

NEIGHBORHOOD DEVELOPMENT FUND
Not-for-Profit Transmittal and Approval Form

Applicant/Program: Kosair Charities Committee, Inc./ The Magic and The Wonder

Executive Summary of Request:

The Magic and The Wonder is an event to raise funds for Kosair Charities. The net proceeds of the event will be used by Kosair Charities for assistance with medical bills and / or treatment for children.

The NDF request of \$1,500 will help to provide financial assistance for children by providing program supplies for The Magic and The Wonder Show.

Is this program/project a fundraiser?

☒ Yes ☐ No

Is this applicant a faith based organization?

☐ Yes ☒ No

Does this application include funding for sub-grantee(s)?

☐ Yes ☒ No

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.


District # _____ Council Member Signature _____

\$1,500.⁰⁰
Amount

4-5-2016
Date

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.

Councilman David James is on the Kosair Charities Committee Advisory Board

Approved by:

Appropriations Committee Chairman

Date

Clerk's Office Only:

Request Amount: _____ Committee Amended Appropriation: _____

Original Appropriation: _____ Council Amended Appropriation: _____

Applicant/Program:

Additional Disclosure and Signatures

Additional Council Office 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.

[illegible]

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST

Legal Name of Applicant Organization: Kosair Charities Committee, Inc.

Program Name and Request Amount: The Magic and The Wonder

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="text" value="Yes"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="text" value="Yes"/>
Is the proposed public purpose of the program viable and well-documented?	<input type="text" value="Yes"/>
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="text" value="Yes"/>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="text" value="Yes"/>
Has prior Metro Funds committed/granted been disclosed?	<input type="text" value="Yes"/>
Is the application properly signed and dated by authorized signatory?	<input type="text" value="Yes"/>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="text" value="Yes"/>
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="text" value="N/A"/>
Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission? 	<input type="text" value="Yes"/>
Is the current Fiscal Year Budget included?	<input type="text" value="Yes"/>
Is the entity's board member list (with term length/term limits) included?	<input type="text" value="Yes"/>
Is recommended funding less than 33% of total agency operating budget?	<input type="text" value="Yes"/>
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="text" value="Yes"/>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="text" value="N/A"/>
Is the most recent annual audit (if required by organization) included?	<input type="text" value="Yes"/>
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="text" value="N/A"/>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="text" value="No"/>
Are the Articles of Incorporation of the Agency included?	<input type="text" value="Yes"/>
Is the IRS Form W-9 included?	<input type="text" value="Yes"/>
Is the IRS Form 990 included?	<input type="text" value="Yes"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="text" value="N/A"/>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="text" value="N/A"/>
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="text" value="Yes"/>

Prepared by: *Allison Oliver* Date: *4-5-16*



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Kosair Charities Committee, Inc. <small>(as listed on: http://www.sos.ky.gov/business/records)</small>			
Main Office Street & Mailing Address: 982 Eastern Parkway; Louisville, KY 40217			
Website: www.kosair.org			
Applicant Contact:	Terry Kuhn	Title:	Vice President - Finance
Phone:	502-637-7696	Email:	tkuhn@kosair.org
Financial Contact:	Terry Kuhn	Title:	VP – Finance
Phone:	502-637-7696	Email:	tkuhn@kosair.org
Organization's Representative who attended NDF Training: Terry Kuhn			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Louisville, KY		
Council District(s):	6 & 10	Zip Code(s):	40217, 40202
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: The Magic and The Wonder			
Total Request: (\$)	1,500	Total Metro Award (this program) in previous year: (\$)	\$500
Purpose of Request (check all that apply): <div style="margin-left: 20px;"> <input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc) </div>			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
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: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The purpose of Kosair Charities is to administer for charitable, benevolent, eleemosynary, educational and civil purposes all funds turned over to it. Kosair Charities' goal is to serve children with medical needs and to help make lives better and futures brighter. We help children by providing access to quality medical care and promoting and funding pediatric research.



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SECTION 4 – 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 and The Wonder is an event occurring on Sunday, May 22, whose purpose is to raise funds for Kosair Charities. The net proceeds (revenue less operating expenses) of the one day event will be used by Kosair Charities for assistance with medical bills and/or other treatment for children. While the specific fund raising event will take place in May, client assistance is ongoing throughout Kosair Charities' fiscal year.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

Proceeds from the magic show 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 \$1,500 Proposed Metro Funds,
which are for reimbursement for program supplies,
will be used to provide financial assistance for
children under Kosair's Special Kids Program.



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C: If this request is a fundraiser, please detail how the proceeds will be spent:

Wonder is a 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 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 Anesthesia 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:

☐ Effective October 24, 2013, reimbursements should not be made 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.

☒ 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.



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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 first quarter of the current fiscal year (October 2, 2015 - December 31, 2015) Kosair Charities paid over \$68,000 in medical assistance for qualified families. Also, during the first quarter, Kosair Charities distributed over \$600,000 in grants to fund agencies who provide quality medical care to children and/or engage in pediatric research. The Magic and 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 program/project specifically.

N/A



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SECTION 5 – 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.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities		10,000	10,000
C: Office Supplies		6,000	6,000
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts		8,000	8,000
H: Program Materials	1,500	6,500	8,000
I: Community Events & Festivals (Attach Detail List)			
J: Small Equipment			
K: Capital Equipment			
L: Other Expenses (Attach Detail List)		9,000	9,000
*TOTAL PROGRAM/PROJECT FUNDS	1,500	39,500	41,000
% of Program Budget	3.7 %	96.3 %	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)	39,500
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	39,500

*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

**Must equal or exceed total in column 2.



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Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Patrick & Janice Miller	n/a	500 volunteer hours
Volunteer Committee	n/a	234 volunteers hours*
		* 1hr per volunteer week (13 weeks)
<i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)	n/a	

* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK

Agency Fiscal Year Start Date: October 1, 2015

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO ☒ YES ☐

If YES, please explain:



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SECTION 6 – 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

1. 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 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.
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.
7. 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 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.

Standard Certifications

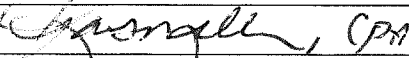
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event 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.
5. 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.

G. Stuckel, D. James & D. Nicholson are on KCC Board or Advisory Council.

SECTION 7 – 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: 		Date:	3-30-16
Legal Signatory: (please print): Ronald L. Miller		Title:	Senior VP & CFO
Phone:	502-637-7696	Extension:	110
Email:	rmiller@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 10 1983

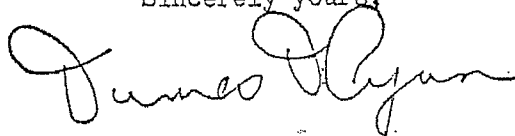
Dear Sir or Madam:

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

BUDGET - Statement of Activity

Kosair Charities

Budget October 2015- September 2016

	<u>9/30/2016</u> <u>BUDGET</u>	<u>9/30/2015</u> <u>Projected</u>	<u>9/30/2014</u> <u>Actual</u>
REVENUE			
Contributions	\$ 2,124,000	\$ 2,221,747	\$ 2,705,486
Legacies and Bequests	\$ 2,460,000	\$ 2,351,123	\$ 1,822,228
SUBTOTAL CONTRIBUTIONS	\$ 4,584,000	\$ 4,572,869	\$ 4,527,714
Special Events	\$ 450,000	\$ 396,445	\$ 506,417
Rental Income (Campus leasing)	\$ 984,000	\$ 917,197	\$ 1,007,724
Investment Income	\$ 16,201,500	\$ 597,685	\$ 32,364,761
TOTAL REVENUE	\$ 22,219,500	\$ 6,484,196	\$ 38,406,616
EXPENSES			
Grants & Childcare Services	\$ 18,138,420	\$ 18,348,979	\$ 16,672,829
Management & General Expenses	\$ 1,069,800	\$ 969,853	\$ 842,847
Fund Raising Expenses	\$ 1,004,100	\$ 921,655	\$ 1,011,195
TOTAL EXPENSES	\$ 20,212,320	\$ 20,240,487	\$ 18,526,872
NET INCOME (LOSS)	\$ 2,007,180	\$ (13,756,292)	\$ 19,879,744

