FOR CHILDREN 110 CONN TERRACE LEXINGTON, KY 40508		501C3	495,923.	0.			SEE SCHEDULE O
IMPERIAL SHRINE HOSPITAL - LEXINGTON - 110 CONN TERRACE - LEXINGTON, KY 40508		501C3	8,150.	0.			SEE SCHEDULE O
HOME OF THE INNOCENTS 1100 E. MARKET STREET LOUISVILLE, KY 40206		501C3	370,458.	0			SEE SCHEDULE O
CARE FOR CHILDREN 1100 WALNUT ST OWENSBORO, KY 42301		501C3	200,000.	0.			SEE SCHEDULE O
KENTUCKY YOUTH ADVOCATES 11011 BLUEGRASS PARKWAY LOUISVILLE, KY 40217		501C3	2,550,000.	0.			SER PT III, LINE 4B
HEUSER HEARING INSTITUTE 111 E. KENTUCKY STREET LOUISVILLE, KY 40203		501C3	460,144.	0.			SEE SCHEDULE O
SUMMIT ACADEMY 11508 MAIN STREET LOUISVILLE, KY 40243		501C3	108,835.	.0			SEE SCHEDULE O

ന	
0	
7	
ゼ	
~	i
S	
0	
ī	i
$\vdash$	
9	

Schedule | (Form 990) KOSAIR CHARITIES COMMITTEE, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (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
FIRST GETHSEMANE CENTER 1159 ALGONQUIN PKWY LOUISVILLE, KY 40201		501C3	10,000.	.0			SEE SCHEDULE O
JUVENILE DIABETES RESEARCH FOUNDATION - 11902 BRINLEY AVE - LOUISVILLE, KY 40243		50103	15,000.	.0			SEE SCHEDULE O
LINCOLN HERITAGE COUNCIL 12001 SYCAMORE STATION PLACE LOUISVILLE, KY 40299		50103	10,000.	.0		V	SEE SCHEDULE O
SPECIAL OLYMPICS OF KENTUCKY 1230 LIBERTY BANK LANE LOUISVILLE, KY 40222		501C3	15,000.	.0		<b>5</b>	SEE SCHEDULE O
MAKE A WISH FOUNDATION 1230 LIBERTY BANK LANE LN LOUISVILLE, KY 40222		50103	5,000.	0.		V	SEE SCHEDULE O
CARRIAGE HOUSE 1301 EASTEPOINT PARK BLVD LOUISVILLE, KY 40223		501C3	. 29, 600.	.0		v	SEE SCHEDULE O
THE TIGER FOUNDATION 1304 S 28TH ST LOUISVILLE, KY 40210		50103	125,000.	0.		v.	SEE SCHEDULE O
GREEN HILL THERAPY 1410 LONG RUN ROAD LOUISVILLE, KY 40245		50103	400,000.	0		V	SEE SCHEDULE O
EXPLOITED CHILDREN'S HELP ORGANIZATION - 1411 ALGONQUIN PKWY - LOUISVILLE, KY 40210		50103	62,000.	.0		V	SEE SCHEDULE O
							1000 F. L. L. J. O

	i
ന	
0	
7	i
4	İ
ᅼ	
05	-
Ŷ	-
À	
Ö	
	ı

Schedule | (Form 990) KOSAIR CHARITIES COMMITTEE, INC.

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

(a) Name and address of (b) EIN (c) IRC sec organization or government if applicat	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	tion (d) Amount of cash grant assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKCASTLE REGIONAL HOSPITAL AND RESPIRATORY CARE - 145 NEWCOMB AVE - MOUNT VERNON, KY 40456		501C3	26,000.	0.			SEE SCHEDULE O
BIG BROTHERS BIG SISTERS 1519 GARDINER LANE LOUISVILLE, KY 40218		501C3	37,000.	0.			SEE SCHEDULE O
MERCY HEALTH LOURDES 1530 LONE OAK RD PADUCAH, KY 42003		501C3	28,500.	.0			SEE SCHEDULE O
LOUISVILLE URBAN LEAGUE 1535 W BROADWAY LOUISVILLE, KY 40203		501C3	111,000.	0.			SEE SCHEDULE O
DREAMS WITH WINGS 1579 BARDSTOWN LANE LOUISVILLE, KY 40205		501C3	.000,05	0			SEE SCHEDULE O
2NOT1 FATHERHOOD AND FAMILIES, INC 1600 W SAINT CATHERINE ST LOUISVILLE, KY 40210		501C3	71,574.	.0			SEE SCHEDULE O
ST GEORGES SCHOLAR INSTITUTE 1600 WEST ST CATHERINE ST LOUISVILLE, KY 40210		501C3	30,000.	0.			SER SCHEDULE O
KING SOLOMON MISSIONARY BAPTIST CHURCH - 1620 ANDERSON STREET - LOUISVILLE, KY 40210		501C3	10,000.	.0			SEE SCHEDULE O
KENTUCKY DIABETES CAMP FOR CHILDREN - 1640 LYNDON FARM CT - LOUISVILLE, KY 40223		501C3	20,000.	.0			SEE SCHEDULE O

m	
0	
7	
4	
Н	
S	
0	
-1	Į
$\leftarrow$	
9	ļ

Schedule I (Form 990) KOSAIR CHARITIES COMMITTEE, INC.

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

			Tanons III and On	ited States (Solid	Same organizations in the Office States (Scriedule (FOILI 390), Part III,	(.11.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHILDREN'S ADVOCACY CENTER OF THE BLUEGRASS - 183 WALTON AVE - LEXINGTON, KY 40508		501C3	10,000.	.0			SER SCHEDULE O
FLOYD MEMORIAL FOUNDATION 1850 STATE ST NEW ALBANY, IN 47150		50103	220,000.	.0		<b>V</b>	SEB SCHEDULE O
KENTUCKY HEMOPHILIA FOUNDATION 1850 TAYLOR BLVD LOUISVILLE, KY 40213		50103	100,000.	.0		•	SEE SCHEDULE O
VISUALLY IMPAIRED PRESCHOOL 19006 GOLDSMITH LANE LOUISVILLE, KY 40218		501C3	530,000.	.0			SEE SCHEDULE O
CYSTIC FIBROSIS FOUNDATION 1941 BISHOP LANB LOUISVILLE, KY 40218		501C3	8,310.	.0		V	SEB SCHEDULE O
ST. MATTHEWS AREA MINISTRIES 201 BILTMORE ROAD LOUISVILLE, KY 40207		50103	13,000.	.0		<b>V</b>	о ягоднова
NEIGHBORHOOD HOUSE 201 N 25TH ST LOUISVILLE, KY 40212		50103	30,000.	.0			SEE SCHEDULE O
FAMILY ARK, INC 215 RAINBOW WAY JEFFERSONVILLE, IN 47130		50103	25,000.	.0		<b>V</b>	SEE SCHEDULE O
SCHOOL CHOICE SCHOLARSHIPS 2200 DUNDEE RD LOUISVILLE, KY 40205		50103	10,000.	.0		<b>V</b>	SEE SCHEDULE O
							Sold of the day

Page 1
33
051470
61-0

Schedule | (Form 990) KOSAIR CHARITIES COMMITTEE, INC.

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

(a) Name and address of organization or government	(b) EIN	if applicable cash grant non-cash (b) EIN (c) IRC section (d) Amount of non-cash valuation no sesistance (book, FMV, appraisal, other)	(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
FATHER MALONEY'S BOYS HAVEN 2221 GOLDSMITH WAY LOUISVILLE, KY 40218		50103	50,000.	.0			SEE SCHEDULE O
LA CASITA CENTER 223 E. MAGNOLIA AVE LOUISVILLE, KY 40208		501C3	20,000.	.0			SEE SCHEDULE O
FAMILY & CHILDREN'S PLACE 2303 RIVER ROAD LOUISVILLE, KY 40206		501C3	66,045.	0.			SEE SCHEDULE O
SCOTTISH RITE CLUB OF BULLITT COUNTY - 254 CHALET ROAD - LEBANON JUNCTION, KY 40150		501C3	31,000.	0.			SEE SCHEDULE O
KENTUCKY HANDS AND VOICES 2724 MARTINIQUE LN LOUISVILLE, KY 40509		501C3	.000,2	0			SEE SCHEDULE O
THE PORCINI FARMER CHILDRENS FOUNDATION - 2730 FRANKFORT AVE - LOUISVILLE, KY 40206		501C3	6,320.	.0			SCHEDULE
JEWISH FAMILY & CAREER SERVICES 2821 KLEMPNER WAY LOUISVILLE, KY 40205		501C3	10,000.	0.			SEE SCHEDULE O
ST, JOSEPH CHILDREN'S HOME 2823 FRANKFORT AVE LOUISVILLE, KY 40206		501C3	94,251.	.0			SEE SCHEDULE O
SHRINERS INTERNATIONAL 2900 ROCKY POINT DR TAMPA, FL 33607		501C3	100,000.	0.			SER SCHEDULE O

~	
$\subset$	
5	
7	
7	
5	

Schedule | (Form 990) KOSAIR CHARITIES COMMITTEE, INC.

	art II.)	
	rm 990). Pa	
	ile I (Fo	
	(Schedu	
	States	
	United	
-	in the	
	zations	
, ) ;== /	Organi	
	ts and	
	ernmen	
	to Gov	
	stance	
	er Assie	
	nd Oth	
	rants a	
	on of G	
	ntinuati	
-	<u>آ</u>	
	Part	

(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	ion (d) Amount of cash grant non-cash (book, FMV, assistance appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF LOUISVILLE DEPT. OF PEDIATRICS - 300 E. MARKET STREET - LOUISVILLE, KY 40202		501C3	1,970,863.	0.			SEE PT III, LINE 4A
MEREDITH-DUNN SCHOOL 3005 RIVER ROAD LOUISVILLE, KY 40203		50103	108,835.	.0			SEE SCHEDULE O
THE GLOBAL GAME CHANGERS 304 MOCKINGBIRD VALLEY RD LOUISVILLE, KY 40207		501C3	25,320.	0.			SER SCHEDULE O
BELLWOOD AND BROOKLAWN 3121 BROOKLAWN CAMPUS DR LOUISVILLE, KY 40210		501C3	125,000.	.0			SEE SCHEDULE O
CITY SCHOOLHOUSE 3126 PORTLAND AVE LOUISVILLE, KY 40212		501C3	.000,88	0			SEE SCHEDULE O
SOWING SEEDS WITH FAITH 3146 W. BROADWAY LOUISVILLE, KY 40211		501C3	25,000.	.0			SEE SCHEDULE O
STAGE ONE FAMILY THEATRE 315 W MARKET ST LOUISVILLE, KY 40202		501C3	5,000.	0.			SEE SCHEDULE O
INSIDE THE LINES 321 N SHAWNEE TERRACE LOUISVILLE, KY 40212		50103	30,000.	•0			SEE SCHEDULE O
CENTER FOR NONPROFIT EXCELLENCE 323 W. BROADWAY LOUISVILLE, KY 40202		501C3	.000	0.			SEE SCHEDULE O

	tes (Schedule I (Form 990), Part II.)
, INC.	Organizations in the United States
SAIR CHARITIES COMMITTEE,	Governments and
HARITIES	er Assistance to
KOSAIR C	of Grants and Oth
Schedule I (Form 990)	Part II Continuation c

(a) Name and address of (b) EIN (c) IRC sector and address of if application or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	tion (d) Amount of cash grant non-cash (book, FMV, assistance appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF LOUISVILLE 325 W MAIN ST LOUISVILLE, KY 40202		501C3	100,000.	• 0			SEE SCHEDULE O
RIVER CITY DRUM CORPORATION 3308 CHAUNCEY AVE LOUISVILLE, KY 40211		501C3	30,000.	.0			SEE SCHEDULE O
WORKWELL INDUSTRIES 3401 JEWEL AVE LOUISVILLE, KY 40212		50103	20,000.	.0			SEE SCHEDULE O
HOSPARUS 3532 EPHRAIM MCDOWELL LOUISVILLE, KY 40202		501C3	100,000.	•0			SEE SCHEDULE O
JEWISH COMMUNITY OF LOUISVILLE 3600 DUTCHMANS LN LOUISVILLE, KY 40205		501C3	250,000.	.0		<u>.</u>	SEE SCHEDULE O
SPROUTLINGS PEDIATRIC DAYCARE 3701 FRANKFORT AVE LOUISVILLE, KY 40207		501C3	27,807.	•0			SEE SCHEDULE O
BOYS AND GIRLS CLUBS 3900 CRITTENDEN DRIVE LOUISVILLE, KY 40209		501C3	380,000.	•0		×.	SEE SCHEDULE O
FAMILY SCHOLAR HOUSE 403 REG SMITH CIRCLE LOUISVILLE, KY 40208		501C3	25,000.	.0			SEE SCHEDULE O
GREATER LOUSIVILLE FELLOWSHIP OF CHRISTIAN ATHLETES - 406 BLAKENBAKER PKWY - LOUISVILLE, KY 40243		501C3	.000,09	.0		•	SEE SCHEDULE O
							Coboditio ( Common

Page 1
03
47
51,
61-0

	nited States (Schedule I (Form 990), Part II.)
INC.	ganizations in the U
SAIR CHARITIES COMMITTEE,	iovernments and Or
HARITIES	r Assistance to C
KOSAIR C	f Grants and Othe
lule I (Form 990)	II Continuation o
Sched	Part

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH LOUISVILLE COMMUNITY MINISTRIES - 415 W. ASHLAND AVE - LOUISVILLE, KY 40214		50103	10,000.	0.			SEE SCHEDULE O
SOUTHWEST FAMILY MINISTRIES 4208 LAKE DREAMLAND DR LOUISVILLE, KY 40216		50103	5,000.	0.			SER SCHEDULE O
WALDEN SCHOOL 4238 WESTPORT RD LOUISVILLE, KY 40207		501C3	25,000.	0.			SEE SCHEDULE O
DOORS TO HOPE 4333 HAZELWOOD AVE LOUISVILLE, KY 40215		50103	5,000.	0.			SEE SCHEDULE O
SHIVELY AREA MINISTRIES 4415 DIXIE HWY LOUISVILLE, KY 40216		50103	30,000.	.0			SEE SCHEDULE O
THE FIRST TEE OF LOUISVILLE 460 NORTHWESTERN PKWY LOUISVILLE, KY 40212		50103	.000.	.0			SEE SCHEDULE O
AMERICANA COMMUNITY CENTER 4801 SOUTHSIDE DRIVE LOUISVILLE, KY 40214		501C3	69,119.	0.			SEE SCHEDULE O
DOWN SYNDROME OF LOUISVILLE 5001 S. HURSTBOURNE PKWY LOUISVILLE, KY 40291		501C3	200,000.	0.			SEE SCHEDULE O
HOLY TRINITY 501 CHERRYWOOD RD LOUISVILLE, KY 40207		501C3	50,000.	0.			SEE SCHEDULE O

ന
0
7
4
Н
2
0
- 1
$\leftarrow$
9

Schedule | (Form 990) KOSAIR CHARITIES COMMITTEE, INC.

m 990). Part II.)	
States (Schedule I (For	
anizations in the United	
Governments and Orga	
d Other Assistance to	
linuation of Grants ar	
Part = Con	

(a) Name and address of (b) EIN (c) IRC sector organization or government if applicab	(p) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	ion (d) Amount of non-cash assistance (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGE KIDS INTERNATIONAL, INC					appraisal, other)		
501 W KENWOOD DR LOUISVILLE, KY 40214		50103	30,000.	0.			SEE SCHEDULE O
WESLEY HOUSE COMMUNITY SERVICES 5114 PRESTON HWY LOUISVILLE, KY 40213		50103	35 500	0			SRR SCHEDIII.R O
PURPOSE, INC. 5208 WOLFPEN WOODS DR PROSPECT, KY 40059		50103	42,000.	.0			SEE SCHEDULE O
NATIVITY ACADEMY AT ST. BONIFACE 529 E LIBERTY ST LOUISVILLE, KY 40202		501C3	26,000.	.0			SEE SCHEDULE O
LIGHTHOUSE PROMISES, INC 5312 OLD SHEPHERDSVILLE ROAD LOUISVILLE, KY 40228		501C3	30,000.	.0			SEE SCHEDULE O
RONALD MCDONALD HOUSE 550 S. 1ST STREET LOUISVILLE, KY 40202		501C3	172,045.	.0			SEE SCHEDULE O
COMMUNITY FUND FOR KET 560 COOPER DRIVE LEXINGTON, KY 40502		501C3	5,000.	•0			SEE SCHEDULE O
VOLUNTEERS OF AMERICA 570 S. 4TH STREET LOUISVILLE, KY 40202		501C3	245,678.	0.			SEE SCHEDULE O
DARE TO CARE 5803 FERN VALLEY ROAD LOUISVILLE, KY 40228		501C3	13,419.	.0			SEE SCHEDULE O
							(000 - L. J. J. J. J. J. O

-1	
age	
4	

61-0514703

Schedule | (Form 990) KOSAIR CHARITIES COMMITTEE, INC.

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

				ופח סומופש (סמום	daic I (I OII II 230), I al	alt 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
HOUSE OF RUTH 607 E. ST. CATHERINE STREET LOUISVILLE, KY 40203		50103	10,000.	.0			SEE SCHEDULE O
OLDHAM COUNTY EDUCATIONAL FOUNDATION - 6165 W HIGHWAY 146 - CRESTWOOD, KY 40014		50103	5,000.	.0			SEB SCHEDULE O
FUND FOR THE ARTS 623 W. MAIN STREET LOUISVILLE, KY 40202		50103	23,161.	0.			SEE SCHEDULE O
GILDA'S CLUB LOUISVILLE 633 BAXTER LOUISVILLE, KY 40204		50103	21,819.	.0			SEE SCHEDULE O
THE REATH CENTER 65 HERITAGE DR CAMPBELLSVILLE, KY 42718		50103	15,000.	0.			SER SCHEDULE O
SOUTH EAST ASSOCIATED MINISTRIES 6500 SIX MILE LANE LOUISVILLE, KY 40218		50103	5,000.	0			SEE SCHEDULE O
SOUTH JEFFERSON NEIGHBORHOOD PLACE 701 W ORMSBY AVE LOUISVILLE, KY 40203		50103	5,000.	0.			зев зснерите о
EDUCATIONAL JUSTICE 737 S THIRD ST LOUISVILLE, KY 40202		50103	5,000.	0.			зев ѕснвриге о
PITT ACADEMY 7515 WESTPORT ROAD LOUISVILLE, KY 40222		501C3	6,335.	0			SEE SCHEDULE O

ന	-
0	
7	ı
4	ļ
↤	1
S	ı
0	١
1	ı
Н	ı
ø	ļ
	1

	of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	
IC.	zations in the United States	1
KOSAIR CHARITIES COMMITTEE, INC.	overnments and Organi	
HARITIES	r Assistance to G	i
KOSAIR C	of Grants and Othe	
Schedule I (Form 990)	Part II Continuation	

NOTINGENERAL NATURESTS   SIGN   SIG	(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
### \$ 501C3	KENTUCKY HARVEST 7705 NATIONAL TURNPIKE LOUISVILLE, KY 40214		501C3	26,431.	0.			SCHEDULE
SOLC3   SO,000.	YOUTHBUILD LOUISVILLE 812 S. PRESTON STREET LOUISVILLE, KY 40201		501C3	241,000.	0.			SCHEDULE
MINISTRIES  501C3  50,000.  0.  58E SCHEDULE  501C3  50,000.  0.  58E SCHEDULE  501C3  56,335.  0.  58E SCHEDULE  501C3  56,335.  0.  58E SCHEDULE  501C3  501C3  50,000.  0.  58E SCHEDULE  58E SCHEDULE  501C3  501C3  50,000.  0.  58E SCHEDULE	DUCHENNE RESEARCH 8216 LIMEHOUSE LANE LOUISVILLE, KY 40220		501C3	50,000.	0.			
MINISTRIES  SOIC3  SOIC3  SOIC3  TO,500.  O.  SER SCHEDULE  SOIC3  SOLC3   DREAM FOUNDATION 8216 LIMEHOUSE LANE LOUISVILLE, KY 40220		501C3	.000,08	0.			SCHEDULE	
SOLC3	_ 0, 1		501C3	535,600.	0.			SCHEDULE
CHOOL  501C3  56,335.  0.  SER SCHEDULE  501C3  30,000.  0.  SER SCHEDULE  501C3  26,000.  0.  SER SCHEDULE	SOUTHWEST COMMUNITY MINISTRIES 8504 TERRY RD LOUISVILLE, KY 40258		501C3	70,500.	0.			
OJECT         501C3         30,000.         0.         SER SCHEDULE           501C3         26,000.         0.         SEB SCHEDULE	PORTLAND CHRISTIAN SCHOOL 8509 WESTPORT ROAD LOUISVILLE, KY 40222		501C3	56,335.	0.			
501C3 26,000. 0. SEE SCHEDULE	THE FOOD LITERACY PROJECT 9001 LIMEHOUSE LANE LOUISVILLE, KY 40223		501C3	30,000.	0.			1
	JOY MINISTRIES 9105 KINGDOM WAY LOUISVILLE, KY 40291		501C3	26,000.	.0			SEE SCHEDULE O

-0514703	Page 1	
514	_	
	514	

Schedule I (Form 990) KOSAIR CHARITIES COMMITTEE, INC.

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

Farm in Communication of Grants and Other Assistance to Governments and Organizations in the United States (Schedule   (Form 990), Part II.)	Assistance to Go	vernments and Organ	izations in the Un	ited States (Sche	dule I (Form 990), Par	t 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
PIKEVILLE MEDICAL CENTER 911 BYPASS RD PIKEVILLE KV 41501		F 0.1 0.3	0	c			
				•			SEE SCHEDULE O
HARDIN MEMORIAL HEALTH FOUNDATION 913 NORTH DIXIE AVENUE ELIZABETHTOWN, KY 42701		501C3	400,000.	0.			SEE SCHEDULE O
FERNCREEK/HIGHVIEW UNITED MINISTRIES - 9300 BEUHLAH CHURCH ROAD - LOUISVILLE, KY 40291		501C3	8,000.	•0			SEE SCHEDULE O
ORCHID HOUSE 945 EASTERN PKWY LOUISVILLE, KY 40217		501C3	59,426.	.0			SEE SCHEDULE O
BLUEGRASS AUTISM CENTER 9810 BLUEGRASS PKWY LOUISVILLE, KY 40299		501C3	360,103.	.0			SEE SCHEDULE O
LOUISVILLE METRO POLICE FOUNDATION 982 EASTERN PARKWAY LOUISVILLE, KY 40217		501C3	183,670.	.0			SEE SCHEDULE O
KIDS CENTER FOR PEDIATRIC THERAPIES - 982 EASTERN PARKWAY - LOUISVILLE, KY 40217		501C3	1,409,618.	•0			SEE PT III, LINE 4C
KENTUCKY TRUST FOR LIFE 982 EASTERN PARKWAY LOUISVILLE, KY 40217		50103	336,966.	0.			SEE SCHEDULE O
EPILEPSY FOUNDATION 982 EASTERN PARKWAY LOUISVILLE, KY 40217		501C3	165,371.	.0			SER SCHEDULE O
							1000 Ly 1 - 1 - 0

Page 1	
33	
1470	
-05	
61	

	(Schedule I (Form 990), Part II.)
INC.	rganizations in the United States
SAIR CHARITIES COMMITTEE,	Governments and O
HARITIES	er Assistance to
KOSAIR C	of Grants and Oth
Schedule I (Form 990)	Part II Continuation o

(a) Name and address of organization or government	(b) EIN	(b) EIN (c) IRC section if applicable cash grant non-cash (b) EIN (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method	(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
SPINA BIFIDA 982 EASTERN PARKWAY LOUISVILLE, KY 40217		50103	76,457.	0.		×	SEE SCHEDULE O
HUNTINGTON'S DISEASE SOCIETY 982 EASTERN PARKWAY LOUISVILLE, KY 40217		50103	27,295.	0.		<b>V</b>	SEE SCHEDULE O
CASA 982 EASTERN PARKWAY LOUISVILLE, KY 40217		501C3	257,044.	0.		<u> </u>	SEE SCHEDULE O
CASA PROGRAM FOR BULLITT COUNTY P.O. BOX 1025 SHEPHERDSVILLE, XY 40165		50103	18,000.	0.			SEE SCHEDULE O
SALVATION ARMY P.O. BOX 1149 LOUISVILLE, KY 40201		50103	35,000.	0.			SEE SCHEDULE O
SILVER HEIGHTS CAMP P.O. BOX 1733 NEW ALBANY, IN 47150		501C3	15,000.	0.		<u>v</u>	SEE SCHEDULE O
THE CENTER FOR WOMEN AND FAMILIES P.O. BOX 2048 LOUISVILLE, KY 40201		501C3	19,244.	0		V	SEE SCHEDULE O
KIDS CANCER ALLIANCE P.O. BOX 24337 LOUISVILLE, KY 40224		50103	.000,03	0.		<u> </u>	SEE SCHEDULE O
CAMP QUALITY OF KENTUCKY P.O. BOX 35474 LOUISVILLE, KY 40232		501C3	50,000.	0.		<u>v.</u>	SEE SCHEDULE O
							Schedule I (Form 990)

ď	
C	)
Ľ	•
~	۲
~	4
Ľ	7
C	>
1	
~	4
V	

	in the United States (Schedule I (Form 990), Part II.)
E, INC.	ganizations
(ITTE	Novernments and Or
AIR CHARITIES COM	Assistance to (
KOSAIR CH	Grants and Other
Schedule I (Form 990)	Part II Continuation of

(a) Name and address of (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF THE HEARTLAND P.O. BOX 6065 ELIZABETHTOWN, KY 42702		501C3	17,000.	.0		V	SEE SCHEDULE O
WE CARE CUMBERLAND P.O. BOX 695 BURKEVILLE, KY 42717		501C3	5,000.	0.		v	SEE SCHEDULE O
DORMAN PRESCHOOL CENTER P.O. BOX 853 SHELBYVILLE, KY 40065		501C3	.000.	• 0		v	SER SCHEDULE O
KENDYL AND FRIENDS FOUNDATION PO BOX 298 BURGIN, XY 40310		501C3	100,000.	.0		v	SEE SCHEDULE O
CRITICALLY LOVED PO BOX 43047 LOUISVILLE, KY 40253		501C3	15,000.	• 0		v.	SEB SCHEDULE O
UNIVERSITY OF KENTUCKY SOUTH LIMESTONE LEXINGTON, KY 40506		501C3	.000,090	.0		<u> </u>	SEE SCHEDULE O
							Schedule I (Form 990)

61-0514703

Schedule | (Form 990) (2019) KOSAIR CHARITIES COMMITTEE, INC.

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
GRANTS FOR CHILDREN WITH MEDICAL PROBLEMS NOT COVERED BY INSURANCE	143	452,640.	.0		
Part IV Supplemental Information. Provide the information required in	quired in Part I, line	2; Part III, column	Part I, line 2; Part III, column (b); and any other additional information.	ditional information.	
PART I, LINE 2:					
ALL ORGANIZATIONS RECEIVING GRANTS MUST COMPLETE A FINAL REPORT AND SUBMIT,	MUST COM	PLETE A FI	NAL REPORT	AND SUBMIT,	
DISCLOSING THE USE OF THE FUNDS.	THE GRANT	S COMMITTE	E FOLLOWS 1	GRANTS COMMITTEE FOLLOWS UP TO ENSURE	
THESE FORMS ARE RECEIVED. THE BOAR	BOARD REVIEWS	THE	FINAL REPORTS ONCE	ONCE	
RECEIVED TO VERIFY GRANTS ARE USED	APPROPRIATELY	ATELY.			

### **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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

KOSAIR CHARITIES COMMITTEE INC. **Employer identification number** 61-0514703

			Yes	No
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.			
	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)			
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	1b		
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?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
				100,000
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:			
а	Receive a severance payment or change-of-control payment?	4a		<u> </u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	5. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u> X</u>
b	Any related organization?	5b		<u> </u>
	if "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:		60.50	
	The organization?	6a		<u> </u>
b	Any related organization?	6b		<u> </u>
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			-
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	_8		<u> X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53,4958-6(c)?	9	1	

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	1	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(J-(D)	in column (B) reported as deferred on prior Form 990
(1) KEITH INMAN	€	314,125.	0	0.	37.501.	24.925.	376.551.	U
PRESIDENT	: E	0	0	0.	4	<b>-</b>	<b>-</b> 1	0
(2) AIMEE SAPP	8	167,365.	0	0.	20,941.	14,071.	202.377.	
SR VICE PRESIDENT, CFO		0.	0	0	0	0		0
	(i)							
The state of the s	(iii)							
	] (i)			The state of the s				
	(III)							
	(i)							THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COL
	(ii)							
	(i)							Management of the second
	(3)							
	Θ							
	(ii)							
	] (u)							
	▣							
	Ξ							
	ε							
	⊞							
	Ξ							
	≣							
	Ξ							
	₫							
	Ξ							
	▤							
	ε							
	▦							
	Ξ							
	◙							
	Ξ							
	国							
932112 10-21-19							Schedu	Schedule J (Form 990) 2019

#### SCHEDULE L

Department of the Treasury

(Form 990 or 990-EZ)

#### Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open To Public** Inspection

Internal Revenue Service Name of the organization **Employer identification number** KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Ye<u>s</u> No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (d) Loan to or (c) Purpose (i) Written (b) Relationship (g) in (a) Name of (e) Original (f) Balance due by board or interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No **\$** Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (e) Purpose of (a) Name of interested person (c) Amount of (d) Type of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2019

person and the organization transaction tr	(a) Name of interested person	ered "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sharing of organization's			
Part V Supplemental Information.  Provide additional information for responses to questions on Schedule L (see instructions).  SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  (A) NAME OF PERSON: HARRY LUSK  (D) DESCRIPTION OF TRANSACTION: BOARD MEMBER IS AN OWNER IN A MECHANICAL CONTRACTING BUSINESS WHICH PERFORMED WORK FOR THE ORGANIZATION DURING THE		person and the organization	transaction	transaction	reven	ues?		
Provide additional information for responses to questions on Schedule L (see instructions).  SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  (A) NAME OF PERSON: HARRY LUSK  (D) DESCRIPTION OF TRANSACTION: BOARD MEMBER IS AN OWNER IN A MECHANICAL CONTRACTING BUSINESS WHICH PERFORMED WORK FOR THE ORGANIZATION DURING THE	HARRY LUSK	BOARD MEMBER	238,979.	BOARD MEMBE	res			
Provide additional information for responses to questions on Schedule L (see instructions).  CH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  A) NAME OF PERSON: HARRY LUSK  D) DESCRIPTION OF TRANSACTION: BOARD MEMBER IS AN OWNER IN A MECHANICAL CONTRACTING BUSINESS WHICH PERFORMED WORK FOR THE ORGANIZATION DURING THE								
Provide additional information for responses to questions on Schedule L (see instructions).  CH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  A) NAME OF PERSON: HARRY LUSK  D) DESCRIPTION OF TRANSACTION: BOARD MEMBER IS AN OWNER IN A MECHANICAL CONTRACTING BUSINESS WHICH PERFORMED WORK FOR THE ORGANIZATION DURING THE								
Provide additional information for responses to questions on Schedule L (see instructions).  SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  A) NAME OF PERSON: HARRY LUSK  D) DESCRIPTION OF TRANSACTION: BOARD MEMBER IS AN OWNER IN A MECHANICAL CONTRACTING BUSINESS WHICH PERFORMED WORK FOR THE ORGANIZATION DURING THE								
Provide additional information for responses to questions on Schedule L (see instructions).  CH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  A) NAME OF PERSON: HARRY LUSK  D) DESCRIPTION OF TRANSACTION: BOARD MEMBER IS AN OWNER IN A MECHANICAL CONTRACTING BUSINESS WHICH PERFORMED WORK FOR THE ORGANIZATION DURING THE								
Provide additional information for responses to questions on Schedule L (see instructions).  CH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  A) NAME OF PERSON: HARRY LUSK  D) DESCRIPTION OF TRANSACTION: BOARD MEMBER IS AN OWNER IN A MECHANICAL CONTRACTING BUSINESS WHICH PERFORMED WORK FOR THE ORGANIZATION DURING THE								
Provide additional information for responses to questions on Schedule L (see instructions).  CH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  A) NAME OF PERSON: HARRY LUSK  D) DESCRIPTION OF TRANSACTION: BOARD MEMBER IS AN OWNER IN A MECHANICAL CONTRACTING BUSINESS WHICH PERFORMED WORK FOR THE ORGANIZATION DURING THE								
Provide additional information for responses to questions on Schedule L (see instructions).  CH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  A) NAME OF PERSON: HARRY LUSK  D) DESCRIPTION OF TRANSACTION: BOARD MEMBER IS AN OWNER IN A MECHANICAL CONTRACTING BUSINESS WHICH PERFORMED WORK FOR THE ORGANIZATION DURING THE								
CH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  A) NAME OF PERSON: HARRY LUSK  D) DESCRIPTION OF TRANSACTION: BOARD MEMBER IS AN OWNER IN A MECHANICAL CONTRACTING BUSINESS WHICH PERFORMED WORK FOR THE ORGANIZATION DURING THE			-A					
A) NAME OF PERSON: HARRY LUSK  D) DESCRIPTION OF TRANSACTION: BOARD MEMBER IS AN OWNER IN A MECHANICAL  CONTRACTING BUSINESS WHICH PERFORMED WORK FOR THE ORGANIZATION DURING THE	Provide additional information for r	esponses to questions on Schedule L (see in	structions).					
D) DESCRIPTION OF TRANSACTION: BOARD MEMBER IS AN OWNER IN A MECHANICAL	CH L, PART IV, BUSINESS	TRANSACTIONS INVOLVING	G INTERESTE	D PERSONS:				
D) DESCRIPTION OF TRANSACTION: BOARD MEMBER IS AN OWNER IN A MECHANICAL								
ONTRACTING BUSINESS WHICH PERFORMED WORK FOR THE ORGANIZATION DURING THE	A) NAME OF PERSON: HARR	Y LUSK						
CONTRACTING BUSINESS WHICH PERFORMED WORK FOR THE ORGANIZATION DURING THE	D) DESCRIPTION OF TRANS.	ACTION: BOARD MEMBER IS	S AN OWNER	IN A MECHAN	CAL			
YAX YEAR.	CONTRACTING BUSINESS WHI	CH PERFORMED WORK FOR	THE ORGANIZ	ATION DURING	THE	5		
	YEAD							
	TAX TEAK:							
			*****					
					· ·			
						·		
		· // //						
				······································				

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2019 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

KOSAIR CHARITIES COMMITTEE, INC.

Employer identification number 61-0514703

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FINANCIAL SUPPORT FOR CLINICAL SERVICES, RESEARCH, PEDIATRIC
HEALTHCARE, AND CHILD ADVOCACY.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
SPALDING UNIVERSITY, LOUISVILLE, KY. FUNDS WILL GO TO ENTECH CENTER TO
PROVIDE ASSISTIVE TECHNOLOGY SERVICES TO KOSAIR KIDS.
EXPENSES \$ 535,600. INCLUDING GRANTS OF \$535,600. REVENUE \$ 0.
HEUSER HEARING, LOUISVILLE, KY. FUNDS PROVIDED TO OFFER POSTOPERATIVE
MONITORING, DEVICE MAPPING, SPEECHLANGUAGE THERAPY AND SUPPORT GROUP
PROGRAMS TO LOWINCOME FAMILIES AND UNDERINSURED CHILDREN WITH HEARING
LOSS.
EXPENSES \$ 460,144. INCLUDING GRANTS OF \$ 460,144. REVENUE \$ 0.
BLUEGRASS CENTER FOR AUTISM, LOUISVILLE, KY. FUNDS PROVIDED TO ASSIST
BCA WITH THEIR MISSION TO PROVIDE INDIVIDUALIZED EDUCATION TO HELP
CHILDREN WITH AUTISM. KOSAIR CHARITIES ALSO PROVIDES SPACE AT 9810
BLUEGRASS PARKWAY FOR THE ENTITY.
EXPENSES \$ 360,103. INCLUDING GRANTS OF \$ 360,103 REVENUE \$ 0.
CASA, LOUISVILLE, KY. COURT ORDERED SPECIAL ADVOCATES (CASA). CASA
RECRUITS, TRAINS, AND SUPPORTS VOLUNTEERS TO REPRESENT THE BEST
INTERESTS OF ABUSED AND NEGLECTED CHILDREN IN THE COURTROOM. FUNDING
WAS ALSO PROVIDED FOR THEIR KOSAR CENTRE LOCATION AT 982 EASTERN
PARKWAY, LOUISVILLE, KY.