2016 Kosair Charities Board of Directors

Name	Office	Current Term Began	Current Term Ends
Jerry Ward	Chairman	2016	2021
H. I. Storth	Vice Chairman	2015	2020
Robert Flowers	Treasurer/Trustee	2015	2020
J. B. Hitt	Secretary/Trustee/V of O	2016	2017
Larry Craig		2016	2021
Barry Dunn		2016	2021
Matt Brotzge		2015	2020
Wendell Wright		2015	2020
Patrick Miller		2014	2019
David Nicholson		2014	2019
Ken Reiss		2014	2019
Glen Stuckel		2014	2019
Harry Lusk		2013	2018
Frank Texas		2013	2018
Kirk Carter	Trustee	2012	2017
Randy Coe		2012	2017
Martin Walters		2012	2017
David Owen	Trustee	2012	2017
V. Tom Larimore		2012	2017
J. R. Riggs		2013	2018
Steve Hueston	V of O	2016	2017
Gary Morgan	V of O	2016	2017
Jim Szofer	V of O	2016	2017
Eddie Chrisman	V of O	2016	2017
Note: Terms are for 5 years, except for "Virtue of Office" board members. Those are one year terms.			
Members can serve up to three consecutive terms.			

2016 Kosair Charities Board Members

Kosair Charities PO Box 37370, 40233-7370 - 982 Eastern Parkway 40217
Toll Free Number 1-888-454-3752

Matthew L. Brotzge (January 2020)
[REDACTED]

Kirk Carter, PP (January 2017)
Trustee
[REDACTED]

Eddie Chrisman, PP *(V of O)
[REDACTED]

Randy Coe, PP (January 2017)
President, Kosair Charities
[REDACTED]

Larry Craig (January, 2021)
[REDACTED]

Barry Dunn (2021)
[REDACTED]

Robert W. Flowers (January 2020)
Treasurer/Trustee
[REDACTED]

J. B. Hitt, II (January 2017)
Secretary/Trustee
[REDACTED]

Steve Hueston, Potentate *(V of O)
[REDACTED]

V. Tom Larimore (January 2017)
tom_larimore@hotmail.com

Harry Lusk (January 2018)
[REDACTED]

Patrick Philip Miller (January 2020)
[REDACTED]

Gary Morgan * (V of O)
[REDACTED]

David L. Nicholson (January 2019)
[REDACTED]

David Owen, PP (January 2017)
Trustee
[REDACTED]

Kenneth Reiss, PP (January 2019)
kenreiss@louisvilleframe.com

Orval Riggs, Jr., PP *(V of O)
[REDACTED]

H. I. Stroth, Jr. (January 2019)
Vice Chairman
[REDACTED]

Glen E. Stuckel (January 2019)
[REDACTED]

James E. Szofer *(V of O)
[REDACTED]

Frank Texas (January 2018)
[REDACTED]

Martin R. Walters (January 2017)
[REDACTED]

Jerry W. Ward (January 2020)
Chairman
[REDACTED]

Wendell P. Wright (January 2020)
[REDACTED]

BOARD MEMBERS EMERITUS

C. Brown Allen, PP
[REDACTED]

KOSAIR CHARITIES COMMITTEE, INC.

STATEMENT OF FINANCIAL POSITION SEPTEMBER 30, 2015 (WITH SUMMARIZED FINANCIAL INFORMATION FOR SEPTEMBER 30, 2014)

	2015			2014
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
ASSETS				
Cash and cash equivalents	\$ 5,800,906	\$ 0	\$ 0	\$ 5,800,906
Certificates of deposit	1,000,000	0	0	1,000,000
Bequests and accounts receivable	202,413	0	0	202,413
Accrued interest and dividends receivable	135,272	0	0	135,272
Pledges receivable, net	128,765	0	0	128,765
Prepaid expenses	163,163	0	0	163,163
Investments	103,984,408	7,347,647	117,118,676	228,450,731
Investments held in trust by others	0	0	13,900,795	13,900,795
Property and equipment, net	7,270,965	0	0	7,270,965
Real estate - donated & held for sale	1,355,000	0	0	1,355,000
Total assets	\$ 120,040,892	\$ 7,347,647	\$ 131,019,471	\$ 258,408,010
				\$ 280,181,583
LIABILITIES AND NET ASSETS				
Accounts payable and accrued expenses	\$ 1,918,982	\$ 0	\$ 0	\$ 1,918,982
Grants payable	78,072,944	0	0	78,072,944
Annuities payable	331,235	0	0	331,235
Total liabilities	80,323,161	0	0	80,323,161
Net assets	39,717,731	7,347,647	131,019,471	178,084,849
				191,889,591
Total liabilities and net assets	\$ 120,040,892	\$ 7,347,647	\$ 131,019,471	\$ 258,408,010
				\$ 280,181,583

See accompanying notes to financial statements.

KOSAIR CHARITIES COMMITTEE, INC.

STATEMENT OF ACTIVITIES YEAR ENDED SEPTEMBER 30, 2015 (WITH SUMMARIZED FINANCIAL INFORMATION FOR THE YEAR ENDED SEPTEMBER 30, 2014)

	2015			2014
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenues, gains (losses), and other support:				
Public support received directly:				
Contributions	\$ 1,894,513	\$ 0	\$ 0	\$ 1,894,513
Special events, less direct costs of \$343,422 and \$306,976, respectively	343,801	0	0	343,801
Legacies and bequests	1,629,503	0	2,509,381	4,138,884
				1,822,228
Total public support received directly	3,867,817	0	2,509,381	6,377,198
				4,705,229
Program service revenues	1,009,660	0	0	1,009,660
				1,007,724
Other revenues (losses):				
Interest and dividends from investments, net of fees	1,814,282	1,550,518	0	3,364,800
Realized gains on investments	6,474,328	5,533,073	0	12,007,401
Unrealized gains (losses) on investments	(8,836,398)	(7,551,740)	0	(16,388,138)
Appreciation (depreciation) of investments held in trust by others	0	0	(990,471)	(990,471)
Change in value of split-interest agreement	157,088	0	0	157,088
Loss on sale of assets	(1,855)	0	0	(1,855)
Other income	976	0	0	976
				332,703
Total other revenues (losses)	(391,579)	(468,149)	(990,471)	(1,850,199)
				32,693,691
Appropriation of endowment assets for expenditure	6,760,182	(6,760,182)	0	0
				0
Total revenues, gains (losses), and other support	11,246,080	(7,228,331)	1,518,910	5,536,659
				38,406,644
Expenses and changes in net assets:				
Program services:				
Child care services and other grants	17,491,234	0	0	17,491,234
				16,672,858
Supporting services expense:				
Management and general	1,063,979	0	0	1,063,979
Fundraising	786,188	0	0	786,188
				1,011,195
Total supporting services	1,850,167	0	0	1,850,167
				1,854,041
Total expenses	19,341,401	0	0	19,341,401
				18,526,899
Change in net assets	(8,095,321)	(7,228,331)	1,518,910	(13,804,742)
				19,879,745
Net assets, beginning of year	47,813,052	14,575,978	129,500,561	191,889,591
				172,009,846
Net assets, end of year	\$ 39,717,731	\$ 7,347,647	\$ 131,019,471	\$ 178,084,849
				\$ 191,889,591

See accompanying notes to financial statements.

KOSAIR CHARITIES COMMITTEE, INC.

STATEMENT OF FUNCTIONAL EXPENSES YEAR ENDED SEPTEMBER 30, 2015 (WITH SUMMARIZED FINANCIAL INFORMATION FOR THE YEAR ENDED SEPTEMBER 30, 2014)

	2015			2014	
	Program Services	Management and General	Fundraising	Total	Total
Expenses:					
Personnel expenses:					
Salaries and employee benefits	\$ 467,185	\$ 685,109	\$ 449,988	\$ 1,602,282	\$ 1,457,722
Retirement plan	41,622	61,967	39,272	142,861	116,681
Total personnel expenses	508,807	747,076	489,260	1,745,143	1,574,403
Other expenses:					
Advertising and publicity	397,451	13,237	44,447	455,135	411,923
Conferences, meetings, and travel	19,211	35,018	9,398	63,627	96,724
Depreciation	381,739	50,271	0	432,010	415,335
Dues and subscriptions	0	16,702	0	16,702	19,336
Gift in kind expense	0	0	495	495	0
Grants to children's health agencies and other non-profit organizations	14,507,117	0	0	14,507,117	14,165,468
Insurance	101,769	11,464	0	113,233	97,219
Other nonpersonnel expenses	6,021	70,000	29,042	105,063	18,961
Outside computer services	540	5,122	7,037	12,699	21,534
Printing, shipping and postage	16,708	10,707	133,183	160,598	224,090
Professional fees	1,171,655	33,401	72,426	1,277,482	789,863
Repairs and maintenance	223,578	5,759	0	229,337	300,477
Rental	958	0	275	1,233	39,874
Staff development	0	9,027	600	9,627	12,206
Supplies	19,365	32,967	(13,120)	39,212	109,450
Telephone	9,359	12,655	7,609	29,623	35,819
Utilities	126,860	10,446	5,223	142,529	192,888
Other	96	127	313	536	1,329
Total other expenses	16,982,427	316,903	296,928	17,596,258	16,952,496
Total expenses	\$ 17,491,234	\$ 1,063,979	\$ 786,188	\$ 19,341,401	\$ 18,526,899

See accompanying notes to financial statements.

KOSAIR CHARITIES COMMITTEE, INC.

STATEMENTS OF CASH FLOWS YEARS ENDED SEPTEMBER 30, 2015 AND 2014

	2015	2014
Operating activities:		
Change in net assets	\$ (13,804,742)	\$ 19,879,745
Adjustments to reconcile change in net assets to net cash flows from operating activities:		
Depreciation	439,245	422,571
Loss on sale of assets	1,855	0
Amortization to fair value of grants payable	3,201,000	1,770,000
Change in value of split-interest agreement	(157,088)	38,089
Net loss (gain) on investments	4,380,737	(26,329,845)
Contributions restricted for permanent investment	(2,509,381)	(1,822,171)
Donation of real estate	(1,355,000)	0
Depreciation (appreciation) of investments held in trust by others	990,471	(1,419,357)
Changes in operating assets and liabilities:		
Bequests and accounts receivable	28,801	(178,592)
Accrued interest and dividends receivable	30,310	(31,371)
Pledges receivable	77,034	416,353
Prepaid expenses and other assets	10,515	(4,494)
Deposits	0	13,200
Accounts payable and accrued expenses	(6,619,233)	5,530,489
Grants and annuities payable	(4,393,510)	(4,969,321)
 Net cash flows from operating activities	 (19,678,986)	 (6,684,704)
Investing activities:		
Purchase of equipment and leasehold improvements	(317,658)	(133,965)
Proceeds from sale of investments	88,235,394	87,320,755
Purchase of investments	(83,054,293)	(97,175,721)
 Net cash flows from investing activities	 4,863,443	 (9,988,931)
Financing activities:		
Contributions restricted for permanent investment	2,509,381	1,822,171
 Net change in cash and cash equivalents	 (12,306,162)	 (14,851,464)
 Cash and cash equivalents, beginning of year	 18,107,068	 32,958,532
 Cash and cash equivalents, end of year	 <u>\$ 5,800,906</u>	 <u>\$ 18,107,068</u>

See accompanying notes to financial statements.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

A For the 2014 calendar year, or tax year beginning 10/1/2014 and ending 9/30/2015

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

C Name of organization KOSAIR CHARITIES COMMITTEE, INC.
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite _____
PO BOX 37370
 City or town State ZIP code
LOUISVILLE KY 40233
 Foreign country name Foreign province/state/county Foreign postal code _____

D Employer identification number _____

E Telephone number (502) 637-7696

G Gross receipts \$ 100,329,971

F Name and address of principal officer:
WALTER R. COE 982 EASTERN PKWY, LOUISVILLE, KY 40217

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

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

J Website: WWW.KOSAIR.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1923 **M** State of legal domicile: KY

H(c) Group exemption number

Part I Summary

1 Briefly describe the organization's mission or most significant activities: PROVIDE FUNDS FOR RESEARCH, EDUCATION / TREATMENT OF VARIOUS CHILDHOOD DISEASES AND PROBLEMS; PROVIDE GRANTS TO NON-PROFIT ORGANIZATIONS, INCLUDING HOSPITALS AND OTHER AGENCIES, FOR THIS PURPOSE.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>24</u>
4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>21</u>
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<u>5</u>	<u>22</u>
6 Total number of volunteers (estimate if necessary)	<u>6</u>	<u>200</u>
7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>
b Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	<u>4,347,895</u>	<u>6,033,397</u>
9 Program service revenue (Part VIII, line 2g)	<u>0</u>	<u>0</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>22,100,204</u>	<u>16,388,678</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>758,499</u>	<u>390,024</u>
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>27,206,598</u>	<u>22,812,099</u>
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>12,800,948</u>	<u>13,527,661</u>
14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>1,418,201</u>	<u>1,613,979</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
b Total fundraising expenses (Part IX, column (D), line 25)	<u>793,723</u>	<u></u>
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>4,046,644</u>	<u>4,253,679</u>
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>18,265,793</u>	<u>19,395,319</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>8,940,805</u>	<u>3,416,780</u>

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	<u>280,181,583</u>	<u>258,408,010</u>
21 Total liabilities (Part X, line 26)	<u>88,142,909</u>	<u>80,323,161</u>
22 Net assets or fund balances. Subtract line 21 from line 20	<u>192,038,674</u>	<u>178,084,849</u>

Part II Signature Block

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

Sign Here

Signature of officer Walter R. Coe Date March 29, 2016
 Type or print name and title WALTER R. COE PRESIDENT & CEO

Paid Preparer Use Only

Print/Type preparer's name Simon L. Noe Preparer's signature Simon L. Noe Date 3/29/16 Check ☐ if self-employed PTIN 800074256
 Firm's name Blue & Co., LLC Firm's EIN
 Firm's address 2650 Eastpoint Pkwy, Ste. 300 Phone no.

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

For Paperwork Reduction Act Notice, see the separate Instructions.

Louisville, KY 40223

Form 990 (2014)

Part III**Statement of Program Service Accomplishments**

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

☒ **X****1** Briefly describe the organization's mission:

PROVIDE FUNDS FOR RESEARCH, EDUCATION AND TREATMENT OF VARIOUS CHILDHOOD DISEASES AND
 PROBLEMS; PROVIDE GRANTS TO NON-PROFIT ORGANIZATIONS, INCLUDING HOSPITALS AND OTHER
 AGENCIES, FOR THIS PURPOSE.

2 Did the organization undertake any significant program services during the year which were not listed on
 the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

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

4a (Code:) (Expenses \$ 3,649,598 including grants of \$ 3,649,598) (Revenue \$)
 NORTON HEALTHCARE DBA KOSAIR CHILDREN'S HOSPITAL, LOUISVILLE, KY. PEDIATRIC CARE HOSPITAL. FUNDS
 CURRENTLY BEING HELD IN ESCROW ARE PROVIDED FOR MAINTENANCE OF CHILDREN'S PROGRAMS AND SERVICES /
 KOSAIR CHILDREN'S HOSPITAL, INCLUDING THE PROVISION FOR MEDICAL CARE FOR CHILDREN OF INDIGENT AND
 LOW INCOME FAMILIES.