Name of the organization **Employer identification number** KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 EXPENSES \$ 257,044. INCLUDING GRANTS OF \$ 257,044. REVENUE \$ 0. VISUALLY IMPAIRED PRESCHOOL (VIPS). TO PROVIDE SERVICES TO INFANTS, TODDLERS, AND PRESCHOOLERS WHO ARE VISUALLY IMPAIRED TO MAXIMIZE EACH CHILD'S DEVELOPMENT. EXPENSES \$ 530,000. INCLUDING GRANTS OF \$ 530,000. REVENUE \$ 0. VOLUNTEERS OF AMERICA, LOUISVILLE, KY. FUNDS ARE IN SUPPORT OF VOA'S CAPITAL CAMPAIGN TO EXPAND SERVICES PROVIDED BY THEIR FREEDOM HOUSE WOMEN'S ADDICTION RECOVERY PROGRAM. EXPENSES \$ 245,678 INCLUDING GRANTS OF \$ 245,678. REVENUE \$ 0. FAMILY AND CHILDREN'S PLACE. WORKS TO RESOLVE THE CHALLENGES CHILDREN AND FAMILIES FACE IN THE COMMUNITY DUE TO ABUSE, NEGLECT AND VIOLENCE. EXPENSES \$ 66,045. INCLUDING GRANTS OF \$ 66,045. REVENUE \$ 0. EPILEPSY FOUNDATION. FUNDS USED TO SUPPORT A "COORDINATION OF COMMUNITY OUTREACH" POSITION. KOSAIR CHARITIES ALSO PROVIDES SPACE AT 982 EASTERN PARKWAY FOR THE ENTITY. EXPENSES \$ 165,371. INCLUDING GRANTS OF \$ 165,371. REVENUE \$ 0. GREEN HILL THEARAPY. FUNDS PROVIDED FOR THERAPY OR CLINICAL SERVICES TO SPECIAL NEEDS CHILDREN. EXPENSES \$ 400,000. INCLUDING GRANTS OF \$ 400,000. REVENUE \$ 0. DOWN SYNDROME OF LOUISVILLE. FOR RESEARCH AND ASSISTANCE FOR INDIVIDUALS WITH DOWN SYNDROME. EXPENSES \$ 200,000. INCLUDING GRANTS OF \$ 200,000. REVENUE \$ 0.

Name of the organization **Employer identification number** KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 LOUISVILLE METRO POLICE FOUNDATION. FUNDS USED TO SUPPORT THE SHOP WITH A COP, OFFICER IN DISTRESS AND OTHER INITIATIVES. FUNDS ALSO INCLUDE A SPECIAL HOLIDAY GRANT AND OFFICE SPACE AT 982 EASTERN PARKWAY. EXPENSES \$ 183,670. INCLUDING GRANTS OF \$ 183,670. REVENUE \$ 0. RONALD MCDONALD HOUSE, LOUISVILLE, KY. FUNDS WERE FOR PLATINUM SPONSORSHIPS OF MCDAZZLE AND SHAREANIGHT. EXPENSES \$ 172,045. INCLUDING GRANTS OF \$ 172,045. REVENUE \$ 0. THE CENTER FOR WOMEN AND FAMILIES, LOUISVILLE, KY. FUNDS ARE PROVIDED TO DEVELOP THE KOSAIR CHARITIES CHILDREN AND YOUTH VIOLENCE PREVENTION CENTER. EXPENSES \$ 19,244. INCLUDING GRANTS OF \$ 19,244. REVENUE \$ 0. ST. JOSEPH CHILDREN'S HOME, LOUISVILLE, KY. FUNDS ARE PROVIDED TO ASSIST IN BUILDING FOUR RESIDENTIAL "COTTAGES" TO REPLACE OLD FACILITY. EXPENSES \$ 94,251. INCLUDING GRANTS OF \$ 94,251. REVENUE \$ 0. SPINA BIFIDA. AGENCY TO EDUCATE AND SUPPORT FAMILIES OF CHILDREN WITH SPINA BIFIDA. FUNDING WAS ALSO PROVIDED FOR THEIR FACILITY ON THE KOSAIR CENTRE CAMPUS. EXPENSES \$ 76,457. INCLUDING GRANTS OF \$ 76,457. REVENUE \$ 0. KENTUCKY HEMOPHILIA FOUNDATION. FUNDS PROVIDED FOR EDUCATION, RESEARCH, AND ADVOCACY ON BEHALF OF PEOPLE WITH BLEEDING DISORDERS. EXPENSES \$ 100,000. INCLUDING GRANTS OF \$ 100,000. REVENUE \$ 0.

Name of the organization **Employer identification number** KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 FIRST GETHSEMANE CENTER. FUNDS WERE USED FOR THE BACK-TO-SCHOOL DELIVERY GIVEAWAY. EXPENSES \$ 10,000. INCLUDING GRANTS OF \$ 10,000. REVENUE \$ 0. THE SALVATION ARMY. FUNDS ARE USED TO SUPPORT THE "PATHWAY TO HOPE" PROGRAM. BECAUSE OF THIS PROGRAM FAMILIES MAINTAIN SAFE AND IN SUITABLE HOUSING. ALSO 27 SCHOOL AGED CHILDREN REMAINED IN SCHOOL. EXPENSES \$ 35,000. INCLUDING GRANTS OF \$ 35,000. REVENUE \$ 0. DREAMS WITH WINGS. FUNDS WILL ASSIST IN THE RENOVATION OF FACILITY SPACE TO EXPAND CLIENT SERVICES. EXPENSES \$ 50,000. INCLUDING GRANTS OF \$ 50,000. REVENUE \$ 0. MARYHURST, LOUISVILLY, KY. FUNDS PROVIDED FOR HEALTH CARE TO NEGLECTED AND ABUSED TEENAGE GIRLS. EXPENSES \$ 50,787. INCLUDING GRANTS OF \$ 50,787. REVENUE \$ 0. THE HEALING PLACE. THE FUNDS ARE TO HELP THE HEALING PLACE COMPLETE THE CONSTRUCTION AND EXPANSION OF THE WOMEN AND CHILDREN'S PROGRAM LOCATED AT SOUTH 15TH STREET. THE EXPANSION WILL ALLOW THE HEALING PLACE TO SERVE TWICE THE NUMBER OF WOMEN AND CHILDREN. EXPENSES \$ 18,221. INCLUDING GRANTS OF \$ 18,221. REVENUE \$ 0. SUMMIT ACADEMY, LOUISVILLE, KY. FUNDS ARE TO ASSIST WITH ONSITE SPEECH AND OCCUPATIONAL THERAPY FOR THE STUDENTS. EXPENSES \$ 108,835. INCLUDING GRANTS OF \$ 108,835. REVENUE \$ 0.

Name of the organization **Employer identification number** KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 PROGRAM. EXPENSES \$ 30,000. INCLUDING GRANTS OF \$ 30,000. REVENUE \$ 0. YOUTHBUILD LOUISVILLE. FUNDS WILL HELP PROVIDE AN ON CAMPUS HEALTH CLINIC FOR YOUTHBUILD STUDENTS AND THEIR CHILDREN. EXPENSES \$ 241,000. INCLUDING GRANTS OF \$ 241,000. REVENUE \$ 0. ST. VINCENT DE PAUL. FUNDS WERE USED TO ASSIST WITH EXPANSION OF THE FAMILY SUCCESS CENTER. EXPENSES \$ 32,856. INCLUDING GRANTS OF \$ 32,856. REVENUE \$ 0. HOSPARUS. FUNDS PROVIDED TO SUPPORT APPROX 500 CHILDREN AND ADOLESCENTS RECEIVING BEREAVEMENT PROGRAMS/COUNSELING OR MEDICAL SERVICES THROUGH THE KORAGEOUS KIDS PROGRAM. EXPENSES \$ 100,000. INCLUDING GRANTS OF \$ 100,000. REVENUE \$ 0. AMERICANA COMMUNITY CENTER. AGENCY WORKS TO PROVIDE EDUCATIONAL, HEALTH, RECREATIONAL AND COMMUNITY BUILDING SERVICES TO REFUGEE IMMIGRANT AND LOW INCOME RESIDENTS OF METRO LOUISVILLE. EXPENSES \$ 69,119. INCLUDING GRANTS OF \$ 69,119. REVENUE \$ 0. BOYS AND GIRLS CLUB, LOUISVILLE, KY. FUNDS PROVIDED TO ASSIST ENTITY IN ITS MISSION TO INSPIRE AND ENABLE YOUNG PEOPLE TO REALIZE THEIR POTENTIAL. EXPENSES \$ 380,000 INCLUDING GRANTS OF \$ 380,000. REVENUE \$ 0. SILVER HEIGHTS CAMP. FUNDS USED TO PROVIDE A SPIRITUAL RETREAT WHERE GOD IS CHANGING THE LIVES OF THE YOUTH IN OUR COMMUNITIES.

Name of the organization **Employer identification number** KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 EXPENSES \$ 15,000. INCLUDING GRANTS OF \$ 15,000. REVENUE \$ 0. PORTLAND CHRISTIAN SCHOOL. FUNDS WERE A COMMITTMENT TO IMPROVE ON THE SERVICES OFFERED BY THE SCHOOL. EXPENSES \$ 56,335. INCLUDING GRANTS OF \$ 56,335. REVENUE \$ 0. LOUISVILLE URBAN LEAGUE. FUNDS WERE PROVIDED TO SUPORT PROJECT READY. EXPENSES \$ 111,000. INCLUDING GRANTS OF \$ 111,000. REVENUE \$ 0. BIG BROTHERS BIG SISTERS. FUNDS ARE USED TO SUPPORT "LINKS FOR LITTLES" AND "THE BIG MASQUARADE." EXPENSES \$ 37,000. INCLUDING GRANTS OF \$ 37,000. REVENUE \$ 0. KIDS CANCER ALLIANCE. FUNDS ARE TO HELP FIGHT AGAINST CANCER. EXPENSES \$ 50,000. INCLUDING GRANTS OF \$ 50,000. REVENUE \$ 0. MEREDITHDUNN SCHOOL, LOUISVILLE, KY. FUNDS ARE USED TO PROVIDE PRESCRIPTIVE INSTRUCTION IN A NUTURING ENVIRONMENT. EXPENSES \$ 108,835. INCLUDING GRANTS OF \$ 108,835. REVENUE \$ 0. PITT ACADEMY. FUNDS WILL BE USED TO RENOVATE A NEW BUILDING TO ALLOW PITT ACADEMY TO CONTINUE TO SERVE THEIR STUDENTS AND TEACH THEM TO BE AS INDEPENDENT AS POSSIBLE. EXPENSES \$ 6,335 INCLUDING GRANTS OF \$ 6,335. REVENUE \$ 0. WORKWELL INDUSTRIES. FUNDS ARE TO ASSIST THEIR MISSION OF CREATING JOBS FOR PEOPLE WITH DISABILITIES. EXPENSES \$ 20,000. INCLUDING GRANTS OF \$ 20,000. REVENUE \$ 0.

**Employer identification number** Name of the organization KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 CAMP QUALITY OF KENTUCKY. FUNDS PROVIDED TO ASSIST THE ENTITY WITH THE MISSION OF SERVING CHILDREN WITH CANCER AND THEIR FAMILIES. EXPENSES \$ 50,000. INCLUDING GRANTS OF \$ 50,000. REVENUE \$ 0. DORMAN PRESCHOOL CENTER. FUNDS PROVIDED TO HELP THE CENTER WITH THEIR FIRST STEP PROGRAM TO HELP YOUNG CHILDREN WITH DELAYS IN COGNITIVE SKILLS. EXPENSES \$ 75,000. INCLUDING GRANTS OF \$ 75,000. REVENUE \$ 0. HOME OF THE INNOCENTS. GRANT MONEY WILL FUND THE BRIDGE TO THE FUTURE INIATIVE, WHICH WILL STRENGTHEN EXISTING PROGRAMS AND PROVIDE NEW SERVICES TO MEET THE NEEDS OF THE REGION'S VULNERABLE CHILDREN. EXPENSES \$ 370,458. INCLUDING GRANTS OF \$ 370,458. REVENUE \$ 0. LINCOLN HERITAGE COUNCIL, BSA. FUNDS USED TO CONTINUE BSA'S MISSION OF PROVIDING A PROGRAM FOR YOUNG PEOPLE THAT BUILDS CHARACTER, TRAINS THEM IN THE RESPONSIBILITIES OF PARTICIPATING CITIZENSHIP, AND DEVELOPS PERSONAL FITNESS. EXPENSES \$ 10,000. INCLUDING GRANTS OF \$ 10,000. REVENUE \$ 0. HUNTINGTON'S DISEASE SOCIETY. FUNDS USED TO ASSIST HD FAMILIES AND EDUCATE THE PUBLIC AND HEALTH PROFESSIONALS ABOUT HD. EXPENSES \$ 27,295. INCLUDING GRANTS OF \$ 27,295. REVENUE \$ 0. CASA OF THE HEARTLAND. GRANT PROVIDED TO ASSIST IN THE ORGANIZATION'S MISSION TO PROVIDE TRAINED VOLUNTEERS TO ADVOCATE THE BEST INTERESTS OF ABUSED AND NEGLECTED CHILDREN INVOLVED IN THE COURT SYSTEM.

**Employer identification number** Name of the organization KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 EXPENSES \$ 17,000. INCLUDING GRANTS OF \$ 17,000. REVENUE \$ 0. KING SOLOMON MISSIONARY BAPTIST CHURCH. FUNDS ARE TO ASSIST WITH PROPERTY RENOVATION. EXPENSES \$ 10,000. INCLUDING GRANTS OF \$ 10,000. REVENUE \$ 0. CARRIAGE HOUSE, LOUISVILLE, KY. THIS ADVISORY BOARD GRANT ASSISTS CARRIAGE HOUSE IN ITS MISSION OF PROVIDING AN ENVIRONMENT THAT IS STIMULATING AND NURTURING TO HELP PRESCHOOL CHILDREN LEARN. EXPENSES \$ 59,600. INCLUDING GRANTS OF \$ 59,600. REVENUE \$ 0. CENTER FOR NONPROFIT EXCELLENCE. FUNDS ASSIST ENTITY IN COCREATING A VIBRANT, EXEMPLARY NONPROFIT COMMUNITY IN LOUISVILLE THROUGH COLLABORATION, SHARED LEARNING, ADVOCACY, AND THE PROMOTION OF INNOVATION AND EXCELLENCE. EXPENSES \$ 55,000. INCLUDING GRANTS OF \$ 55,000. REVENUE \$ 0. CENTERSTONE. FUNDS WERE PART OF A COMMUNITY COLLABORATION FOR CHILDREN. EXPENSES \$ 125,000. INCLUDING GRANTS OF \$ 125,000. REVENUE \$ 0. JEWISH FAMILY & CAREER SERVICES. GRANT PROVIDED COUNSELING SCHOLARSHIPS FOR CHILDREN FACING TRAUMA AND TRANSLATION HOURS FOR REFUGEE CHILDREN AND THEIR FAMILIES SEEKING COUNSELING. EXPENSES \$ 10,000. INCLUDING GRANTS OF \$ 10,000. REVENUE \$ 0. KENTUCKY TRUST FOR LIFE. FUNDS ARE USED TO EDUCATE KENTUCKIANS ABOUT THE LIFE SAVING MISSION OF ORGAN DONATIONS. EXPENSES \$ 336,966. INCLUDING GRANTS OF \$ 336,966. REVENUE \$ 0.

Name of the organization **Employer identification number** KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 HOUSE OF RUTH. FUNDS USED TO ASSIST ENTITY WITH PROVIDING CARE AND SERVICES TO FAMILIES AND CHILDREN WITH OR AFFECTED BY HIV AND AIDS. EXPENSES \$ 10,000. INCLUDING GRANTS OF \$ 10,000. REVENUE \$ 0. SOUTH EAST ASSOCIATED MINISTRIES (SEAM). FUNDS WERE USED TO PURCHASE A BACKUP GENERATOR. EXPENSES \$ 5,000. INCLUDING GRANTS OF \$ 5,000. REVENUE \$ 0. SOWING SEEDS WITH FAITH. FUNDS USED TO SUPPORT "PATHWAY TO SUCCESS" PROGRAMS. EXPENSES \$ 25,000. INCLUDING GRANTS OF \$ 25,000. REVENUE \$ 0. LA CASITA CENTER. LA CASITA CENTER ENHANCES THE WELL-BEING OF LOUISVILLE'S LATINO COMMUNITY THROUGH EDUCATION, EMPOWERMENT, ADVOCACY, AND WELLNESS. LA CASITA CENTER WORKS INTENTIONALLY TO BUILD A THRIVING COMMUNITY BASED ON MUTUAL SUPPORT AND RESPECT. EXPENSES \$ 20,000. INCLUDING GRANTS OF \$ 20,000. REVENUE \$ 0. NEIGHBORHOOD HOUSE. ESTABLISHED IN 1896, NEIGHBORHOOD HOUSE IS A COMMUNITY CENTER SERVING PORTLAND AND THE SURROUNDING NEIGHBORHOODS IN LOUISVILLE'S WEST END. OUR MISSION IS TO PROVIDE INDIVIDUALS WITH THE OPPORTUNITIES AND EXPERIENCES THEY NEED TO ENHANCE THE QUALITY OF THEIR LIVES. OUR VISION IS TO BREAK THE CYCLE OF POVERTY FOR OUR CHILDREN AND FAMILIES. EXPENSES \$ 30,000. INCLUDING GRANTS OF \$ 30,000. REVENUE \$ 0.