4b (Code:) (Expenses \$ 1,471,528 including grants of \$ 1,471,528) (Revenue \$)
 UNIVERSITY OF LOUISVILLE PEDIATRICS, LOUISVILLE, KY. FUNDS PROVIDED FOR RESEARCH AND THE STUDY OF
 VARIOUS DISEASES IN PEDIATRIC PATIENTS.

4c (Code:) (Expenses \$ 913,457 including grants of \$ 913,457) (Revenue \$)
 THE CENTER FOR WOMEN AND FAMILIES, LOUISVILLE, KY. FUNDS ARE PROVIDED TO DEVELOP THE KOSAIR
 CHARITIES CHILDREN AND YOUTH VIOLENCE PREVENTION CENTER.

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ 11,503,034 including grants of \$ 8,472,534) (Revenue \$ 0)

4e Total program service expenses ► 17,537,617

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	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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	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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	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, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? 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
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f X	
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 (see instructions).	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 X	
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
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
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	

Part V**Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V. ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 96		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 22		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 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. 13b		
c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	24		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
1b Enter the number of voting members included in line 1a, above, who are independent	21		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
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		X
6 Did the organization have members or stockholders?	6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b		X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ KY

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

WALTER R. COE (502) 637-7696
982 EASTERN PKWY, LOUISVILLE, KY 40217

Part VII**Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JERRY WARD CHAIRMAN	3.00	X		X						
(2) WENDELL WRIGHT VICE-CHAIRMAN	3.00	X		X						
(3) EDDIE CHRISMAN BOARD MEMBER	3.00	X						18,000		
(4) ROBERT FLOWERS TREASURER	3.00	X		X						
(5) C. BROWN ALLEN BOARD MEMBER EMERITUS	3.00	X								
(6) KIRK CARTER TRUSTEE	3.00	X								
(7) WALTER R. COE PRESIDENT	40.00	X		X				173,034		35,612
(8) HARRY LUSK BOARD MEMBER	3.00	X								
(9) JOHN B. HITT SECRETARY	3.00	X		X						
(10) V. TOM LARIMORE BOARD MEMBER	3.00	X								
(11) PATRICK MILLER BOARD MEMBER	3.00	X								
(12) ORVAL RIGGS, JR BOARD MEMBER	3.00	X								
(13) DAVID OWEN TRUSTEE	3.00	X								
(14) KENNETH REISS BOARD MEMBER	3.00	X								

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) GLEN STUCKEL BOARD MEMBER	3.00	X								
(16) H. I. STROTH BOARD MEMBER	3.00	X						11,640		
(17) MATT BROTZKE BOARD MEMBER	3.00	X								
(18) DAVID NICHOLSON BOARD MEMBER	3.00	X								
(19) MARTIN WALTERS BOARD MEMBER	3.00	X								
(20) B. SHAWN WARREN BOARD MEMBER	3.00	X								
(21) FRANK TEXAS BOARD MEMBER	3.00	X								
(22) STEVE HUESTON BOARD MEMBER	3.00	X								
(23) FERRELL LOWERY BOARD MEMBER	3.00	X								
(24) GARY MORGAN BOARD MEMBER	3.00	X								
(25) RONALD MILLER SR VICE PRESIDENT, CFO	40.00			X				125,871		22,324
1b Sub-total								310,545	18,000	57,936
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								310,545	18,000	57,936

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

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** 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*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0			
	b	Membership dues	1b	0			
	c	Fundraising events	1c	6,033,397			
	d	Related organizations	1d	0			
	e	Government grants (contributions)	1e	0			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	0			
	g	Noncash contributions included in lines 1a-1f: \$ 1,484,683					
	h	Total. Add lines 1a-1f		6,033,397			
Program Service Revenue			Business Code				
	2a	-----		0			
	b	-----		0			
	c	-----		0			
	d	-----		0			
	e	-----		0			
	f	All other program service revenue		0			
	g	Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,381,276			4,381,276
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real (ii) Personal				
	6a	Gross rents	1,009,660				
	b	Less: rental expenses	962,558				
	c	Rental income or (loss)	47,102	0			
	d	Net rental income or (loss)		47,102			47,102
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
			88,235,394	0			
	b	Less: cost or other basis and sales expenses	76,227,992	0			
	c	Gain or (loss)	12,007,402	0			
	d	Net gain or (loss)		12,007,402			12,007,402
	8a	Gross income from fundraising events (not including \$ 72,711 of contributions reported on line 1c). See Part IV, line 18	a	660,515			
	b	Less: direct expenses	b	324,153			
	c	Net income or (loss) from fundraising events		336,362			336,362
	9a	Gross income from gaming activities. See Part IV, line 19	a	8,753			
	b	Less: direct expenses	b	1,314			
	c	Net income or (loss) from gaming activities		7,439			7,439
	10a	Gross sales of inventory, less returns and allowances	a	0			
b	Less: cost of goods sold	b	1,855				
c	Net income or (loss) from sales of inventory		-1,855				
Miscellaneous Revenue		Business Code					
11a	Tax Credit		976			976	
b	-----		0				
c	-----		0				
d	All other revenue		0				
e	Total. Add lines 11a-11d		976				
12	Total revenue. See instructions.		22,812,099	0	0	16,780,557	

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	13,313,448	13,313,448		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	214,213	214,213		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	359,006	85,479	273,527	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	927,735	210,545	352,237	364,953
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	100,263	24,301	36,690	39,272
9 Other employee benefits	134,234	33,940	46,716	53,578
10 Payroll taxes	92,741	23,378	37,906	31,457
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	1,016,476	1,008,941		7,535
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
12 Advertising and promotion	455,135	397,451	13,237	44,447
13 Office expenses	36,494	16,647	32,967	-13,120
14 Information technology	12,699	540	5,122	7,037
15 Royalties	0			
16 Occupancy	15,669		10,446	5,223
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	63,627	19,211	35,018	9,398
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	50,271	0	50,271	0
23 Insurance	47,388	35,924	11,464	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Dues and Subscriptions	16,702		16,702	
b Professional Fees	1,252,907	1,147,080	33,401	72,426
c Printing, Shipping, Postage	160,598	16,708	10,707	133,183
d Community Awareness	979,456	979,456		
e All other expenses	146,257	10,355	97,568	38,334
25 Total functional expenses. Add lines 1 through 24e	19,395,319	17,537,617	1,063,979	793,723
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	703	1	1,712,788
	2 Savings and temporary cash investments	19,106,365	2	2,127,238
	3 Pledges and grants receivable, net	205,799	3	128,765
	4 Accounts receivable, net	396,796	4	337,685
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	173,678	9	163,163
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,143,909		
	b Less: accumulated depreciation	10b 6,872,944	10c	7,270,965
	11 Investments—publicly traded securities	238,012,569	11	232,766,611
	12 Investments—other securities. See Part IV, line 11	14,891,266	12	13,900,795
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	280,181,583	16	258,408,010	
Liabilities	17 Accounts payable and accrued expenses	8,389,132	17	1,918,982
	18 Grants payable	73,059,659	18	78,072,944
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	6,181,024	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	513,094	25	331,235
	26 Total liabilities. Add lines 17 through 25	88,142,909	26	80,323,161
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	48,019,786	27	39,717,731
	28 Temporarily restricted net assets	14,518,327	28	7,347,647
	29 Permanently restricted net assets	129,500,561	29	131,019,471
	Organizations that do not follow SFAS 117 (ASC958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	192,038,674	33	178,084,849
	34 Total liabilities and net assets/fund balances	280,181,583	34	258,408,010

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,812,099
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,395,319
3	Revenue less expenses. Subtract line 2 from line 1	3	3,416,780
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	192,038,674
5	Net unrealized gains (losses) on investments	5	-17,370,605
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	178,084,849

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

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

Name of the organization

KOSAIR CHARITIES COMMITTEE, INC.

Employer identification number

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations 0
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,496,431	3,913,747	4,542,388	4,527,713	6,033,397	22,513,676
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	3,496,431	3,913,747	4,542,388	4,527,713	6,033,397	22,513,676
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						22,513,676

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	3,496,431	3,913,747	4,542,388	4,527,713	6,033,397	22,513,676
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,499,296	4,306,557	4,167,177	6,484,837	5,390,936	24,848,803
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						47,362,479
12 Gross receipts from related activities, etc. (see instructions)				12		667,954
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	47.53%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	46.44%
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Schedule 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.

OMB No. 1545-0047

2014

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

Name of the organization

KOSAIR CHARITIES COMMITTEE, INC.

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2014)

Name of organization

KOSAIR CHARITIES COMMITTEE, INC.

Employer identification number

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	VINCE FANELLI ESTATE Foreign State or Province: Foreign Country:	\$ 1,355,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	LEO MEREDITH Foreign State or Province: Foreign Country:	\$ 285,973	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	WALTER R COE Foreign State or Province: Foreign Country:	\$ 211,830	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	DAVID TAYLOR ESTATE Foreign State or Province: Foreign Country:	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	MILDRED JOBSON ESTATE Foreign State or Province: Foreign Country:	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	FRANCES JEFFRESS Foreign State or Province: Foreign Country:	\$ 126,592	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

11/11/2019

Part I

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
... 7 ...	MECHTILDE CAMPBELL ESTATE Foreign State or Province: Foreign Country:	\$ 124,066	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	 Foreign State or Province: Foreign Country:	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	 Foreign State or Province: Foreign Country:	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	 Foreign State or Province: Foreign Country:	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	 Foreign State or Province: Foreign Country:	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	 Foreign State or Province: Foreign Country:	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	 Foreign State or Province: Foreign Country:	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

KOSAIR CHARITIES COMMITTEE, INC.

Employer identification number

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Real estate - Anchorage, KY ----- ----- -----	\$ 1,355,000	6/22/2015
3	4,435 shares Franklin Mutual Shares Fund (MUTHX) ----- ----- -----	\$ 129,683	1/26/2015
	----- ----- ----- -----	\$ -----	-----
	----- ----- ----- -----	\$ -----	-----
	----- ----- ----- -----	\$ -----	-----
	----- ----- ----- -----	\$ -----	-----
	----- ----- ----- -----	\$ -----	-----

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

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

Name of the organization

Employer identification number

KOSAIR CHARITIES COMMITTEE, INC.

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 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)	211,830	
3 Aggregate value of grants from (during year)	193,136	
4 Aggregate value at end of year	18,694	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
1c Beginning balance	6,181,024
1d Additions during the year	
1e Distributions during the year	6,181,024
1f Ending balance	0

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

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

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	192,038,674	172,009,846	163,280,908	131,079,652	140,105,840
b Contributions	7,237,775	5,862,036	8,233,948	4,969,603	4,455,973
c Net investment earnings, gains, and losses	-1,850,199	32,693,691	27,644,872	41,615,547	2,396,834
d Grants or scholarships	17,491,234	16,672,858	25,157,388	12,341,381	13,827,160
e Other expenditures for facilities and programs	786,188	1,011,195	1,157,094	1,253,288	1,290,786
f Administrative expenses	1,063,979	842,846	835,400	789,225	761,049
g End of year balance	178,084,849	192,038,674	172,009,846	163,280,908	131,079,652

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

a Board designated or quasi-endowment ☐ 18%

b Permanent endowment ☐ 74%

c Temporarily restricted endowment ☐ 8%

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	752,316		752,316
b Buildings	0	10,608,336	6,017,242	4,591,094
c Leasehold improvements	0	0	0	0
d Equipment	0	2,783,257	855,702	1,927,555
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,270,965

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other INVESTMENTS HELD IN TRUST BY C	13,900,795 F	
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	13,900,795	

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	0

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
(2) ANNUITY PAYABLE	331,235	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	331,235	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	5,536,659
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-17,370,605
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	962,558
e	Add lines 2a through 2d	2e	-16,408,047
3	Subtract line 2e from line 1	3	21,944,706
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,016,476
b	Other (Describe in Part XIII.)	4b	-149,083
c	Add lines 4a and 4b	4c	867,393
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	22,812,099

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

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

1	Total expenses and losses per audited financial statements	1	19,341,401
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	962,558
e	Add lines 2a through 2d	2e	962,558
3	Subtract line 2e from line 1	3	18,378,843
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,016,476
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	1,016,476
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	19,395,319

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V Line 4 THE 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

CHARITIES COMMITTEE INC.'S ARTICLES OF INCORPORATION.

Part XI Line 2D IMPUTED RENTAL EXPENSE

Part XI Line 4B RECLASS OF DEPOSIT

Part XII Line 2D IMPUTED RENTAL EXPENSE

Part X Line 2 ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE USA 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 POSITION TAKEN BY THE COMMITTEE AND HAS CONCLUDED THAT AS OF SEPTEMBER 30, 2015

Part XIII Supplemental Information (continued)

AND 2014, 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.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

KOSAIR CHARITIES COMMITTEE, INC.

Employer identification number

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	0	0

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to 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	
		<u>McDonald's Golf</u> (event type)	<u>Flex Pack golf</u> (event type)	<u>13</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	177,827	91,275	466,257	735,359
	2	Less: Contributions . . .	49,354	23,357	0	72,711
	3	Gross income (line 1 minus line 2)	128,473	67,918	466,257	662,648
Direct Expenses	4	Cash prizes			0	0
	5	Noncash prizes			0	0
	6	Rent/facility costs			0	0
	7	Food and beverages . . .			0	0
	8	Entertainment			0	0
	9	Other direct expenses . .	93,128	18,998	167,159	279,285
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				(279,285)
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				383,363	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	<div><input type="checkbox"/> Yes ----- % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes ----- % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes ----- % <input type="checkbox"/> No</div>	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(0)
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				0

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? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

SCHEDULE I
(Form 990)

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

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service
Name of the organization

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

► Attach to Form 990.

Open to Public
Inspection

Employer identification number

KOSAIR CHARITIES COMMITTEE, INC.

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF LOUISVILLE DEPT. OF PEDIATRICS LOUISVILLE		501C3	1,471,528				SEE PT III, LINE 4B
(2) THE CENTER FOR WOMEN AND PO BOX 2048 LOUISVILLE, KY 40201		501C3	913,457				SEE PT III, LINE 4C
(3) ST. JOSEPH CHILDREN'S HOME 2823 FRANKFORT AVENUE LOUISVILLE		501C3	903,457				SEE SCHEDULE O
(4) SUMMIT ACADEMY 11508 MAIN STREET LOUISVILLE, KY		501C3	639,369				SEE SCHEDULE O
(5) HOME OF THE INNOCENTS 1100 E. MARKET STREET LOUISVILLE		501C3	497,762				SEE SCHEDULE O
(6) KIDS CENTER FOR PEDIATRIC THERAPY 982 EASTERN PARKWAY LOUISVILLE		501C3	446,872				SEE SCHEDULE O
(7) SPALDING UNIVERSITY 851 S. 4TH STREET LOUISVILLE, KY		501C3	357,320				SEE SCHEDULE O
(8) LOUISVILLE PEDIATRIC THERAPY 9810 BLUEGRASS PARKWAY LOUISVILLE		501C3	334,980				SEE SCHEDULE O
(9) KENTUCKY YOUTH ADVOCATES 11001 BLUEGRASS PKWY ST. LOUISVILLE		501C3	314,776				SEE SCHEDULE O
(10) GILDA'S CLUB PO BOX 4061 LOUISVILLE, KY 40204		501C3	292,351				SEE SCHEDULE O
(11) LINDSEY WILSON COLLEGE 210 LINDSEY WILSON STREET COVINGTON		501C3	232,170				SEE SCHEDULE O
(12) BLUEGRASS CENTER FOR AUTISM 9810 BLUEGRASS PKWY LOUISVILLE		501C3	213,696				SEE SCHEDULE O

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 104
- 3 Enter total number of other organizations listed in the line 1 table. 1

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

HTA

Continuation Sheet for Schedule I (Form 990)

Page 1 of 6

Name of the organization

KOSAIR CHARITIES COMMITTEE, INC.