Name of the organization **Employer identification number** KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 CENTER FOR YOUNG CHILDREN FACING BEHAVIOR/EMOTIONAL AND HEALTH CHALLENGES TO ALLOW INTENSE INTERVENTION AND SOCIALIZATION WITH PEERS. JUST AS AN ORCHID IS VERY SENSITIVE TO ITS ENVIRONMENT AND REQUIRES SPECIFIC CONDITIONS TO THRIVE, MANY CHILDREN REQUIRE A POSITIVE AND SUPPORTIVE ENVIRONMENT TO REACH THEIR FULL POTENTIAL. WE ARE COMMITTED IN ADVOCATING FOR HIGH-RISK CHILDREN TO INCREASE THE POSSIBILITIES OF A BRIGHTER FUTURE. EXPENSES \$ 59,426. INCLUDING GRANTS OF \$ 59,426. REVENUE \$ 0. SCHOOL CHOICE SCHOLARSHIPS. SCHOOL CHOICE SCHOLARSHIPS GRANTS SCHOLARSHIPS TO CHILDREN IN KINDERGARTEN THROUGH 8TH GRADE FROM LOW-INCOME HOUSEHOLDS TO ATTEND THE SCHOOL OF THEIR CHOICE. EXPENSES \$ 10,000. INCLUDING GRANTS OF \$ 10,000. REVENUE \$ 0. LOUISVILLE TKO, INC. LOUISVILLE TKO EMPOWERS YOUTH TO BUILD SUCCESSFUL FUTURES THROUGH A STRUCTURED BOXING PROGRAM, POSITIVE REINFORCEMENT, ACADEMIC SUPPORT, AND CONNECTION TO THE COMMUNITY. EXPENSES \$ 23,000. INCLUDING GRANTS OF \$ 23,000. REVENUE \$ 0. ST GEORGE'S SCHOLAR INSTUTUTE. OUR MISSION IS TO EMBRACE, EDUCATE AND EMPOWER YOUTH IN LOUISVILLE. EXPENSES \$ 30,000. INCLUDING GRANTS OF \$ 30,000. REVENUE \$ 0. IMPERIAL SHRINE HOSPITAL LEXINGTON. SHRINERS HOSPITALS FOR CHILDREN HAS A MISSION TO: PROVIDE THE HIGHEST QUALITY CARE TO CHILDREN WITH NEUROMUSCULOSKELETAL CONDITIONS, BURN INJURIES AND OTHER SPECIAL HEALTHCARE NEEDS WITHIN A COMPASSIONATE, FAMILY-CENTERED AND COLLABORATIVE CARE ENVIRONMENT; PROVIDE FOR THE EDUCATION OF PHYSICIANS

Name of the organization **Employer identification number** KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 AND OTHER HEALTHCARE PROFESSIONALS; AND CONDUCT RESEARCH TO DISCOVER NEW KNOWLEDGE THAT IMPROVES THE QUALITY OF CARE AND QUALITY OF LIFE OF CHILDREN AND FAMILIES. THIS MISSION IS CARRIED OUT WITHOUT REGARD TO RACE, COLOR, CREED, SEX OR SECT, DISABILITY, NATIONAL ORIGIN, OR ABILITY OF A PATIENT OR FAMILY TO PAY. EXPENSES \$ 8,150. INCLUDING GRANTS OF \$ 8,150. REVENUE \$ 0. LIGHTHOUSE PROMISE, INC. FUNDS PROVIDED TO ASSIST WITH THE ORGANIZATIONS, MISSION TO PROVIDE YOUTH IN THE COMMUNITY A SAFE PLACE TO LEARN AND GROW THROUGH EDUCATIONAL, SPIRITUAL, AND ECONOMIC PROGRAMS EXPENSES \$ 30,000. INCLUDING GRANTS OF \$ 30,000. REVENUE \$ 0. CASA PROGRAM FOR BULLITT COUNTY. FUNDS WERE A MATCHING GRANT FOR "SUMMERS NIGHT OUT." EXPENSES \$ 18,000. INCLUDING GRANTS OF \$ 18,000. REVENUE \$ 0. WESLEY HOUSE COMMUNITY SERVICES. GRANTS PROVIDED TO PURCHASE COMPUTERS AND SUPPORT THE FASHION SHOW FUNDRAISER. EXPENSES \$ 35,500. INCLUDING GRANTS OF \$35,500. REVENUE \$ 0. ST. MATTHEWS AREA MINISTRIES. FUNDS USED TO ADDRESS UNMET NEEDS THROUGH COLLABORATIVE PARTNERSHIPS. EXPENSES \$ 13,000. INCLUDING GRANTS OF \$ 13,000. REVENUE \$ 0. SPECIAL OLYMPICS OF KENTUCKY. FUNDS ARE PROVIDED TO ASSIST GRANTEE IN MISSION OF PROVIDING YEARROUND SPORTS TRAINING AND COMPETITION FOR CHILDREN AND ADULTS WITH INTELLECTUAL DISABILITIES. EXPENSES \$ 15,000. INCLUDING GRANTS OF \$ 15,000. REVENUE \$ 0.

Name of the organization **Employer identification number** KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 SHIVELY AREA MINISTRIES. FUNDS PROVIDED FOR EXPANSION OF FOOD PANTRY AND EMERGENCY ASSISTANCE PROGRAM. EXPENSES \$ 30,000. INCLUDING GRANTS OF \$ 30,000. REVENUE \$ 0. WE CARE CUMBERLAND. SUPPORTS SHOP WITH A SHIRINER PROGRAM. EXPENSES \$ 5,000. INCLUDING GRANTS OF \$ 5,000. REVENUE \$ 0. JUVENILE DIABETES RESEARCH FOUNDATION. FUNDS WERE A "FINDACURE" DONATION. EXPENSES \$ 15,000. INCLUDING GRANTS OF \$ 15,000. REVENUE \$ 0. THE CHILDREN'S ADVOCACY CENTER OF THE BLUEGRASS (CACBG). CACBG IS A NON-PROFIT ORGANIZATION DEDICATED TO REDUCING THE TRAUMA EXPERIENCED BY CHILD VICTIMS OF SEXUAL ABUSE. EXPENSES \$ 10,000. INCLUDING GRANTS OF \$ 10,000. REVENUE \$ 0. CRITICALLY LOVED. PROVIDING EDUCATION AND RESOURCES TO SUPPORT FAMILIES OF CHRONICALLY AND CRITICALLY ILL CHILDREN. EXPENSES \$ 15,000. INCLUDING GRANTS OF \$ 15,000. REVENUE \$ 0. EDUCATIONAL JUSTICE. EDUCATIONAL JUSTICE IS A NON-PROFIT IN LOUISVILLE, KY THAT STRIVES TO END EDUCATIONAL INEOUALITY BY PAIRING A 5TH AND 8TH GRADE STUDENT WITH A HIGH ACHIEVING HIGH SCHOOL STUDENT FOR LONG-TERM ACADEMIC MENTORSHIP AIMED AT BOTH IMPROVING ACADEMIC PERFORMANCE AND PROVIDING A MEANINGFUL STUDENT LEADERSHIP EXPERIENCE. EXPENSES \$ 5,000. INCLUDING GRANTS OF \$ 5,000. REVENUE \$ 0.

**Employer identification number** Name of the organization KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 EXPLOITED CHIDEREN'S HELP ORGANIZATION. ECHO IS DEDICATED TO PREVENTING AND REDUCING THE INCIDENCE AND IMPACT OF CHILD ABUSE BY PROVIDING EDUCATION, ADVOCACY, AND SUPPORT SERVICES TO THE CHILDREN AND FAMILIES OF METRO LOUISVILLE. EXPENSES \$ 62,000. INCLUDING GRANTS OF \$ 62,000. REVENUE \$ 0. FAMILY ARK, INC. FAMILY AK PROVIDES QUALITY HUMAN SERVICES WHICH PROMOTE POSITIVE CHANGE IN THE LIVES OF CHILDREN AND FAMILIES IN THE COMMUNITIES WE SERVE. EXPENSES \$ 25,000. INCLUDING GRANTS OF \$ 25,000. REVENUE \$ 0. FATHER MALONEY'S BOY'S HAVEN. BOYS AND GIRLS HAVEN EXISTS TO SHELTER, HEAL AND TEACH VULNERABLE YOUTH TO BECOME PRODUCTIVE MEMBERS OF SOCIETY. EXPENSES \$ 50,000. INCLUDING GRANTS OF \$ 50,000. REVENUE \$ 0. GREATER LOUISVILLE FELLOWSHIP OF CHRISTIAN ATHLETES. "TO LEAD EVERY COACH AND ATHLETE INTO A GROWING RELATIONSHIP WITH JESUS CHRIST AND HIS CHURCH." EXPENSES \$ 60,000. INCLUDING GRANTS OF \$ 60,000. REVENUE \$ 0. FERN CREEK/HIGHVIEW UNITED MINISTRIES. INDIVIDUAL AND FAMILY ASSISTANCE CENTER'S MISSION IS TO PROVIDE A CARING, RESPONSIVE ENVIRONMENT TO WHICH FAMILIES IN CRISIS COME TO RECEIVE ASSISTANCE IN RESOLVING THEIR CRISIS. EXPENSES \$ 8,000. INCLUDING GRANTS OF \$ 8,000. REVENUE \$ 0.

FLOYD MEMORIAL FOUNDATION. THE MISSION OF FLOYD MEMORIAL FOUNDATION IS

Name of the organization **Employer identification number** KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 TO PROVIDE PHILANTRHOPIC SUPPORT TO BAPTIST HEALTH FLOYD AND SOUTHERN INDIANA HEALTHCARE INITIATIVES THAT ENHANCE THE QUALITY OF CARE PROVIDED TO OUR COMMUNITY. EXPENSES \$ 220,000. INCLUDING GRANTS OF \$ 220,000. REVENUE \$ 0. HOLY TRINITY. HOLY TRINITY CLIFTON CAMPUS IN PARTNERSHIP WITH PARENTS. SEEKS TO BUILD A STRONG SPIRITUAL AND ACADEMIC FOUNDATION FOR ALL STUDENTS. EXPENSES \$ 50,000. INCLUDING GRANTS OF \$ 50,000. REVENUE \$ 0. JEWISH COMMUNITY OF LOUISVILLE. THE MISSION OF THE JEWISH COMMUNITY OF LOUISVILLE IS TO BRING PEOPLE OF ALL BELIEFS TOGETHER TO DISCOVER, CONNECT, AND FLOURISH. EXPENSES \$ 250,000. INCLUDING GRANTS OF \$ 250,000. REVENUE \$ 0. JOY MINISTRIES. JOY MINISTRIES WORKS TO IMPROVE THE LIVES OF ADAIR COUNTIES AND SURROUNDING COUNTIES NEEDIEST RESIDENTS, PARTICULARLY YOUTH. EXPENSES \$ 26,000. INCLUDING GRANTS OF \$ 26,000. REVENUE \$ 0. KENDYL AND FRIENDS FOUNDATION. TO PROVIDE BETTER AND SAFER OPPORTUNITIES FOR SPECIAL NEEDS/DISABLED CHILDREN THAT ALLOW THEM TO BE MORE ACTIVE IN THEIR COMMUNITY. EXPENSES \$ 100,000. INCLUDING GRANTS OF \$ 100,000. REVENUE \$ 0. KENTUCKY DIABETES CAMP FOR CHILDREN. THE MISSION OF CAMP HENDON IS TO GIVE CHILDREN WITH DIABETES LIFE-CHANGING EXPERIENCES, EMPOWERING EACH OF THEM TO TAKE CONTROL OF THEIR UNIQUE JOURNEY.

Name of the organization **Employer identification number** KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 EXPENSES \$ 20,000. INCLUDING GRANTS OF \$ 20,000. REVENUE \$ 0. KENTUCKY HANDS AND VOICES. KENTUCKY HANDS AND VOICES IS A PARENT-DRIVEN ORGANIZATION DEDICATED TO SUPPORTING FAMILIES OF CHILDREN WHO ARE DEAF OR HARD OF HEARING. EXPENSES \$ 5,000. INCLUDING GRANTS OF \$ 5,000. REVENUE \$ 0. KENTUCKY HARVEST. KENTUCKY HARVEST HAS A MISSION TO END LOCAL HUNGER BY CONNECTING FOOD DONORS AND ENGAGING VOLUNTEERS TO RESCUE EXCESS FOOD AND MOVE IT FROM THOSE WHO HAVE TO THOSE IN NEED. EXPENSES \$ 26,431. INCLUDING GRANTS OF \$ 26,431. REVENUE \$ 0. MERCY HEALTH LOURDES. THE MISSION OF LOURDES IS TO EXTEND HEALTHY MINISTRY OF JESUS BY MPROVING THE HEALTH OF THE COMMUNITY WITH EMPHASIS ON THE POOR AND UNDER-SERVED. EXPENSES \$ 28,500. INCLUDING GRANTS OF \$ 28,500. REVENUE \$ 0. DUCHENNE RESEARCH MIRACLE LEAGUE OF LOUISVILLE. DREAM WAS ORGANIZED IN 1998 TO CREATE AWARENESS, RAISE FUNDS FOR DUCHENNE MUSCULAR DYSTROPHY AND DESIGN, RAISE FUNDS, FOR FULLY ACCESSIBLE PLAYGROUNDS IN THE AREA FOR SPECIAL NEEDS YOUTH. EXPENSES \$ 50,000. INCLUDING GRANTS OF \$ 50,000. REVENUE \$ 0. NATIVITY ACADEMY AT ST. BONIFACE. NATIVITY ACADEMY TRANSFORMS THE LIVES OF STUDENTS WHO HAVE A COMMITMENT TO ACHIEVEMENT AND WHOSE FAMILIES DEMONSTRATE FINANCIAL NEED. EXPENSES \$ 26,000. INCLUDING GRANTS OF \$ 26,000. REVENUE \$ 0.

Name of the organization **Employer identification number** KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 PIKEVILLE MEDICAL CENTER. MISSION IS TO PROVIDE WORLD-CLASS HEALTH CARE IN A CHRISTIAN ENVIRONMENT. EXPENSES \$ 80,000. INCLUDING GRANTS OF \$ 80,000. REVENUE \$ 0. ROCKCASTLE REGIONAL HOSPITAL & RESPRITORY CARE. A FAMILY-ORIENTED TEAM OF HEALTHCARE PROFESSIONALS DEDICATED TO DELIVERING THE HIGHEST OUALITY OF CARE TO THOSE WE SERVE. EXPENSES \$ 26,000. INCLUDING GRANTS OF \$ 26,000. REVENUE \$ 0. SOUTH LOUISVILLE COMMUNITY MINISTRIES. MISSION IS TO EMPOWER OUR NEIGHBORS IN CRISIS TO MOVE FORWARD TOWARD STABILITY AND SELF-SUFFICIENCY. EXPENSES \$ 10,000. INCLUDING GRANTS OF \$ 10,000. REVENUE \$ 0. CARE FOR CHILDREN, FORMERLY THE CENTER OF OWENSBORO-DAVIESS COUNTY, OUR MISSION IS TO PROVIDE CARING CONNECTIONS FOR CHILDREN AND INC. FAMILIES IN OWENSBORO AND DAVIESS COUNTY TO ENSURE THAT EVERYONE IN OUR COMMUNITY HAS ACCESS TO THE RESOURCES THEY NEED TO THRIVE. EXPENSES \$ 200,000. INCLUDING GRANTS OF \$ 200,000. REVENUE \$ 0. THE MORTON CENTER. THE MISSION OF THE MORTON CENTER IS TO PROVIDE HELP AND SUPPORT TO INDIVIDUALS AND LOVED ONES IN BREAKING THE CYCLE OF ADDICTION. EXPENSES \$ 20,000. INCLUDING GRANTS OF \$ 20,000. REVENUE \$ 0. THE REATH CENTER. THE REATH CENTER ENVISIONS MEETINGS WITH RIDERS NEEDS THROUGH SAFE RIDING EXPERIENCES AND TO EXPAND THE FUNCTION OF CHILDREN WITH SPECIAL NEEDS BY PROVIDING THEM WITH CHALLENGING AND

Name of the organization **Employer identification number** KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 EDUCATIONAL ACTIVITIES THROUGH THE USE OF THERAPEUTIC HORSES. EXPENSES \$ 15,000. INCLUDING GRANTS OF \$ 15,000. REVENUE \$ 0. THE TIGER FOUNDATION. TO PROVIDE RESPONSIVE SERVICES (PROGRAMS) IN PARTNERSHIP WITH FAMILIES AND COMMUNITIES ACROSS THE COMMONWEALTH TO STRENGTHEN THE ECONOMIC, EDUCATIONAL, SOCIAL, AND EMOTIONAL WELL-BEING OF YOUTH AND PROMOTE THEIR HEALTHY DEVELOPMENT. EXPENSES \$ 125,000. INCLUDING GRANTS OF \$ 125,000. REVENUE \$ 0. THE FIRST TEE OF LOUISVILLE'S MISSION IS TO ENRICH THE LIVES OF YOUNG PEOPLE IN THE LOUISVILLE METROPOLITIAN AREA BY PROVIDING EDUCATIONAL PROGRAMS AND AFFORDABLE FACILITIES THAT BUILD CHARACTER, INSTILL POSITIVE LIFE SKILLS, AND PROMOTE HEALTHY CHOICES THROUGH THE GAME OF GOLF. EXPENSES \$ 77,000. INCLUDING GRANTS OF \$ 77,000. REVENUE \$ 0. STAGE ONE FAMILY THEATRE. STAGE ONE FAMILY THEATRE ENGAGES CHILDREN AND THEIR COMMUNITIES WITH PROFESSIONAL THEATRE PRODUCTIONS AND EDUCATIONAL PROGRAMS. EXPENSES \$ 5,000. INCLUDING GRANTS OF \$ 5,000. REVENUE \$ 0. SOUTHWEST FAMILY MINISTRIES. BUILDING STRONGER COMMUNITIES THROUGH RELATIONSHIPS, KNOWLEDGE AND LOVE. EXPENSES \$ 5,000. INCLUDING GRANTS OF \$ 5,000. REVENUE \$ 0. WALDEN SCHOOL. WALDEN'S SCHOOLS MISSION IS IN PARTNERSHIP WITH FAMILIES, WALDEN SCHOOL PROVIDES AN EDUCATIONAL ENVIRONMENT BOTH ACADEMIC AND SOCIAL THAT FOSTERS A LIFELONG ENTHUSIASM FOR LEARNING