Employer identification number

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(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
(13) HEUSER HEARING 111 E. KENTUCKY STREET LOUISVILLE, KY 40202		501C3	206,309				SEE SCHEDULE O
(14) CASA 982 EASTERN PKWY LOUISVILLE, KY 40211		501C3	184,104				SEE SCHEDULE O
(15) SHRINER'S HOSPITAL 1900 RICHMOND ROAD LEXINGTON, KY 40503		501C3	166,680				SEE SCHEDULE O
(16) VIPS 1906 GOLDSMITH LANE LOUISVILLE, KY 40203		501C3	135,100				SEE SCHEDULE O
(17) FUND FOR THE ARTS 623 W. MAIN STREET LOUISVILLE, KY 40202		501C3	120,000				SEE SCHEDULE O
(18) PITT ACADEMY 7515 WESTPORT ROAD LOUISVILLE, KY 40203		501C3	115,866				SEE SCHEDULE O
(19) DREAMS WITH WINGS 1579 BARDSTOWN ROAD LOUISVILLE, KY 40203		501C3	100,000				SEE SCHEDULE O
(20) FAMILY AND CHILDREN'S PLACE 2303 RIVER ROAD LOUISVILLE, KY 40206		501C3	95,257				SEE SCHEDULE O
(21) SPINA BIFIDA 982 EASTERN PKWY LOUISVILLE, KY 40211		501C3	85,620				SEE SCHEDULE O
(22) CABBAGE PATCH SETTLEMENT 1413 S. 6TH STREET LOUISVILLE, KY 40203		501C3	80,000				SEE SCHEDULE O
(23) COMMUNITY COORDINATED CHILD C 1215 S. 3RD STREET LOUISVILLE, KY 40203		501C3	80,000				SEE SCHEDULE O
(24) DOWN SYNDROME 5001 HURSTBOURNE PKWY LOUISVILLE, KY 40203		501C3	75,000				SEE SCHEDULE O
(25) THE HEALING PLACE 1020 W. MARKET STREET LOUISVILLE, KY 40203		501C3	73,283				SEE SCHEDULE O
(26) LOUISVILLE METRO POLICE FOUNDA 982 EASTERN PKWY LOUISVILLE, KY 40211		501C3	63,388				SEE SCHEDULE O
(27) AMERICAN COMMUNITY CENTER 4801 SOUTHSIDE DRIVE LOUISVILLE, KY 40203		501C3	62,449				SEE SCHEDULE O
(28) SCHOOL CHOICE SCHOLARSHIPS PO BOX 221546 PROSPECT, KY 40252		501C3	58,200				SEE SCHEDULE O
(29) JEWISH HOSPITAL 200 ABRAHAM FLEXNER WAY LOUISVILLE		501C3	50,016				SEE SCHEDULE O

Continuation Sheet for Schedule I (Form 990)

Name of the organization

KOSAIR CHARITIES COMMITTEE, INC.

Employer identification number

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(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
(30) MEREDITH-DUNN SCHOOL 3023 MELBOURNE AVE LOUISVILLE, KY 40		501C3	50,000				SEE SCHEDULE O
(31) HOSPARUS 3532 EPHRAIM MCDOWELL LOUISVILLE, K		501C3	45,000				SEE SCHEDULE O
(32) SILVER HEIGHTS CAMP PO BOX 1733 NEW ALBANY, IN 47150		501C3	45,000				SEE SCHEDULE O
(33) BOY & GIRLS CLUBS 3900 CRITTENDEN DRIVE LOUISVILLE, KY 4		501C3	41,583				SEE SCHEDULE O
(34) EPILEPSY FOUNDATION 982 EASTERN PKWY LOUISVILLE, KY 4021		501C3	39,976				SEE SCHEDULE O
(35) CHRISTINE M KLEINERT INST 255 ABRAHAM FLEXNER WAY LOUISVILLE		501C3	35,596				SEE SCHEDULE O
(36) FAMILY COMMUNITY CLINIC 1406 E WASHINGTON STREET LOUISVILLE		501C3	35,000				SEE SCHEDULE O
(37) DORMAN CENTER PO BOX 853 SHELBYVILLE, KY 40065		501C3	33,390				SEE SCHEDULE O
(38) MARYHURST 1015 DORSEY LANE LOUISVILLE, KY 40223		501C3	32,752				SEE SCHEDULE O
(39) CENTER FOR NONPROFIT EXCELLEN 323 W BROADWAY LOUISVILLE, KY 40202		501C3	31,700				SEE SCHEDULE O
(40) SHIVELY AREA MINISTRIES 4415 DIXIE HWY LOUISVILLE, KY 40216		501C3	31,474				SEE SCHEDULE O
(41) KENTUCKY HEMOPHILIA FOUNDATIO 1850 TAYLOR BLVD LOUISVILLE, KY 40213		501C3	30,695				SEE SCHEDULE O
(42) GREEN HILL THERAPY 1410 LONG RUN ROAD LOUISVILLE, KY 40		501C3	30,000				SEE SCHEDULE O
(43) BINGHAM CLINIC 300 E MARHET STREET, STE 400 LOUISVIL		501C3	25,000				SEE SCHEDULE O
(44) BLUEGRASS TRAINING & THERAPY C 10214 PLAUDIT WAY LOUISVILLE, KY 4027		501C3	25,000				SEE SCHEDULE O
(45) CARRIAGE HOUSE EDUCATION SERV 13101 EASTPOINTE PARK BLVD LOUISVILL		501C3	25,000				SEE SCHEDULE O
(46) DREAM FOUNDATION 8216 LIMEHOUSE LANE LOUISVILLE, KY 40		501C3	25,000				SEE SCHEDULE O

Continuation Sheet for Schedule I (Form 990)

Page 3 of 6

Name of the organization

KOSAIR CHARITIES COMMITTEE, INC.

Employer identification number

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(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
(47) GREATER LOU. MEDICAL SOCIETY FOR 101 W CHESTNUT STREET LOUISVILLE, KY		501C3	25,000				SEE SCHEDULE O
(48) KENTUCKY SCHOOL FOR THE BLIND 1867 FRANKFORT AVE LOUISVILLE, KY 40202		501C3	25,000				SEE SCHEDULE O
(49) WEST END SCHOOL 3628 VIRGINIA AVE LOUISVILLE, KY 40211		501C3	25,000				SEE SCHEDULE O
(50) YOUTHBUILD LOUISVILLE 812 S PRESTON LOUISVILLE, KY 40201		501C3	25,000				SEE SCHEDULE O
(51) ARCHDIOCESE OF LOUISVILLE 1935 LEWISTON DRIVE LOUISVILLE, KY 40202		501C3	20,475				SEE SCHEDULE O
(52) RONALD McDONALD HOUSE CHARIT 550 S 1ST STREET LOUISVILLE, KY 40202		501C3	20,165				SEE SCHEDULE O
(53) BOYS AND GIRLS HAVEN 2301 GOLDSMITH LANE LOUISVILLE, KY 40202		501C3	20,000				SEE SCHEDULE O
(54) EXPLOITED CHILDREN'S HELP ORGA 1500 POPLAR LEVEL ROAD, STE 2 LOUISVILLE, KY 40202		501C3	20,000				SEE SCHEDULE O
(55) LOUISVILLE AIDS WALK 810 BARRET AVE., STE 308 LOUISVILLE, KY 40202		501C3	20,000				SEE SCHEDULE O
(56) MARCH OF DIMES 4802 SHERBURN LANE, STE 103 LOUISVILLE, KY 40202		501C3	20,000				SEE SCHEDULE O
(57) NATIONAL MULTIPLE SCLEROSIS SOCIETY 1201 STORY AVE LOUISVILLE, KY 40206		501C3	20,000				SEE SCHEDULE O
(58) SHELBY COUNTY BOARD OF PARKS 717 BURKS BRANCH ROAD SHELBYVILLE, KY 40381		501C3	20,000				SEE SCHEDULE O
(59) ROTARY FUND OF LOUISVILLE 401 W MAIN STREET LOUISVILLE, KY 40202		501C3	17,500				SEE SCHEDULE O
(60) CYSTIC FIBROSIS FOUNDATION 1941 BISHOP LANE LOUISVILLE, KY 40218		501C3	16,500				SEE SCHEDULE O
(61) GUARDIANCARE 215 W BRECKENRIDGE STREET LOUISVILLE, KY 40202		501C3	16,000				SEE SCHEDULE O
(62) RIVERSIDE 7410 MOORMAN ROAD LOUISVILLE, KY 40202		501C3	16,000				SEE SCHEDULE O
(63) CAMP QUALITY PO BOX 35474 LOUISVILLE, KY 40232		501C3	15,000				SEE SCHEDULE O

Continuation Sheet for Schedule I (Form 990)

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Name of the organization

KOSAIR CHARITIES COMMITTEE, INC.

Employer identification number

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(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
(64) CUSTOM QUALITY SERVICES 3401 JEWELL AVE LOUISVILLE, KY 40212		501C3	15,000				SEE SCHEDULE O
(65) EASTERN AREA COMMUNITY MINISTRI 9104 WESTPORT ROAD LOUISVILLE, KY 40		501C3	15,000				SEE SCHEDULE O
(66) HURSTBOURNE CHRISTIAN CHURCH 601 NOTTINGHAM PKWY LOUISVILLE, KY 4		501C3	15,000				SEE SCHEDULE O
(67) KENTUCKY YMCA YOUTH ASSOCIATI PO BOX 4285 FRANKFORT, KY 40604		501C3	15,000				SEE SCHEDULE O
(68) SHARING AMERICA'S MARROW 10211 WORTHINGTON LANE PROSPECT, K		501C3	15,000				SEE SCHEDULE O
(69) USPIRITUS 311 BROOKLAWN CAMPUS DRIVE LOUISV		501C3	15,000				SEE SCHEDULE O
(70) PROJECT ONE 2600 W BROADWAY, STE 301 LOUISVILLE		501C3	13,000				SEE SCHEDULE O
(71) FOOD LITERACY PROJECT 9001 LIMEHOUSE LANE LOUISVILLE, KY 40		501C3	12,500				SEE SCHEDULE O
(72) PEACE EDUCATION PROGRAM 318 W KENTUCKY STREET LOUISVILLE, K		501C3	12,500				SEE SCHEDULE O
(73) LEADERSHIP LOUISVILLE FOUNDATIO 732 W MAIN STREET LOUISVILLE, KY 4020		501C3	11,800				SEE SCHEDULE O
(74) LOUISVILLE CENTRAL COMMUNITY C 1300 W MUHAMMAD ALI BLVD LOUISVILLE		501C3	10,818				SEE SCHEDULE O
(75) FELLOWSHIP OF CHRISTIAN ATHLET 400 BLANKENBAKER PKWY LOUISVILLE, K		501C3	10,000				SEE SCHEDULE O
(76) GIRL SCOUTS OF KENTUCKIANA 2115 LEXINGTON ROAD LOUISVILLE, KY 40		501C3	10,000				SEE SCHEDULE O
(77) HOPE SOUTHERN INDIANA 1200 BONO ROAD NEW ALBANY, IN 47150		501C3	10,000				SEE SCHEDULE O
(78) KENTUCKY CENTER FOR THE ARTS 501 W MAIN STREET LOUISVILLE, KY 4020		501C3	10,000				SEE SCHEDULE O
(79) KENTUCKY PHILANTHROPIC INITIATI 465 HIGH STREET LEXINGTON, KY 40507		501C3	10,000				SEE SCHEDULE O
(80) LINCOLN HERITAGE COUNCIL, BSA 12001 SYCAMORE STATION PLACE LOUIS		501C3	10,000				SEE SCHEDULE O

Continuation Sheet for Schedule I (Form 990)

Name of the organization

KOSAIR CHARITIES COMMITTEE, INC.

Employer identification number

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(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
(81) SPAVA 1939 GOLDSMITH LANE LOUISVILLE, KY 40202		501C3	10,000				SEE SCHEDULE O
(82) ST. MARY'S CENTER PO BOX 43443 LOUISVILLE, KY 40253		501C3	10,000				SEE SCHEDULE O
(83) USACARES 562 B NORTH DIXIE BLVD RADCLIFF, KY 40161		501C3	10,000				SEE SCHEDULE O
(84) VOLUNTEERS OF AMERICA 570 S 4TH STREET LOUISVILLE, KY 40202		501C3	10,000				SEE SCHEDULE O
(85) HUNTINGTON'S DISEASE 982 EASTERN PKWY LOUISVILLE, KY 40211		501C3	8,840				SEE SCHEDULE O
(86) KENTUCKY TRUST FOR LIFE 982 EASTERN PKWY LOUISVILLE, KY 40211		501C3	8,576				SEE SCHEDULE O
(87) KENTUCKY FRIENDS OF NRA FOUND 5040 OLD TAYLOR MILL ROAD TAYLOR MIL LOUISVILLE, KY 40211		501C3	7,500				SEE SCHEDULE O
(88) LEUKEMIA & LYMPHOMA SOCIETY 301 E MAIN STREET LOUISVILLE, KY 40202		501C3	7,500				SEE SCHEDULE O
(89) LOUISVILLE 10 AND UNDER TENNIS A 709 BRAEVIEW ROAD LOUISVILLE, KY 40202		501C3	7,500				SEE SCHEDULE O
(90) NEIGHBORHOOD HOUSE 201 N 25TH STREET LOUISVILLE, KY 40212		501C3	7,500				SEE SCHEDULE O
(91) THE TIGER FOUNDATION PO BOX 11839 LOUISVILLE, KY 40251		501C3	6,500				SEE SCHEDULE O
(92) BULLITT COUNTY SCOTTISH RITE 254 CHALET ROAD LEBANON JUNCTION, KY 40530		501C10	6,000				SEE SCHEDULE O
(93) LIVING FAITH CHRISTIAN MINISTRIES 2330 ALGONQUIN PKWY LOUISVILLE, KY 40203		501C3	5,500				SEE SCHEDULE O
(94) CAMP HEART TO HEART 328 MAIN STREET LOUISVILLE, KY 40202		501C3	5,000				SEE SCHEDULE O
(95) COUNCIL OF AGENCY EXECUTIVES 1151 S 4TH STREET LOUISVILLE, KY 40203		501C3	5,000				SEE SCHEDULE O
(96) CRYPTIC MASONS MEDICAL RESEAR PO BOX 1489 NASHVILLE, IN 47448		501C3	5,000				SEE SCHEDULE O
(97) HARBOR HOUSE OF LOUISVILLE 2231 LOWER HUNTERS TRACE LOUISVILL		501C3	5,000				SEE SCHEDULE O

Continuation Sheet for Schedule I (Form 990)

Page 6 of 6

Name of the organization

KOSAIR CHARITIES COMMITTEE, INC.