**Employer identification number** Name of the organization KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 AND CHALLENGES INDIVIDUAL STUDENTS TO REACH THEIR FULL POTENTIAL SO THEY MAY FLOURISH IN A DIVERSE AND CHANGING WORLD. EXPENSES \$ 25,000. INCLUDING GRANTS OF \$ 25,000. REVENUE \$ 0. 2NOT1 FATHERHOOD AND FAMILIES, INC. THE MISSION IS TO PROMOTE THE SAFETY AND WELL-BEING OF CHILDREN BY IMPLEMENTING STRATEGIES TO HELP FATHERS INVOLVED IN FAMILIES TOGETHER. EXPENSES \$ 71,574. INCLUDING GRANTS OF \$ 71,574. REVENUE \$ 0. BRIDGE KIDS INTERNATIONAL, INC. BRIDGE KIDS INTERNATIONAL USES THE POWER OF AFRICAN HERITAGE CULTURE TO CREATE COMMUNITIES THAT SUPPORT THE WELLBEING OF YOUNG PEOPLE. EXPENSES \$ 30,000. INCLUDING GRANTS OF \$ 30,000. REVENUE \$ 0. BELLWOOD AND BROOKLAWN. MISSION IS RESTORING HOPE, INSTILLING CONFIDENCE, FURTHERING EDUCATION, ENCOURAGING SPIRITUALITY AND FAITH THROUGH A COMPREHENSIVE CONTINUUM OF CARE FOR VULNERABLE YOUTH AND FAMILIES. EXPENSES \$ 125,000. INCLUDING GRANTS OF \$ 125,000. REVENUE \$ 0. CITY SCHOOLHOUSE WORKS TO STRENTHEN CHILDREN AND FAMILIES BY EMPOWERING THEM THROUGH ACTIVE AND INDIVIDUALIZED EDUCATION, FOSTERING A LOVE OF LEARNING, AND RENEWING THEIR COMMUNITY THROUGH ITS PEOPLE. EXPENSES \$ 83,000. INCLUDING GRANTS OF \$ 83,000. REVENUE \$ 0. SHRINER'S HOSPITAL FOR CHILDREN. PROVIDE THE HIGHEST QUALITY CARE TO CHILDREN WITH NEUROMUSCULOSKEDITAL CONDITIONS, BURN INJURIES, AND OTHER SPECIAL HEALTHCARE NEEDS WITHIN A COMPASSIONATE, FAMILY-CENTERED AND

Name of the organization **Employer identification number** KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 COLLABORATIVE CARE ENVIRONMENT. EXPENSES \$ 495,923. INCLUDING GRANTS OF \$ 495,923. REVENUE \$ 0. SPROUTLINGS. SPROUTLINGS PEDIATRIC DAY CARE AND PRESCHOOL PROVIDES AN EXTRAORDINARY PLACE WITH STATE-OF-THE-ART RESOURCES, WHERE EVERY CHILD CAN FEEL CARED FOR, COMFORTABLE, SAFE AND STIMULATED. OUR UNIQUE APPROACH BEGINS WITH OUR DESIGNATION AS A REFERRAL-BASED PRESCRIBED PEDIATRIC EXTENDED CARE (PPEC) CENTER FOR MEDICALLY FRAGILE CHILDREN. EXPENSES \$ 27,807. INCLUDING GRANTS OF \$27,807. REVENUE \$ 0. GILDA'S CLUB. FUNDS PROVIDED FOR A CLUB FOR CHILDREN IMPACTED BY CANCER WHETHER IT'S A CHILD WITH CANCER, ONE WHO HAS A FAMILY MEMBER WITH CANCER, OR A SURVIVOR OF SOMEONE WITH CANCER. EXPENSES \$ 21,819. INCLUDING GRANTS OF \$ 21,819. REVENUE \$ 0. DARE TO CARE. FUNDS ARE USED FOR THE BACKPACK BUDDY PROGRAM WHICH PROVIDES NUTRITIOUS MEALS OVER THE WEEKEND. EXPENSES \$ 13,419. INCLUDING GRANTS OF \$ 13,419. REVENUE \$ 0. FUND FOR THE ARTS. TO MAXIMIZE THE IMPACT OF THE ARTS ON THE ECONOMIC DEVELOPMENT, EDUCATION AND THE QUALITY OF LIFE FOR EVERYONE BY GENERATING RESOURCES, INSPIRING EXCELLENCE, AND CREATING COMMUNITY CONNECTIONS. EXPENSES \$ 23,161. INCLUDING GRANTS OF \$ 23,161. REVENUE \$ 0. UNIVERSITY OF KENTUCKY. THE UNIVERSITY OF KENTUCKY IS DEDICATED TO IMPROVING PEOPLE'S LIVES THROUGH EXCELLENCE IN EDUCATION, RESEARCH AND CREATIVE WORK, SERVICE AND HEALTH CARE.

**Employer identification number** Name of the organization KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 EXPENSES \$ 550,000. INCLUDING GRANTS OF \$ 550,000. REVENUE \$ 0. SHIRNERS INTERNATIONAL. SHRINERS INTERNATIONAL SERVES MANKIND THROUGH THE RESOURCES OF PHILANTHROPY AND SHRINERS HOSPITAL FOR CHILDREN. EXPENSES \$ 100,000. INCLUDING GRANTS OF \$ 100,000. REVENUE \$ 0. METRO LOUISVILLE ROTARY CLUB. TO PROVIDE A FELLOWSHIP OF INSPIRED BUSINESS, PROFESSIONAL AND CIVIC LEADERS WITH EXCEPTIONAL OPPORTUNITIES FOR HUMANITARIAN AND CIVIC SERVICE. EXPENSES \$ 5,000. INCLUDING GRANTS OF \$ 5,000. REVENUE \$ 0. MAKE-A-WISH FOUNDATION. MAKE A WISH'S VISION IS TO GRANT THE WISH OF EVERY CHILD DIAGNOSED WITH A CRITICAL ILLNESS. EXPENSES \$ 5,000. INCLUDING GRANTS OF \$ 5,000. REVENUE \$ 0. HARDIN MEMORIAL HEALTH FOUNDATION. TO PROVIDE LEADERSHIP AND RESOURCES TO STRENGTHEN HARDIN MEMORIAL HOSPITAL AND DRASTICALLY IMPROVE HEALTH IN OUR LOCAL COMMUNITIES. EXPENSES \$ 400,000. INCLUDING GRANTS OF \$ 400,000. REVENUE \$ 0. COMMUNITY FUND FOR KET. FUNDING TO HELP KET PROVIDE PROGRAMMING FROM PBS AND OTHER SOURCES. EXPENSES \$ 5,000. INCLUDING GRANTS OF \$ 5.000. REVENUE \$ 0. FAMILY SCHOLAR HOUSE. THE MISSION OF FAMILY SCHOLAR HOUSE IS TO END THE CYCLE OF POVERTY AND TRANSFORM OUR COMMUNITY BY EMPOWERING FAMILIES AND YOUTH TO SUCCEED IN EDUCATION AND ACHIEVE LIFE-LONG

SELF-SUFFICIENCY.

**Employer identification number** Name of the organization KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 EXPENSES \$ 25,000. INCLUDING GRANTS OF \$ 25,000. REVENUE \$ 0. DREAM FOUNDATION SERVES TERMINALLY ILL ADULTS AND THEIR FAMILIES BY PROVIDING END-OF-LIFE DREAMS THAT OFFER INSPIRATION, COMFORT, AND CLOSURE. EXPENSES \$ 50,000. INCLUDING GRANTS OF \$ 50,000. REVENUE \$ 0. INSIDE THE LINES. OUR MISSION IS TO ENRICH STUDENT-ATHLETES WITH TOOLS TO EXCEL ACADEMICALLY; TO DEVELOP CHARACTERISTICS OF LEADERSHIP, WHILE WE ENHANCE THEIR ATHLETIC FOUNDATION. EXPENSES \$ 30,000. INCLUDING GRANTS OF \$ 30,000. REVENUE \$ 0. OLDHAM COUNTY EDUCATIONAL FOUNDATION'S MISSION IS TO FOSTER PARENT, COMMUNITY AND BUSINESS SUPPORT FOR THE STUDENTS, TEACHERS, AND PARENTS OF OLDHAM COUNTY SCHOOLS. EXPENSES \$ 5,000. INCLUDING GRANTS OF \$ 5,000. REVENUE \$ 0. PURPOSE, INC. OUR MISSION IS TO INSPIRE AND EQUIP AT-RISK YOUTH TO FIND THEIR PURPOSE THROUGH MUSIC, ART, TECHNOLOGY, AND SPORTS TO TAKE AN ACTIVE ROLE IN RESHAPING THE CULTURE. EXPENSES \$ 42,000. INCLUDING GRANTS OF \$ 42,000. REVENUE \$ 0. RIVER CITY DRUM CORPORATION'S PROGRAMS ARE DESIGNED TO ENHANCE THE DEVELOPMENT OF AFRICAN AMERICAN FAMILIES AND CHILDREN THROUGH EDUCATION, ARTS, AND CULTURE. EXPENSES \$ 30,000. INCLUDING GRANTS OF \$ 30,000. REVENUE \$ 0.

Name of the organization **Employer identification number** KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 BLENDED AND ACCESSIBLE HEALTH, EDUCATION, EMPLOYMENT, AND HUMAN SERVICES THAT SUPPORT CHILDREN AND FAMILIES IN THEIR PROGRESS TOWARD SELF-SUFFICIENCY. EXPENSES \$ 5,000. INCLUDING GRANTS OF \$ 5,000. REVENUE \$ 0. CONVENTUAL FRANCISCAN FRIARS PROVIDE SPIRITUAL DIRECTION TO YOUTH GROUPS AND PEOPLE IN 12-STEP PROGRAMS. EXPENSES \$ 5,000. INCLUDING GRANTS OF \$ 5,000. REVENUE \$ 0. CYSTIC FYBROSIS FOUNDATION'S MISSION IS TO CURE CYSTIC FIBROSIS AND TO PROVIDE ALL PEOPLE WITH CF THE OPPORTUNITY TO LEAD LONG, FULFILLING LIVES BY FUNDING RESEARCH AND DRUG DEVELOPMENT, PARTNERING WITH THE CF COMMUNITY, AND ADVANCING HIGH-QUALITY SPECIALIZED CARE. EXPENSES \$ 8,310. INCLUDING GRANTS OF \$ 8,310. REVENUE \$ 0. DOORS TO HOPE OPENS LEARNING OPPORTUNITIES, ENCOURAGES COMMUNITY INVOLVEMENT AND ENGAGES IN ADVOCACY FOR WOMEN AND IMMIGRANT FAMILIES. EXPENSES \$ 5,000. INCLUDING GRANTS OF \$ 5,000. REVENUE \$ 0. SOUTHWEST COMMUNITY MINISTRIES'S MISSION IS TO UNITE AREA CHURCHES, SCHOOLS, BUSINESSES, AND INDIVIDUALS TO MINISTER TO THE NEEDS OF OUR NEIGHBORS WHO FIND THEMSELVES IN POVERTY AND/OR CRISIS. EXPENSES \$ 70,500. INCLUDING GRANTS OF \$ 70,500. REVENUE \$ 0. THE GLOBAL GAME CHANGERS' MISSION IS TO PROVIDE ENRICHING EDUCATIONAL PROGRAMS THAT EMPOWER ALL CHILDREN TO DISCOVER THEIR INNER SUPERPOWER TO MAKE THE WORLD A BETTER PLACE. EXPENSES \$ 25,320. INCLUDING GRANTS OF \$ 25,320. REVENUE \$ 0.

**Employer identification number** Name of the organization KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 THE PORCINI FARMERS CHILDREN FOUNDATION'S MISSION IS TO SUPPORT ORGANIZATIONS THAT HELP UNDERPRIVILEGED AND DISABLED CHILDREN. EXPENSES \$ 6,320. INCLUDING GRANTS OF \$ 6,320. REVENUE \$ 0. COMMUINTY FOUNDATION OF LOUISVILLE CONNECTS DONORS, NONPROFITS, AND CIVIC PARTNERS TO CREATE LASTING IMPACT IN COMMUNITY SO PEOPLE AND PLACES THRIVE. EXPENSES \$ 100,000. INCLUDING GRANTS OF \$ 100,000. REVENUE \$ 0. SCOTTISH RITE CLUB OF BULLIT COUNTY. THE MISSION IS TO FUND THE CHILDHOOD LANGUAGE DEVELOPMENT PROGRAM WHICH IS FOR PRE-SCHOOL CHILDREN BETWEEN THE AGES OF 2 AND 5 THAT HAVE BEEN DIAGNOSED AS HAVING A TREATABLE LANGUAGE DISORDER. EXPENSES \$ 31,000. INCLUDING GRANTS OF \$ 31,000. REVENUE \$ 0. SPECIAL PROGRAMS FOR INDIVIDUAL ASSISTANCE. FUNDS ARE USED FOR CHILDREN WITH CORRECTABLE MEDICAL PROBLEMS NOT COVERED BY INSURANCE OR PUBLIC ASSISTANCE PROGRAMS AND FOR WHOM THE FAMILIES COULD NOT OTHERWISE AFFORD TREATMENT. EXPENSES \$ 452,640. INCLUDING GRANTS OF \$ 452,640. REVENUE \$ 0. EXPENSES \$ 14,352,117. INCLUDING GRANTS OF \$ 11,397,094. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 6: ALL MEMBERS OF KOSAIR SHRINE ARE ALSO IPSO FACTO MEMBERS OF KOSAIR CHARITIES COMMITTEE, INC. FORM 990, PART VI, SECTION A, LINE 7A:

Schedule O (Form 990 or 990-EZ) (2019)	Page :
Name of the organization  KOSAIR CHARITIES COMMITTEE, INC.	Employer identification number 61-0514703
THE ORGANIZATION HAS MEMBERS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
KOSAIR'S PROCESS OF REVIEWING THE FORM 990 IS TO EMAIL A	COPY OF THE FINAL
PRODUCT BEFORE SIGNING TO EACH MEMBER OF THE BOARD OF DI	RECTORS FOR REVIEW
AND COMMENT. ONCE COMMENTS ARE RECEIVED FROM THE BOARD	OF DIRECTORS,
APPROPRIATE REVISIONS ARE MADE BEFORE SIGNING AND SUBMIS	SION TO THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD MEMBERS ARE REQUIRED TO ANNUALLY READ AND SIGN THE	CONFLICT OF
INTEREST POLICY, AS WELL AS TO DISCLOSE ANY CONFLICTS OF	INTEREST.
FORM 990, PART VI, SECTION C, LINE 19:	***************************************
KOSAIR MAKES THE AFOREMENTIONED DOCUMENTS AVAILABLE TO T	HE PUBLIC UPON
REQUEST.	

## SCHEDULE R (Form 990)

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.

0	7
~	Č
0	4
N	-
	C
	- 1

OMB No. 1545-0047

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

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

Parti

KOSAIR CHARITIES COMMITTEE, INC.

Name of the organization Department of the Treasury Internal Revenue Service

Employer identification number 61-0514703

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

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. Part

(a)	(q)	(c)	(p)	(e)	(j)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	<u>a</u>	Public charity	Direct controlling	Section 512(b)(13) controlled	(b)(13) ed
of related organization		foreign country)	section	status (if section	entity	entity?	2
				501(c)(3))		Yes	S N
SHRINERS INTERNATIONAL - 61-0119287							
4120 BARDSTOWN ROAD			501(C)(8) &				
LOUISVILLE, KY 40218	FRATERNAL	KENTUCKY	(C)(10)				×
				•			
	·						

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

Schedule R (Form 990) 2019

Page 2 61-0514703

Schedule R (Form 990) 2019 KOSAIR CHARITIES COMMITTEE,

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. INC. PartIII

General or Percentage managing ownership 100% 3 Yes 9 Code V-UBI amount in box 120 of Schedule -K-1 (Form 1065) N/A € Disproportionate Yes No allocations? × Ξ 1,355,000. Share of end-of-year assets **6** Share of total income  $\boldsymbol{\varepsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
| Direct controlling | entity Legal domicile (state or foreign country) ΚY Primary activity REAL ESTATE 9 40203 Name, address, and EIN of related organization EASTLAKE PROPERTIES, LLC 81-2215018, 1012 S. 4TH KY LOUISVILLE, STREET

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

ı				ı		ı		ı		1		,	
	=	fion (13) folled	Ž										
	_	512(t	Yes										
	3	Percentage 512(b)(13) ownership controlled											
	(a)	Share of end-of-year	assets					**************************************					
	ε	Share of total income											
	(e)	Type of entity (C corp, S corp,	or trust)										
	<del>(</del> 0	Direct controlling Type of entity Sh entity (C corp, S corp,											
	ၜ	Legal domicile (state or foreign	country)				 ******						
ing the tax year.	(Q)	Primary activity			: 1								
organizations incured as a colporation of most duling me tax year.	(a)	Name, address, and EIN of related organization											

Schedule R (Form 990) 2019

Page 3 61-0514703

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.	MACHINE TO THE PARTY OF THE PAR				Yes	2
1 During the tax year, did the organization engage in any of the following transactions	s with one or more rel	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?			16-17-16-2
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	,			<u>1</u>		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				÷		×
c Gift, grant, or capital contribution from related organization(s)				٤		×
				3		<b> </b>
e I pans or loan grantees by related organization(s)				1		
				9		4
A Philipped A Known Library and All Committee of the Comm						
r Dividends from related organization(s)				=		×
g Sale of assets to related organization(s)				5		×
h Purchase of assets from related organization(s)				÷		×
				<b> </b> ;		
i Lease of facilities, equipment, or other assets to related organization(s)				= =		4 >
				1		4
It I note of facilities and imment or other season before a season in the season in th						;
				¥		×
l Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			\$	×	
Sharing of paid employees with related organization(s)				<u>.</u>	1	Þ
				위		×
p Reimbursement paid to related organization(s) for expenses				4	×	
q Reimbursement paid by related organization(s) for expenses				19		×
				<b>,</b>		×
(9)						×
				2		4
2 If the answer to any of the above is "Yes," see the instructions for information on who will be a seen to any of the above is "Yes," see the instructions for information on who are the instructions for information on who are the instructions for information on who are the instructions for information on who are the instructions for information on who are the instructions for information on who are the instructions for information on who are the instructions for information on who are the instructions for information on who are the instructions for information on who are the instructions for information on who are the instructions for information on who are the instructions for information on who are the instruction of th	ho must complete thi	s line, including covered i	mation 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	nvolved		
(1) SHRINERS INTERNATIONAL	ď	36,466.	CASH			
(2)						
(3)						
(4)						
(5)						
(6)						
932163 08-10-19			Schedul	Schedule R (Form 990) 2019	966 u	) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<u>8 a</u>		1		1	1	ı	]	1	6
(h)									Schedule R (Form 990) 2019
o Ser									E 36
General or managing partner?									r (For
X 20 G									ule F
(i) S V-UB cdule in box									ched
Code nount f Schr (Forn									S
por- te ar ons? o									
(h) Disproportionate allocations?									
_									
(g) Share of end-of-year assets			<u> </u>						
Sha Sha end-c end-c									
(f) Share of total income									
Ry Tri									
8 _ T 6									
(e) Are all partners sec. 501(c)(3) orgs.? Yes No		<b></b>							
(d) Predominant income predominant income precladed, unrelated, excluded from tax undersections 512-514)									
nt inco nrelate n tax u 12-51									
(d) minan ted, un id from ions 51									
Predo (rela kclude secti									
= E									
omici forei ntry)									
(c) Legal domicile (state or foreign country)									
- Str Le			*****						
>	}								
(b) Primary activity									
(b)				:					
Prin									
		<u> </u>		1 1 1			1 1 1		
<u>z</u>									
(a) Name, address, and EIN of entity									
(a) address, a of entity									
of o									
Zame									

Schedule R	(Form 990) 2019	KOSAIR	CHARITIES	COMMITTEE,	INC.	61-0514703 Page 5
Part VII	(Form 990) 2019 Supplemental Infor	mation				
·	Provide additional inform	ation for respor	nses to questions on	Schedule R. See inst	ructions.	
			· · · · · · · · · · · · · · · · · · ·			
		<del></del>				
	,					

0029434.09

Fee Receipt: \$16.00

mstratton AMD

Elaine N. Walker, Secretary of State Received and Filed: 4/19/2011 11:24 AM

# AMENDED AND RESTATED ARTICLES OF INCORPORATION OF KOSAIR CHARITIES COMMITTEE, INC.

#### **ARTICLE I**

The name of this Corporation shall be KOSAIR CHARITIES COMMITTEE, INC. (the "Corporation").

#### **ARTICLE II**

The duration of the Corporation shall be perpetual.

#### **ARTICLE III**

- Section 3.1. Purposes. The purpose of this Corporation is to administer for charitable, benevolent, eleemosynary, educational and civic purposes primarily in, adjacent to and near the Commonwealth of Kentucky all funds turned over to the Corporation by Kosair Shriners, A.A.O.N.M.S., its members, the general public, and others, which may be received from any source at any time and from time to time.
- (a) In the discretion of the Board of Directors of the Corporation, financial support in an amount determined by it may be granted to charitable organizations for a number of uses and purposes including but not limited to the following:
  - (i) To provide for the operation and conduct of services and programs which complement and aid the operation of pediatric health care facilities, such as Kosair Children's Hospital.
  - (ii) To provide for the operation and conduct of programs and services for the pediatric care and treatment of children.
  - (iii) To provide for medical education pertaining to pediatric care and treatment of children including, but not limited to, medical education, clinical study, publication of papers and articles; and teaching the knowledge of chronic diseases and physical disabilities of children and the application of such knowledge to the prevention and treatment of such conditions.
  - (iv) To promote and provide scientific research in the pediatric field of medicine.
  - (v) To provide social services and counseling and advice in connection with the pediatric care and treatment of children.
  - (vi) To provide social services and counseling and advice in connection with other issues facing children, including issues related to poverty and domestic violence.

- (b) In addition to the purposes set forth above, the Corporation may, at the discretion of the Board of Directors, provide restricted or unrestricted financial support to Shriners Hospitals for Children, a Colorado corporation, or Kosair Children's Hospital for their related activities and pediatric patient referrals.
- Section 3.2. Powers. In addition to the powers enumerated above, the Corporation shall have all of the powers granted to non-stock, non-profit corporations under Chapter 273 of the Kentucky Revised Statutes in connection with the foregoing purposes. By way of example and not by way of limitation, the Corporation may:
  - (a) Solicit gifts for its charitable purposes as set forth herein; and,
- (b) Solicit inter vivos and testamentary gifts in order to further develop its Endowment Fund.
- Section 3.3. Nonprofit Purposes. The Corporation is irrevocably dedicated to and operated exclusively for non-profit purposes; and no part of its income nor assets of the Corporation shall be distributed to, or inure to, the benefit of any individual, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered.
- (a) The Corporation is organized exclusively for charitable, educational, and scientific purposes as defined by §501(c)(3) of the Internal Revenue Code of 1986; and the stated purpose of the Corporation shall be so construed, and the operations of the Corporation so conducted, as to qualify the Corporation as an exempt organization within the meaning of that section. The Corporation shall be so conducted as to qualify contributions to it as fully deductible under §170(b)(1)(a) of the Internal Revenue Code of 1986. Notwithstanding the generality of the foregoing, the Corporation shall not:
  - (i) Devote more than an insubstantial part of its activities to attempting to influence legislation by propaganda or otherwise; or,
  - (ii) Directly or indirectly participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of or in opposition to any candidate for public office; or
  - (iii) Have objectives or engage in activities which characterize it as an "action" organization as defined in the Internal Revenue Code.

#### ARTICLE IV

Section 4.1. Endowment Fund. Unless the donor of any gift specifies otherwise, all gifts made to this Corporation shall be added to the Endowment Fund, the principal of which shall not be expended for any purpose other than reinvestment. The current income derived from the Endowment Fund shall be available for use by the Corporation for the support of such charitable purposes of the Corporation as its Board of Directors may determine from time to time. The Endowment Fund shall be under the management and control of four (4) trustees who shall be selected and shall have the duties and powers as specified in the Bylaws of the Corporation.

#### ARTICLE V

The principal office and place of business of the Corporation shall be at Louisville, Jefferson County, Kentucky.

#### **ARTICLE VI**

All members in good standing of Kosair Shriners, A.A.O.N.M.S., located at Louisville, Jefferson County, Kentucky, shall be *ipso facto* members of the Corporation and have those rights and duties as required by Kentucky law and as provided in the Corporation's Bylaws; provided, further, that if Kosair Shriners, A.A.O.N.M.S. is dissolved, liquidated, or merged or consolidated with another temple, or sells or distributes substantially all of its assets, then the membership class shall be constituted as outlined in the Corporation's Bylaws.

#### ARTICLE VII

Section 7.1. Board of Directors. The affairs of this Corporation shall be conducted under the supervision and direction of a Board of Directors. The Board shall consist of twenty (20) Directors.

Section 7.2. Qualifications. Each director shall have such qualifications as may be specified from time to time in the Bylaws of the Corporation or as required by law.

#### ARTICLE VIII

Section 8.1, Distribution of Assets on Dissolution. In the event of the complete liquidation, dissolution of the Corporation, or the winding up of its affairs, the Board of Directors shall, after paying or making provision for the payment of all the liabilities of the Corporation, distribute all the assets of the Corporation exclusively for the purposes of the Corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, religious or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or corresponding provisions of any subsequent Federal tax laws, as the Board of Directors shall determine. By way of example and not of limitation, the Board of Directors may choose to distribute assets to Kosair Children's Hospital or Shriners Hospitals for Children. Any such assets not so disposed of shall be disposed of by the Judge of the Circuit Court of Jefferson County, Kentucky, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

#### Certificate of Adoption

The foregoing Amended and Restated Articles of Incorporation of Kosair Charities Committee, Inc. was adopted by a meeting of the members of the Corporation held in Louisville, Kentucky, on the 8<sup>th</sup> day of April, 2011, at which meeting a quorum was present and the Amended and Restated Articles of Incorporation received at least two-thirds of the votes that members present at such meeting or represented by proxy were entitled to cast.

IN TESTIMONY WHEREOF, wi the Corporation this day of	tness the signatures of the Chairman and Secretary of, 2011.
7	KOSAIR CHARITIES COMMITTEE, INC.
ATTEST	BY: Mard, Chairman
Eddie Chrisman, P.P., Secretary	

### Form W-9

(Rev. October 2018) Department of the Treasury Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return). Name is required on the Kosair Charities Committee, Inc     Business name/disregarded entity name, it different from above	nis line; do not leave this line blan	k.				<del>nedistrikasis</del> of	
S) a Challes and the fact of the state of th	hose name is entered on line 1. C	heck only one of the					[yonly to
following seven boxes.    Individual/sole proprietor or	poration Partnership	☐ Trust/estate	Instructio	ns on	page	3);	uals; see
Single-frember LC			Exempt p	ayee c	ode fi	(any)	·
S Crieck appropriate box for recerait ax classification of the person wife following seven boxes.  Individual/sole proprietor or	ssification of the single-member of parded from the owner unless the ral lax purposes. Otherwise, a sin	owner. Do not check owner of the LLC is agle-member LLC that	Exemption code (if a		FATO	CA rep	porting
☐ Other (see Instructions) ➤	501(c)3		(Applies to so			d ouls	de the U.S.)
		Requester's name a	ind address	s (opti	onai)		
982 Eastern Parkway, Suite #3 6 City, state, and ZIP code							
Louisville, KY 40217 7 List account number(s) here (optional)		<u> </u>					
art Taxpayer Identification Number (TIN)	······································						***************************************
er your TIN in the appropriate box. The TIN provided must match the	he name given on line 1 to av		urity numb	er		······································	· · · · · · · · · · · · · · · · · · ·
ckup withholding. For individuals, this is generally your social secur	itynumber (SSN). However, 1	fora	דו ר	٦	T	T	T
dent allen, sole proprietor, or disregarded entity, see the instruction ties, it is your employer identification number (EIN). If you do not he		et a	-				
later.	,	or			**********		
e: If the account is in more than one name, see the instructions for		and Employer	dentification	on nu	mber		
nber To Give the Requester for guidelines on whose number to ent	er.	6 1 -	0 5	1	4 7	0	3
FIRE CONTINUES	6A'-192A'		1,1,1		1	Ľ	
rt II Certification er penalties of perjury, ( certify that:							·
The number shown on this form is my correct taxpayer identification am not subject to backup withholding because: (a) I am exempt fro service (IRS) that I am subject to backup withholding as a result of a so longer subject to backup withholding; and	om backup withholding, or (b)	I have not been no	tifledby t	he Ini	ernal	Rev	enue nat I am
am a U.S. citizen or other U.S. person (defined below); and							
ne FATCA code(s) entered on this form (If any) Indicating that I am e	exempt from FATCA reporting	g Is correct.					
tification instructions. You must cross out item 2 above if you have be have failed to report all interest and dividends on your tax return. For re uisition or abandonment of secured properly, cancellation of debt, cont or than interest and dividends, you are not required to sign the certificat	eal estate transactions, Item 2 tributions to an individual retire	does not apply. For ement arrangement (	mortgage	intere gener	est pa ally, p	id, ayme	ents
n Signature of Curvice Aggs	a	<sub>rate</sub> ▶ 1/1/2022					
neral Instructions	• Form 1099-DIV (div funds)	ldends, Including th	ose from	stock	s or	mutu	ıal
on references are to the Internal Revenue Code unless otherwise d.	<ul> <li>Form 1099-MISC (v proceeds)</li> </ul>	arious types of inco	ome, prize	s, aw	ards,	or g	ross
re developments. For the latest information about developments ed to Form W-9 and its instructions, such as legislation enacted they were published, go to www.irs.gov/FormW9.	<ul> <li>Form 1099-B (stock transactions by broke</li> </ul>	ars)					
pose of Form	• Form 1099-S (proce			•			
-	• Form 1099-K (merci						
dividual or entity (Form W-9 requester) who is required to file an nation return with the IRS must obtain your correct taxpayer (fileation number (TIN) which may be your social security number	<ul> <li>Form 1098 (home m 1098-T (tultion)</li> <li>Form 1099-C (cance</li> </ul>		098-E (sti	udent	loan	inter	est},
, Individual taxpayer identification number (ITIN), adoption	s Form 1000 A longuis		ant of ear	ıradır	<b>K</b> Uuvi	dιΛ	
yer identification number (ATIN), or employer identification number to report on an information return the amount paid to you, or other nt reportable on an information return. Examples of information		if you are a U.S. pe		•	•	• •	it
ns include, but are not limited to, the following. m 1099-INT (interest earned or paid)	If you do not return be subject to backup t later.	Form W-9 to the re					



#### **FINANCIAL STATEMENTS**

AND

SUPPLEMENTARY INFORMATION

**SEPTEMBER 30, 2021 AND 2020** 

### TABLE OF CONTENTS SEPTEMBER 30, 2021 AND 2020

	Page
Report of Independent Auditors	1
Financial Statements	
Statement of Financial Position	3
Statement of Activities	4
Statement of Functional Expenses	5
Statements of Cash Flows	6
Notes to Financial Statements	7
Supplementary Information	
Schedule of Investments, Cash Equivalents, and Cash (2021 only)	28



Blue & Co., LLC / 2650 Eastpoint Parkway, Suite 300 / Louisville, KY 40223 main 502.992.3500 fax 502.992.3509 email blue@blueandco.com blueandco.com

### REPORT OF INDEPENDENT AUDITORS

To the Board of Directors Kosair Charities Committee, Inc. Louisville, Kentucky

### Report on the Financial Statements

We have audited the accompanying financial statements of Kosair Charities Committee, Inc. (the "Committee") (a nonprofit organization), which comprise the statement of financial position as of September 30, 2021, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Committee as of September 30, 2021, and the results of its operations and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### Report on Summarized Comparative Information

We have previously audited the Committee's 2020 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated January 13, 2021. In our opinion, the summarized comparative information presented herein as of and for the year ended September 30, 2020, is consistent, in all material respects, with the audited financial statements from which it has been derived.

### Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The Schedule of Investments, Cash equivalents, and Cash is presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Blue & Co., LLC

Louisville, Kentucky April 6, 2022

(WITH SUMMARIZED FINANCIAL INFORMATION FOR SEPTEMBER 30, 2020) STATEMENT OF FINANCIAL POSITION **SEPTEMBER 30, 2021** 

		2021		2020
	Without Donor Restrictions	With Donor Restrictions	Total	Total
	ASSETS			
Cash and cash equivalents Bequests and accounts receivable Pledges receivable, net Prepaid expenses	\$ 15,889,070 83,158 0 85,017	• •	\$ 15,889,070 83,158 0 85,017	\$ 10,702,336 56,819 13,997 91,904
Investments Investments held in trust for others Investments held in trust by others Property and equipment, net	111,611,741 1,115,362 0 6,388,828	173,250,210 0 17,098,526 0	284,861,951 1,115,362 17,098,526 6,388,828	244,632,798 1,061,101 14,702,120 6.816,208
Real estate - donated & held for sale	1,373,495	0	1,373,495	1,373,495
Total assets	\$ 136,546,671	\$ 190,348,736	\$ 326,895,407	\$ 279,450,778
	LIABILITIES AND NET ASSETS	SSETS		
Accounts payable and accrued expenses Grants payable Investments held in trust for others Note payable	\$ 530,127 19,350,934 1,115,362 0	••	\$ 530,127 19,350,934 1,115,362	\$ 344,838 13,241,469 1,061,101 368,800
Unearned revenue	151,384	0 0	151,384	123,712 42,554
Total liabilities	21,264,004	0	21,264,004	15,182,474
Net assets	115,282,667	190,348,736	305,631,403	264,268,304
Total liabilities and net assets	\$ 136,546,671	\$ 190,348,736	\$ 326,895,407	\$ 279,450,778

## STATEMENT OF ACTIVITIES YEAR ENDED SEPTEMBER 30, 2021

### (WITH SUMMARIZED FINANCIAL INFORMATION FOR THE YEAR ENDED SEPTEMBER 30, 2020)

		2021		2020
	Without Donor	2021 With Donor		2020
	Restrictions	Restrictions	Total	Total
	Restrictions	Restrictions	iotai	IOtal
Revenues, gains (losses), and other support:				
Public support received directly:				
Contributions	\$ 1,375,467	\$ 0	\$ 1,375,467	\$ 1,465,692
Special events, less direct costs				
of \$208,018 and \$252,659, respectively	86,622	0	86,622	131,029
Legacies and bequests	0	1,332,985	1,332,985	3,151,617
Total public support received directly	1,462,089	1,332,985	2,795,074	4,748,338
Program service revenues	979,374	0	979,374	1,029,848
Other revenues (losses):				
Interest and dividends from investments,				
net of fees	1,828,882	1,538,954	3,367,836	3,664,274
Net gain on investments	28,289,516	28,126,694	56,416,210	18,349,829
Change in value of investments held	, , , , , , , , , , , , , , , , , , , ,	,	,,	
in trust by others	0	2,396,406	2,396,406	(134,420)
Change in value of split-interest agreement	t (23,434)	0	(23,434)	(19,955)
Paycheck Protection Program	368,800	0	368,800	0
Other income	48,458	0	48,458	8,577
Total other revenues (losses)	30,512,222	32,062,054	62,574,276	21,868,305
Appropriation of endowment assets				
for expenditure	4,433,456	(4,433,456)	0	0
Total revenues, gains (losses),				
and other support	37,387,141	28,961,583	66,348,724	27,646,491
and other support	31,301,141	20,501,505	00,540,724	21,040,431
Expenses and changes in net assets:				
Program services:				
Child care services and other grants	23,040,832	0	23,040,832	19,997,338
	,,	_		,,
Supporting services expense:				
Management and general	1,661,449	0	1,661,449	1,255,418
Fundraising	283,344	0	283,344	373,913
•				
Total supporting services	1,944,793	0	1,944,793	1,629,331
<b>9</b>				
Total expenses	24,985,625	0	24,985,625	21,626,669
<del></del>				
Change in net assets	12,401,516	28,961,583	41,363,099	6,019,822
change in her assets	12,-01,010	20,501,505	71,303,033	0,013,022
Net assets, beginning of year	102,881,151	161,387,153	264,268,304	258,248,482
			_	-
Net assets, end of year	<u>\$ 115,282,667</u>	<u>\$ 190,348,736</u>	\$ 305,631,403	\$ 264,268,304
<del>-</del>				

(WITH SUMMARIZED FINANCIAL INFORMATION FOR THE YEAR ENDED SEPTEMBER 30, 2020) STATEMENT OF FUNCTIONAL EXPENSES YEAR ENDED SEPTEMBER 30, 2021

79,425 \$ 2,494,507 19,236 256,870 98,661 2,751,377 98,661 2,751,377 98,661 2,751,377 0 149,509 0 426,868 0 426,868 0 426,868 0 166 76,125 0 114,645 0 0 149,815 1,645 0 0 14,645 0 0 117,907 0 117,907 0 22,442,266 91,362 25,193,643
## Sent
Program Services Personnel expenses: Salaries and employee benefits Retirement plan Total personnel expenses Salaries and employee benefits Retirement plan Total personnel expenses: Advertising and publicity Bank and credit card fees Bopreciation Development programs Development programs Development programs Development programs Development programs Development programs Development programs Development programs Development programs Development programs Development programs Development programs Offerants to children's health agencies and other non-profit organizations Insurance Other non-personnel expenses Other nonpersonnel expenses Supplies Staff development Telephone Utilities Other  Total other expenses  Zi,509,211  Total expenses  Zi,040,832

### STATEMENTS OF CASH FLOWS YEARS ENDED SEPTEMBER 30, 2021 AND 2020

	2021			2020
Operating activities:				
Change in net assets	\$	41,363,099	\$	6,019,822
Adjustments to reconcile change in net assets to				
net cash flows from operating activities:				
Forgiveness of Paycheck Protection Program Ioan		(368,800)		0
Depreciation		426,868		382,844
Amortization to fair value of grants payable		(242,045)		216,223
Change in value of split-interest agreement		23,434		19,955
Net gain on investments		(56,416,210)		(18,349,829)
Gain on sale of assets		(48,713)		0
Contributions restricted for permanent investment		(1,332,985)		(3,151,617)
Change in value of investments				, , ,
held in trust by others		(2,396,406)		134,420
Appreciation of investments		,		•
held in trust for others		54,261		48, 142
Changes in operating assets and liabilities:		,		,
Bequests and accounts receivable		(26,339)		60,926
Accrued interest and dividends receivable		0		164,860
Pledges receivable		13,997		1,000
Prepaid expenses and other assets		6,887		(68, 172)
Accounts payable and accrued expenses		185,289		(203,638)
Grants and annuities payable		6,320,561		2,334,661
Unearned revenue		108,830		42,554
				,
Net cash flows from operating activities		(12,328,272)		(12,347,849)
Investing activities:				
Purchase of equipment and leasehold improvements		(195,775)		(516,941)
Proceeds from sale of property and equipment		245,000		0
Proceeds from sale of investments		50,708,069		57,551,513
Purchase of investments		(1,755,247)		(45,588,882)
Net cash flows from investing activities		49,002,047		11,445,690
Financing activities:				
Proceeds from note payable		0		368,800
Contributions restricted for permanent investment		1,332,985		3,151,617
Net cash flows from financing activities		1,332,985		3,520,417
Net change in cash and cash equivalents		38,006,760		2,618,258
Cash and cash equivalents, beginning of year		10,702,336		8,084,078
Cash and cash equivalents, end of year	\$	48,709,096	<u>\$</u>	10,702,336

### NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2021 AND 2020

### 1. NATURE OF OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES

### **Nature of Business and Operations**

The summary of significant accounting policies of Kosair Charities Committee, Inc. (the "Committee") (a nonprofit organization), is presented to assist in understanding the Committee's financial statements. The financial statements and notes are representations of the Committee's management who is responsible for their integrity and objectivity. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

The purpose of the Committee is to administer for charitable, benevolent, eleemosynary, educational, and civic purposes all funds turned over to it. The Committee is located in Louisville, Kentucky and provides assistance to organizations and individuals throughout Kentucky and Southern Indiana.

### Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

### Basis of Financial Statement Presentation

The accompanying financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America and have been prepared to focus on the Committee as a whole and to present balances and transactions according to the existence or absence of donor imposed restrictions.

<u>Net assets without donor restrictions</u> – Net assets that are currently available for operating purposes under the direction of the board or designated by the board for specific use.

<u>Net assets with donor restrictions</u> – Net assets subject to donor stipulations for specific operating purposes or time restrictions. These include donor restrictions requiring the net assets be held in perpetuity or for a specified term with investment return available for operations or specific purposes.

### NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2021 AND 2020

The financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the entity's financial statements for the year ended September 30, 2020 from which the summarized information was derived.

### Cash and Cash Equivalents

For purposes of the statements of cash flows, the Committee considers all highly liquid investments with an initial maturity of three months or less to be cash equivalents.

### **Property and Equipment**

Property and equipment is stated at cost less accumulated depreciation computed on the straight-line method over the estimated useful lives of the assets ranging from three to fifty years. Donated property is valued at fair value at time of donation and depreciated over its estimated useful life.

### Real Estate - Donated

Real estate donated is valued at fair value at the date of the gift and is held for sale.

### **Annuities Payable**

Annuities payable represent actuarially determined liabilities for contractual obligations of gift annuity funds.

### **Donated Services**

Various volunteers have donated substantial amounts of time toward the annual campaign and the various special events; however, no value of in-kind amounts have been included in the financial statements as there is no basis upon which to measure the value of these services and they require no special expertise.

### **Allocation of Expenses**

Operating expenses directly identifiable with a functional area are charged to that area and, where expenses affect more than one area, they are allocated on the basis of ratios determined by management. The expenses that are allocated include salaries, employee benefits and retirement benefits which are allocated based on estimates of time and effort, and occupancy costs which are allocated based on square footage. While the methods of allocation are considered appropriate, other methods could produce different results.

### NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2021 AND 2020

### **Investments**

Investments in debt securities and equity securities having readily determinable fair values are stated at fair value based on quoted prices or dealer quotes. Alternative equity securities are valued at estimated fair value at their net asset value per share as determined by the fund managers. Fair value of investments is subject to significant fluctuations due to market changes. Unrealized and realized gains and losses are recorded in the statements of activities as incurred.

The Committee believes that the carrying amount of its alternative equity securities is a reasonable estimate of fair value as of September 30, 2021 and 2020. Because alternative investments are not readily marketable, the estimated value is subject to uncertainty and, therefore, may differ from the value that would have been used had a ready market for the investments existed. Such differences could be material.

### Financial Instruments and Credit Risk

The Committee invests in various types of investment securities which are exposed to various risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statements of financial position.

### **Contributions and Bequests**

Contributions and bequests received are recorded as increases in net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor restrictions.

Support that is restricted by the donor is reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the support is recognized. All other donor restricted support is reported as an increase in net assets with donor restrictions, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as appropriation of endowment assets for expenditure.

### **Going Concern Evaluation**

Management evaluates whether there are conditions or events that raise substantial doubt about the entity's ability to continue as a going concern for a period of one year from the date the financial statements were available to be issued.

### NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2021 AND 2020

### Date of Management's Review

The Committee has evaluated all subsequent events through April 6, 2022, the date the financial statements were available to be issued.

### 2. INCOME TAXES

Kosair Charities Committee, Inc. is a charitable, nonprofit organization and is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Committee and recognize a tax liability if the Committee has taken an uncertain position that more likely than not would not be sustained upon examination by various federal and state taxing authorities. Management has analyzed the tax positions taken by the Committee, and has concluded that as of September 30, 2021 and 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying financial statements. The Committee is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

As such, the Committee is generally exempt from income taxes. However, the Committee is required to file Federal Form 990 – Return of Organization Exempt from Income Tax which is an informational return only.

### 3. PLEDGES RECEIVABLE

Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected after one year are recorded at the present value of their estimated cash flows. The discounts on those amounts are computed using risk-free interest rates ranging from 2% to 2.4%. Amortization of the discounts is included in contribution revenue.

	20	021	 2020
Amounts due in:			
One year or less	\$	0	\$ 0
One to five years		0	 13,997
Total	\$	0	\$ 13,997

No allowance for uncollectible pledges was considered necessary at September 30, 2021 and 2020.

### NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2021 AND 2020

### 4. INVESTMENTS

Total investments are comprised of Endowment Investments and Board Designated Investments.

The Endowment Fund receives all bequests and wills made to Kosair Charities Committee, Inc. unless otherwise specified by the donor. As stipulated in the Articles of Incorporation of Kosair Charities Committee, Inc., the corpus of the Endowment which is derived from bequests and wills, not otherwise designated by the donor, shall not be expended for any purpose other than reinvestment. The reinvestment income shall be used for grants for services related to children, development, general and administrative expenses attributable to these net assets without donor restrictions, and such other charitable purposes as are in accordance with Kosair Charities Committee, Inc.'s Articles of Incorporation.

The Endowment Investments are presented in the financial statements in the aggregate, at fair value, and are composed of the following:

		September 3	September 30, 20			2020		
	Cost			<u>Fair Value</u>		Cost		Fair Value
Stocks, bonds, mutual funds and alternative investments U.S. government obligations	\$	167,552,383 6,196,978 173,749,361	\$	278,374,506 6,372,551 284,747,057	\$ —	171,230,950 2,929,098 174,160,048	\$	241,509,592 3,161,782 244,671,374
Cash equivalents		9,846,147		9,846,147		5,606,717		5,606,717
Cash		5,029,332		5,029,332		4,685,658	_	4,685,658
Total	\$	188,624,840	<u>\$</u>	299,622,536	\$	184,452,423	<u>\$</u>	254,963,749

The Endowment investments consist of:

		2021		2020
Donor Restricted Endowment investments Board Designated investments	\$ —	173,250,210 111,496,847	\$	146,685,033 97,986,341
Total	<u>\$</u>	284,747,057	<u>\$</u>	244,671,374

### NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2021 AND 2020

The following tabulation summarizes the relationship between cost and fair value of the Endowment investments:

	Year ended September 30, 2021						
		Cost		Fair Value	Excess of Fair Value Over Cost		
Balance, end of year	\$	173,749,361	\$	284,747,057	\$ 110,997,696		
Balance, beginning of year Increase in unrealized appreciation Realized net gain for the year Net unrealized and realized gain for the year	\$	174,160,048	3 \$	244,671,374	\$ 70,511,326 40,486,370 15,591,581 \$ 56,077,951		
<b>3</b>							
		Υe	ear ende	d September	30, 2020		
		Cost	_	Fair Value	Excess of Fair Value Over Cost		
Balance, end of year	\$	174,160,048	\$	244,671,374	\$ 70,511,326		
Balance, beginning of year Increase in unrealized appreciation Realized net gain for the year Net unrealized and realized gain for the year	\$	179,324,277	\$	238,306,235	\$ 58,981,958 11,529,368 6,801,095 \$ 18,330,463		
		-	2021	Total Return	2020		
Realized gains Unrealized gains Interest and dividends, net of fees		\$	15,591, 40,486, 3,330,	370	6,801,095 11,529,368 3,631,276		
Total		<u>\$</u>	59,408,	<u>673</u> <u>\$</u>	21,961,739		

Fees netted with interest and dividends for 2021 and 2020 were \$827,245 and \$886,823, respectively.

### NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2021 AND 2020

The Board Designated investments are presented in the financial statements in the aggregate, at fair value, and are composed of the following:

	September 30, 2021			September 30, 2020				
		Cost	F	air Value		Cost	F	air Value
Corporate stocks and bonds:								
Kendall Agency	\$	626,136	\$	792,810	\$	626,386	\$	665,906
Nurses trust		307,425		437,445		280,145		356,619
		933,561		1,230,255		906,531		1,022,525
Cash:								
Kendall Agency		401		401		440		440
Nurses trust		74		74		72		72
		475		475		512		512
Cash equivalents:								
Kendall Agency		21,052		21,052		16,049		16,049
Nurses trust		11,890		11,890		14,346		14,346
		32,942	-	32,942		30,395		30,395
Total	\$	966,978	<u>\$</u>	1,263,672	<u>\$</u>	937,438	<u>\$</u>	1,053,432

### NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2021 AND 2020

The following tabulation summarizes the relationship between cost and fair value of the Board Designated investments:

	Year ended September 30, 2021								
		Cost		- air Value		ess of Fair lue Over Cost			
Balance, end of year	\$	933,561	\$	1,230,255	\$	296,694			
Balance, beginning of year Increase in unrealized appreciation Realized net gain for the year Net unrealized and realized gain for the year	\$	906,531	\$	1,022,525	\$	115,994 180,700 8,539			
gain for the year	\$ 189,239  Year ended September 30, 2020								
		Cost	F	air Value		ess of Fair lue Over Cost			
Balance, end of year	\$	906,531	\$	1,022,525	\$	115,994			
Balance, beginning of year Increase in unrealized appreciation Realized net loss for the year Net unrealized and realized gain for the year	\$	941,898	\$	1,000,466	\$ \$	58,568 57,426 (38,060) 19,366			
		***************************************	2021	Total Return	2020				
Realized gains (losses) Unrealized gains Interest and dividends, net of t	<sup>f</sup> ees	\$	180	,539 \$ ,700 ,114	(38,0 57,4 32,9	26			
Total		<u>\$</u>	226	,353 \$	52,3	<u>64</u>			

Fees netted with interest and dividends for 2021 and 2020 were \$5,155 and \$4,296 respectively.

### NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2021 AND 2020

### 5. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Committee has the ability to access.
- Level 2: Inputs to the valuation methodology include quoted prices for similar assets
  or liabilities in active markets; quoted prices for identical or similar assets or liabilities
  in inactive markets; inputs other than quoted prices that are observable for the asset
  or liability; inputs that are derived principally from or corroborated by observable
  market data by correlation or other means. If the asset or liability has a specified
  (contractual) term, the level 2 input must be observable for substantially the full term
  of the asset or liability.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2021 and 2020.

- Equities: Valued at the closing price reported on the active market on which the individual securities are traded.
- Fixed income: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

### NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2021 AND 2020

- Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds
  held by the Committee are open-end mutual funds that are registered with the
  Securities and Exchange Commission. These funds are required to publish their daily
  net asset value (NAV) and to transact at that price. The mutual funds held by the
  Committee are deemed to be actively traded.
- Hedge funds and proprietary funds: Valued at estimated fair value at their net asset value per share as determined by the fund managers.
- Exchange traded funds: Valued at the closing price reported on the active market on which the individual securities are traded.
- Investments held in trust by others: As described in Note 8, the Committee is the beneficiary of numerous perpetual trusts established by donors and managed by banks. The fair value of the beneficial interests in these investments is estimated using the fair value of the assets held in the trusts reported by the trustees as of September 30, 2021 and 2020.
- Investments held in trust for others: As described in Note 9, the Committee is the custodian of funds received from another organization. These funds are included as part of the Committee's investment portfolio. The fair value of the interest held in trust for others is estimated using the fair value of the assets held in the investments as of September 30, 2021 and 2020.

The investments in hedge funds generally may be redeemed at the net asset value at specified dates. However, it is possible that these redemption rights may be restricted or eliminated by the funds in the future in accordance with the underlying fund agreements. Due to the nature of the investments held by the funds, changes in market conditions and the economic environment may significantly impact the net asset value of the funds and, consequently, the fair value of the Committee's interests in the funds. Although a secondary market exists for these investments, it is not active and individual transactions are typically not observable. When transactions do occur in this limited secondary market, they may occur at discounts to the reported net asset value. It is therefore reasonably possible that if the Committee were to sell these investments in the secondary market, a buyer may require a discount to the reported net asset value, and the discount could be significant.

### NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2021 AND 2020

The following table sets forth by level, within the hierarchy, the Committee's assets measured at fair value on a recurring basis as of September 30, 2021:

	Ass	ets at Fair Value a	s of September 30,	2021
	Level 1	Level 2	Level 3	Total
Mutual funds:	£ 44.40C.070			4 44 400 000
Large cap growth	\$ 11,496,879	\$ 0	\$ 0	\$ 11,496,879
Large cap blend	46,605,555	0	0	46,605,555
Mid-cap blend	12,397,362	0	0	12,397,362
Small cap blend Other	9,703,687	0	0	9,703,687
	1,077,396	0	0	1,077,396
Foreign large blend	6,659,942	******	0	6,659,942
Total mutual funds	87,940,821	0	0	87,940,821
Equities:				
Industrials	5,761,330	0	0	5,761,330
Transportation and distribution	4,729,241	0	0	4,729,241
Consumer goods	18,120,116	0	0	18,120,116
Energy	3,267,531	0	0	3,267,531
Financial	26,663,955	0	0	26,663,955
Materials	3,125,442	0	0	3,125,442
Real estate	175,864	0	0	175,864
Utilities	994,405	0	0	994,405
Health care	8,785,927	0	0	8,785,927
Technology	50,922,081	0	0	50,922,081
Other	5,053,130	0	0	5,053,130
Total equities	127,599,022	0	0	127,599,022
Fixed income:				
Government bonds	0	2,325,196	0	2,325,196
Mortgage backed securities	0	1,306,131	0	1,306,131
Corporate bonds	0	4,074,869	0	4,074,869
Municipal bonds	0	2,741,242	0	2,741,242
Other	0	2,251,324	0	2,251,324
Total fixed income	0	12,698,762	0	12,698,762
Investments held in trust by others	0	0	17,098,527	17,098,527
Exchange traded funds	15,024,684	0	0	15,024,684
Total assets in fair value hierarchy	\$ 230,564,527	\$ 12,698,762	\$ 17,098,527	260,361,816
•	<u> </u>	12,030,702	<del>y</del> 11,050,321	
Hedge funds and proprietary funds*				42,714,022
Total assets at fair value				<u>\$ 303,075,838</u>

### NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2021 AND 2020

The following table sets forth by level, within the hierarchy, the Committee's assets measured at fair value on a recurring basis as of September 30, 2020:

	Ass	ets at Fair Value as	of September 30,	2020
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Large cap growth	\$ 2,396,221	\$ 0	\$ 0	\$ 2,396,221
Large cap blend	36,022,149	0	0	36,022,149
Mid-cap blend	8,852,823	0	0	8,852,823
Small cap blend	6,584,250	0	0	6,584,250
Other	1,107,225	0	0	1,107,225
Foreign large blend	5,374,633	0	0	5,374,633
Total mutual funds	60,337,301	0	0	60,337,301
Equities:				
Industrials	6,450,939	0	0	6,450,939
Transportation and distribution	4,541,444	0	0	4,541,444
Consumer goods	21,544,169	0	0	21,544,169
Energy	2,303,432	0	0	2,303,432
Financial	21,997,136	0	0	21,997,136
Materials	2,690,759	0	0	2,690,759
Real estate	8,712,095	0	0	8,712,095
Utilities	1,142,170	0	0	1,142,170
Health care	11,066,728	0	0	11,066,728
Technology	34,751,522	0	0	80,448,872
Other	5,295,452	0	0	149,905,361
Total equities	120,495,846		0	120,495,846
Fixed income:				
Government bonds	0	2,248,463	0	2,248,463
Mortgage backed securities	0	913,291	Ö	913,291
Corporate bonds	0	4,596,377	Ö	4,596,377
Municipal bonds	0	2,585,211	0	2,585,211
Other .	0	1,997,576	0	1,997,576
Total fixed income	0	12,340,918	0	12,340,918
Investments held in trust by others	0	0	14,702,120	14,702,120
Exchange traded funds	13,366,317	0	0	13,366,317
Total assets in fair value hierarchy	\$ 194,199,464	\$ 12,340,918	\$ 14,702,120	221,242,502
Hedge funds and proprietary funds*				39,153,517
Total assets at fair value				\$ 260,396,019

<sup>\*</sup> In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented at fair value in the statement of financial position.

### NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2021 AND 2020

The following table sets forth the change in investments held in trust measured at fair value on a recurring basis using significant unobservable inputs (level 3) for the years ended September 30:

		2021	 2020
Beginning balance	\$	14,702,120	\$ 14,836,540
Change in present value		2,396,406	 (134,420)
Ending balance	<u>\$</u>	17,098,526	\$ 14,702,120

### Fair Value of Investments in Entities that Use Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of September 30, 2021 and 2020, respectively.

<u>September 30. 2021</u>	F	- air Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Invesco US High Quality Core Fund	\$	20,502,714	Not applicable	Daily	Over 90 days
CREP II Institutional L.P. Fund		630,983	708,750	Daily	Over 90 days
Hamilton Lane Private Equity Offshore Fund VI L.P.		202,254	272,292	Daily	Over 90 days
Goldman Sachs Vintage Fund V		288,554	518,874	Daily	90 days
The Weatherlow Offshore Fund I Ltd.		20,200,611	Not applicable	Daily	90 days
Golden Tree Offshore Fund, Ltd.		853,584	Not applicable	Daily	90 days
Catahoula Co.		<u>35,322</u>	Not applicable	Daily	90 days
Total	\$	42,714,022			
<u>September 30, 2020</u>	F	air Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Invesco US High Quality Core Fund	\$	20,357,836	Not applicable	Daily	Over 90 days
CREP II Institutional L.P. Fund		664,933	708,750	Daily	Over 90 days
Hamilton Lane Private Equity Offshore Fund VI L.P.		366,832	283,244	Daily	Over 90 days
Goldman Sachs Vintage Fund V		334,003	643,412	Daily	90 days
The Weatherlow Offshore Fund I Ltd.		16,745,037	Not applicable	Daily	90 days
Golden Tree Offshore Fund, Ltd.		649,554	Not applicable	Daily	90 days
Catahoula Co.		35,322	Not applicable	Daily	90 days
Total					

### 6. INVESTMENTS HELD IN TRUST BY OTHERS

Investments held in trust by others represent resources neither in the possession nor under the control of the Committee, but held and administered by outside trustees, with the Committee deriving only income from such funds. Such investments are recorded in the statements of financial position at the fair value of the principal amounts. The income, including the fair value adjustments, is recorded in the statements of activities. The fair value measurements are classified within Level 3 of the fair value hierarchy.

### NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2021 AND 2020

### 7. INVESTMENTS HELD IN TRUST FOR OTHERS

Investments held in trust for others represent funds placed on deposit with the Committee by another organization. The Committee accounts for these funds as a liability in accordance with standards set forth by the Financial Accounting Standards Board. Income is added to these funds periodically in accordance with the Committee's investment allocation policies. Distributions to the organization are reflected as adjustments to the liability account and are not reflected in the Statement of Activities.

### 8. ENDOWMENT FUNDS

The Committee's endowment consists of donor-restricted endowment funds. As required by accounting principles generally accepted in the United States of America, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

FASB ASC 958-205, Not-for-Profit Organizations Financial Statement Presentation provides guidance on the net asset classification of donor-restricted endowment funds for a nonprofit organization that is subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act of 2006 (UPMIFA). FASB ASC 958-205 also requires additional disclosures about an organization's endowment funds (both donor-restricted endowment funds and board-designated endowment funds). The Committee has adopted the net asset classification provisions of FASB ASC 958-205 for the years ending September 30, 2021 and 2020. The Commonwealth of Kentucky enacted UPMIFA effective July 15, 2010, the provisions of which apply to endowment funds existing on or established after that date.

The Board of Directors of the Committee has interpreted UPMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds unless there are explicit donor stipulations to the contrary. As a result of this interpretation, the Committee classifies as net assets with donor restrictions (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund is classified as net assets with donor restrictions until those amounts are appropriated for expenditure by the Committee in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the Committee considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- 1. The duration and preservation of the fund
- 2. The purposes of the Committee and the donor-restricted endowment fund
- 3. General economic conditions
- 4. The possible effect of inflation and deflation

### NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2021 AND 2020

- 5. The expected total return from income and the appreciation of investments
- 6. Other resources of the Committee
- 7. The investment policies of the Committee

As of September 30, 2021 and 2020, the Committee had the following endowment asset composition by type of fund:

	Without		
	Donor	With Donor	
	Restrictions	Restrictions	Total
September 30, 2021			
Board-designated endowment funds	\$ 127,635,998	\$ 0	\$ 127,635,998
Donor-restricted endowments funds			
Original donor-restricted gift amount			
and amounts required to be maintained			
in perpetuity by donor	0	129,045,209	129,045,209
Accumulated investment gains	0	44,205,001	44,205,001
	\$ 127,635,998	\$ 173,250,210	\$ 300,886,208
	Without		
	Donor	With Donor	
	Restrictions	Restrictions	Total
September 30, 2020			
Board-designated endowment funds	\$ 109,332,148	\$ 0	\$ 109,332,148
Donor-restricted endowments funds			
Original donor-restricted gift amount			
and amounts required to be maintained	_		
in perpetuity by donor	0	127,712,225	127,712,225
Accumulated investment gains	0	18,972,808	18,972,808
	\$ 109,332,148	\$ 146,685,033	\$ 256,017,181

### NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2021 AND 2020

The changes in endowment assets for the years ended September 30, 2021 and 2020 are as follows:

	Without Donor	With Donor	
	Restrictions	Restrictions	Total
Endowment assets, October 1, 2019	\$ 108,032,220	\$ 139,006,170	\$ 247,038,390
Investment return			
Investment income	1,816,690	1,847,584	3,664,274
Net appreciation (realized and unrealized)	9,097,559	9,252,270	18,349,829
Total investment return	10,914,249	11,099,854	22,014,103
Contributions Appropriation of endowment assets	0	3,151,617	3,151,617
for expenditure	(9,614,322)	(6,572,608)	(16, 186, 930)
Endowment assets, September 30, 2020	109,332,147	146,685,033	256,017,180
Investment return			
Investment income	1,828,882	1,538,954	3,367,836
Net appreciation (realized and unrealized)	28,289,516	28,126,694	56,416,210
Total investment return	30,118,398	29,665,648	59,784,046
Contributions Appropriation of endowment assets	0	1,332,985	1,332,985
for expenditure	(11,499,480)	(4,433,456)	(15,932,936)
Endowment assets, September 30, 2021	\$ 127,951,065	\$ 173,250,210	\$ 301,201,275

Return objectives and risk parameters: The Committee has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Committee must hold in perpetuity or for a donor-specified period. Under this policy, as approved by the Board, the endowment assets are invested in a manner that is intended to produce results that exceed the spending rate, aggregate costs of portfolio management, the long-term inflation rate and any growth factor the Board may, from time to time, determine appropriate while assuming a moderate level of investment risk. The Committee expects its endowment funds, over time, to provide an average rate of return that exceeds the distribution rate plus inflation as measured by the CPI.

Strategies employed for achieving objectives: To satisfy its long-term rate-of-return objectives, the Committee relies on a total return strategy in which investment returns are achieved through

### NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2021 AND 2020

both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Committee targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term objectives within prudent risk constraints.

Spending policies and how the investment objectives relate to spending policy: The Committee has a policy of appropriating for distribution each year the greater of 5% of its endowment fund's average fair value over the prior 12 quarters through the calendar year end preceding the fiscal year in which the distribution is planned, or the fair value at the end of the fiscal year per the last audited financial statement. In establishing this policy, the Committee considered the long-term expected return on its endowment. Accordingly, over the long-term, the Committee expects the current spending policy to allow its endowment to grow at an average of 9% annually. This is consistent with the Committee's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term as well as to provide additional real growth through new gifts and investment return.

### 9. PROPERTY AND EQUIPMENT, NET

A summary of property and equipment and accumulated depreciation is as follows:

	Estimated		
	Useful Lives	2021	2020
Land		\$ 752,316	\$ 752,316
Buildings and improvements	3 - 50 Years	11,825,931	11,897,757
Equipment, furniture and fixtures	3 - 10 Years	3,047,810	3,067,355
Construction in progress		30,604	0
		15,656,661	15,717,428
Less accumulated depreciation		9,267,833	8,901,220
Property and equipment, net		\$ 6,388,828	\$ 6,816,208

### NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2021 AND 2020

### 10. GRANTS PAYABLE

Grants authorized but unpaid at year-end are reported as liabilities on the statement of financial position. Grants to be paid in more than one year are discounted using rates ranging from 1.20% to 3.40%. The following is a summary of grants authorized and payable at September 30:

		2021	2020
To be paid in less than one year	\$	10,982,843	\$ 11,406,333
To be paid in one to five years	***************************************	8,850,000	 2,075,000
Gross grants authorized but unpaid		19,832,843	13,481,333
Less discount on long term grants		481,909	 239,864
Grants payable	\$	19,350,934	\$ 13,241,469

### 11. LINE OF CREDIT

The Committee has a \$15,000,000 revolving line of credit available from a financial institution. The line is secured by certain securities of the Committee which had an approximate net book value of \$22,000,000 as of September 30, 2021 and has no expiration date. Borrowings under the line of credit bear interest at a variable rate (2.33263% at September 30, 2021). There was no outstanding balance on the line of credit at September 30, 2021 and 2020.

### 12. RETIREMENT PLAN

The Committee maintains a defined contribution 401(k) retirement plan and a money purchase profit sharing plan for all eligible employees. Employees may elect to defer up to \$19,500 (\$26,000 if the employee is age 50 or older) of their compensation. The plan includes an employer's match of 100% of the first 3% of an employee's contributions and 50% of the next 2% of the employee's contributions up to four percent of total compensation. The Committee also contributes additional non-elective contributions (NEC) and qualified non-elective contributions (QNEC) to eligible employees' accounts. Committee contributions were \$256,870 in 2021 and \$235,259 in 2020.

### NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2021 AND 2020

### 13. LEASES

The Committee entered into various leases, as lessor, with charitable organizations occupying the Kosair Charities Centre Building. Minimum future rentals receivable under these leases at September 30, 2021 are as follows:

Year ending September 30,

2022	\$ 923,218
2023	702,278
2024	288,828
2025	9,568
2026	 3,987
Total minimum future rental income	\$ 1,927,879

Rent income for fiscal years 2021 and 2020 was \$979,374 and \$1,029,848, respectively, and is listed as program service revenues. The majority of rent income is in-kind and \$814,064 and \$985,848 has been included in grant expense for 2021 and 2020, respectively.

Following is a summary of property leased at September 30:

		2021	*****	2020
Buildings and improvements	\$	11,761,776	\$	11,833,602
Less accumulated depreciation		6,896,483	***************************************	6,618,262
Buildings and improvements, net	<u>\$</u>	4,865,293	<u>\$</u>	5,215,340

### 14. CONCENTRATIONS OF CREDIT RISK

The Committee has cash with financial institutions at several locations. These accounts are insured by the Federal Deposit Insurance Corporation up to \$250,000 per institution. In the normal course of business, the Committee may have deposits that exceed the insured limits.

Investments are maintained in multiple investment firms. Such balances exceed the Securities Investor Protection Corporation insured limits of up to \$500,000.

### NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2021 AND 2020

### 15. ADVERTISING EXPENSE

Advertising costs are expensed as incurred and are included in management and general expenses and program services in the accompanying statements of functional expenses. Total advertising expenses for the years ended September 30, 2021 and 2020 were \$497,068 and \$493,651, respectively.

### 16. RECENTLY ISSUED ACCOUNTING STANDARDS

On February 25, 2016, the FASB issued ASU No. 2016-02, *Leases* (*Topic 842*). This new standard is intended to improve financial reporting about leasing transactions by requiring entities that lease assets to recognize on their balance sheet the assets and liabilities for the rights and obligations created by those leases, and to provide additional disclosures regarding the leases. Leases with terms (as defined in the ASU) of twelve months or less are not required to be reflected on an entity's statement of financial position.

On June 3, 2020, the FASB further amended this guidance and issued ASU 2020-05, Revenue from Contracts with Customers (ASC 606) and Leases (ASC 842) Effective Dates for Certain Entities, which deferred the effective date for all entities. This guidance delayed the adoption of ASU 2016-02 until the year ending September 30, 2023.

The Committee is presently evaluating the effects that this ASU will have on its future financial statements, including related disclosures.

### 17. CONTINGENCY

On March 11, 2020, the World Health Organization declared coronavirus (COVID-19) a pandemic. The continued spread of COVID-19, or any similar outbreaks in the future, may adversely impact the local, regional, national and global economies. The extent to which COVID-19 impacts the Committee's operating results is dependent on the breadth and duration of the pandemic and could be affected by other factors management is not currently able to predict. Potential impacts include, but are not limited to, reduction to revenue and contributions and volatility of investment return. Management believes the Committee is taking appropriate actions to respond to the pandemic; however, the full impact is unknown and cannot be reasonably estimated at the date the financial statements were available to be issued.

### NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2021 AND 2020

### 18. LIQUIDITY AND AVAILABILITY

The Committee's financial assets available within one year of the Statement of Financial Position date for general expenditure are as follows:

	2021	2020
Financial assets		
Cash and cash equivalents	\$ 15,889,070	\$ 10,702,336
Bequests and accounts receivable	83,158	56,819
Pledges receivable	0	13,997
	\$ 15,972,228	\$ 10,773,152

The Committee's endowment funds consist of donor-restricted endowments and a quasi-endowment. As described in Note 9, the endowment has a spending rate of 5 percent. Approximately \$15 million of appropriations from the endowment will be available within the next 12 months.

As part of the Committee's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. In addition, the Committee invests cash in excess of daily requirements in short-term investments. To help manage unanticipated liquidity needs, the Committee has a committed line of credit in the amount of \$15,000,000, which it could draw upon. Additionally, the Committee has a quasi-endowment of \$111,611,362. Although the Committee does not intend to spend from its quasi-endowment other than amounts appropriated for general expenditure as part of its annual budget approval and appropriation process, amounts from its quasi-endowment could be made available if necessary. However, both the quasi-endowment and donor-restricted endowments contain investments with lock-up provisions that would reduce the total investments that could be made available (See Note 5 for disclosures about investments).



## SCHEDULE OF INVESTMENTS, CASH EQUIVALENTS, AND CASH YEAR ENDED SEPTEMBER 30, 2021

•	U.S. Govern	U.S. Government Bonds	Other	Other Bonds	Stocks, Bonds, Mutual Funds and Alternative Investments	utual Funds and	Total investments	it monte	4		- - -
<b>""</b>	Cost	Fair Value	Cost	Fair Value	Cost	Fair Value	Cost	Fair Value	Fauivalente	, ach	Fotal
<b>Endowment investments</b>										1600	בפון אפורה
426 Ameriprise Financial	0	0	0	•	\$ 5,017,430	\$ 7.935,436	\$ 5.017.430	7,935,436	<b>∵</b>	149 022	0 004 450
-	0	0	0	0	7,837,057	9,644,024	7,837,057	9,644,024	,	459,022	*
-	6,192,421	6,365,670	5,258,647	5,514,697	0	0	11,451,068	11,880.367	105 249	0.000	11 985 616
	0	0	0	0	51,963,511	82,226,429	51,963,511	82,226,429	0	o c	82 226 429
	0	0	0	0	21,332,427	26,960,027	21,332,427	26,960,027	818		26 960 845
_	0	0	0	0	0	288,554	0	288,554	0	· c	288 554
	0	0	0	0	942,787	1,189,375	942,787	1,189,375	22.927	209	1 212 904
	0	0	0	0	15,638,712	45,130,013	15,638,712	45,130,013	1,327,140	25.123	46.482.276
	0	0	9,353,183	20,502,714	0	0	9,353,183	20,502,714	0	0	20.502.714
	0	0	0	0	1,624,358	2,055,026	1,624,358	2,055,026	54,221	1,046	2,110,293
	0	0	0	0	13,957,354	23,526,091	13,957,354	23,526,091	337,786	14,054	23.877.931
	0	0	0	0	2,827,062	630,983	2,827,062	630,983	0		630,983
	4,557	6,881	0	0	0	0	4,557	6,881	7,734,397	3,570,300	11,311,578
	0	0	0	0	8,500,000	20,200,611	8,500,000	20,200,611	0	0	20,200,611
	0	0	0	0	785,033	853,584	785,033	853,584	0	0	853,584
	0	0	0	0	0	202,254	0	202,254	0	0	202,254
,, ,	0	0	0	0	32,400	35,322	32,400	35,322	263,609	16	298,947
405 lodd-Veredus Int'l Intrinsic	0	0	0	0	8,021,725	9,613,119	8,021,725	9,613,119	0	159,490	9.772,609
421a Todd Investment Advisors	0	0	0	0	14,353,897	21,738,457	14,353,897	21,738,457	0	643,304	22.381.761
413 Miller Family Fund	0	0	0	0	84,723	102,719	84,723	102,719	0	6,285	109.004
614 Juergens Endowment Fund	0	0	0	0	22,077	25,071	22,077	25,071	0	274	25,345
Totals	\$ 6,196,978	\$ 6,372,551	\$ 14,611,830	\$ 26,017,411	\$ 152,940,553	\$ 252,357,095	\$ 173,749,361	\$ 284,747,057	\$ 9.846.147	\$ 5.029.332	\$ 299 622 536
Board Designated											
PNC Bank:											
600 Kendall 602 Nurses Alumni	•	0 0	•	0 0	\$ 626,136 307,425	\$ 792,810 437,445	\$ 626,136 307,425	\$ 792,810 437,445	\$ 21,052 11,890	\$ 401	\$ 814,263 449,409
Totals	\$	\$	\$	\$	\$ 933,561	\$ 1,230,255	\$ 933,561	\$ 1,230,255	\$ 32,942	\$ 475	\$ 1,263,672



## **Kentucky Secretary of State** Michael G. Adams

## KOSAIR CHARITIES COMMITTEE, INC.

File Annual Report

File Certificate of Assumed Name (DBA)

Change Address or Registered Agent

File Dissolution

Printable Forms

Subscribe to changes made to this entity

Certificates

### **General Information**

**Organization Number** 

0029434

Name

KOSAIR CHARITIES COMMITTEE, INC.

**Profit or Non-Profit** 

N - Non-profit

**Company Type** 

KCO - Kentucky Corporation

**Status** 

A - Active

Standing

G - Good

State

KY

**File Date** 

11/13/1923

**Organization Date** 

11/13/1923

**Last Annual Report** 

6/2/2022

P.O. BOX 37370

**Principal Office** 

LOUISVILLE, KY 40233

**Registered Agent** 

AIMEE SAPP

982 EASTERN PARKWAY

LOUISVILLE, KY 40217

### **Current Officers**

Chairman

Kenneth Reiss

**Vice President** 

Patrick Miller

Secretary

Richard Williams

**Treasurer** 

Kirk Carter

**Director** 

C. Brown Allen

**Director** 

David Owen

**Director** 

**Robert Flowers**