Employer identification number

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(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
(98) HOUSE OF RUTH 607 E CATHERINE STREET LOUISVILLE, KY		501C3	5,000				SEE SCHEDULE O
(99) KNIGHTS TEMPLAR EYE FOUNDATION 166 PALM DRIVE HARRODSBURG, KY 4033		501C3	5,000				SEE SCHEDULE O
(100) PORTLAND CHRISTIAN SCHOOL 8509 WESTPORT ROAD LOUISVILLE, KY 40		501C3	5,000				SEE SCHEDULE O
(101) ROYAL ARCH RESEARCH ASSISTANCE 1084 NEW CIRCLE ROAD LEXINGTON, KY 2		501C3	5,000				SEE SCHEDULE O
(102) SPECIAL OLYMPICS 1230 LIBERTY BANK LANE LOUISVILLE, KY		501C3	5,000				SEE SCHEDULE O
(103) ST MATTHEWS AREA MINISTRIES 201 BILTMORE ROAD LOUISVILLE, KY 402		501C3	5,000				SEE SCHEDULE O
(104) UPSIDE THERAPEUTIC RIDING INC 250 KENWOOD HILL ROAD LOUISVILLE, KY 2		501C3	5,000				SEE SCHEDULE O
(105) KOSAIR CHILDREN'S HOSPITAL DBA NORTON HEALTHCARE LOUISVILLE, KY		501C3	3,649,598				SEE SCHEDULE O
(106).....							
(107).....							
(108).....							
(109).....							
(110).....							
(111).....							
(112).....							
(113).....							
(114).....							

SCHEDULE J
(Form 990)

Compensation Information

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

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

Name of the organization

Employer identification number

KOSAIR CHARITIES COMMITTEE, INC.

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- | | | |
|--|-----------|---|
| a Receive a severance payment or change-of-control payment? | 4a | X |
| 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 | X |

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

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

- | | | |
|--|-----------|---|
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |

If "Yes" to line 5a or 5b, describe in Part III.

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

- | | | |
|--|-----------|---|
| a The organization? | 6a | X |
| b Any related organization? | 6b | X |

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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 in 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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	WALTER R. COE	(i) 156,568		16,466	21,005	14,607	208,646	
	PRESIDENT	(ii)					0	
2		(i)						
		(ii)						
3		(i)						
		(ii)						
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

Part III Supplemental Information

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

Part II Line 1 AUTOMOBILE ALLOWANCE OF \$7,200 PAID TO WALTER COE

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

KOSAIR CHARITIES COMMITTEE, INC.

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	129,683	Sale of Mutual Funds
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial	X	1	1,355,000	PVA
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

KOSAIR CHARITIES COMMITTEE, INC.

Form 990, Part III, Line 4d: Program Service Expenses: 903,457, Grants and allocations:

903,457, Revenue: 0 ST. JOSEPH CHILDREN'S HOME, LOUISVILLE, KY. FUNDS ARE PROVIDED TO ASSIST
IN BUILDING FOUR RESIDENTIAL "COTTAGES" TO REPLACE OLD FACILITY.

Form 990, Part III, Line 4d: Program Service Expenses: 639,369, Grants and allocations:

639,369, Revenue: 0 SUMMIT ACADEMY, LOUISVILLE, KY. FUNDS ARE TO ASSIST WITH ON-SITE SPEECH
AND OCCUPATIONAL THERAPY FOR THE STUDENTS.

Form 990, Part III, Line 4d: Program Service Expenses: 497,762, Grants and allocations:

497,762, Revenue: 0 HOME OF THE INNOCENTS. GRANT MONEY WILL FUND THE BRIDGE TO THE FUTURE
INITIATIVE, WHICH WILL STRENGTHEN EXISTING PROGRAMS AND PROVIDE NEW SERVICES TO MEET THE NEEDS
OF THE REGION'S VULNERABLE CHILDREN.

Form 990, Part III, Line 4d: Program Service Expenses: 446,872, Grants and allocations:

446,872, Revenue: 0 KIDS CENTER FOR PEDIATRIC THERAPIES, LOUISVILLE, KY. PEDIATRIC TREATMENT
CENTER FOR CHILDREN HANDICAPPED DUE TO CEREBRAL PALSY AND RELATED DISEASES. THE GRANT FUNDS A
TREATMENT TEAM TO CARE FOR AND TREAT CHILDREN OF INDIGENT AND LOW INCOME FAMILIES. KOSAIR
CHARITIES ALSO PROVIDES SPACE AT 982 EASTERN PARKWAY FOR THIS AGENCY

Form 990, Part III, Line 4d: Program Service Expenses: 357,320, Grants and allocations:

357,320, Revenue: 0 SPALDING UNIVERSITY, LOUISVILLE, KY. FUNDS WILL GO TO ENTECH CENTER, TO
PROVIDE ASSISTIVE TECHNOLOGY SERVICES TO KOSAIR KIDS.

Form 990, Part III, Line 4d: Program Service Expenses: 334,980, Grants and allocations:

334,980, Revenue: 0 LOUISVILLE PEDIATRIC THERAPY CENTER. TO PROVIDE SERVICES INCLUDING
PEDIATRIC SPEECH AND OCCUPATIONAL THERAPY. KOSAIR CHARITIEA ALSO PROVIDES SPACE AT 9810
BLUEGRASS PARKWAY FOR THE ENTITY.

Form 990, Part III, Line 4d: Program Service Expenses: 314,776, Grants and allocations:

314,776, Revenue: 0 KENTUCKY YOUTH ADVOCATES. FUNDS PROVIDED TO ASSIST THE KYA'S MISSION TO
IMPROVE A CHILD'S WELL BEING AND TO PURSUE PUBLIC POLICIES THAT INFLUENCE THE LIVES OF
CHILDREN.

Name of the organization

Employer identification number

KOSAIR CHARITIES COMMITTEE, INC.

Form 990, Part III, Line 4d: Program Service Expenses: 292,351, Grants and allocations:

292,351, 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.

Form 990, Part III, Line 4d: Program Service Expenses: 232,170, Grants and allocations:

232,170, Revenue: 0 LINDSEY WILCON COLLEGE. FUNDS WILL BE USED TO SUPPORT THE PEDIATRIC
NURSING STUDENTS AS THEY PROVIDE SERVICES TO TERMINALLY ILL CHILDREN.

Form 990, Part III, Line 4d: Program Service Expenses: 213,696, Grants and allocations:

213,696, 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.

Form 990, Part III, Line 4d: Program Service Expenses: 206,309, Grants and allocations:

206,309, Revenue: 0 HEUSER HEARING, LOUISVILLE, KY. FUNDS PROVIDED TO OFFER POST-OPERATIVE
MONITORING, DEVICE MAPPING, SPEECH-LANGUAGE THERAPY AND SUPPORT GROUP PROGRAMS TO LOW-INCOME
FAMILIES AND UNDERINSURED CHILDREN WITH HEARING LOSS. KOSAIR CHARITIES ALSO PROVIDES SPACE AT
9810 BLUEGRASS PARKWAY.

Form 990, Part III, Line 4d: Program Service Expenses: 184,104, Grants and allocations:

184,104, 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 KOSAIR CENTRE
LOCATION - 982 EASTERN PARKWAY, LOUISVILLE, KY.

Form 990, Part III, Line 4d: Program Service Expenses: 166,680, Grants and allocations:

166,680, Revenue: 0 LEXINGTON SHRINERS HOSPITAL, LEXINGTON, KY. FUND PROGRAMS FOR A VARIETY
OF PEDIATRIC CARE.

Form 990, Part III, Line 4d: Program Service Expenses: 135,100, Grants and allocations:

135,100, Revenue: 0 VISUALLY IMPAIRED PRE-SCHOOL (VIPS). TO PROVIDE SERVICES TO INFANTS,
TODDLERS, AND PRE-SCHOOLERS WHO ARE VISUALLY IMPAIRED TO MAXIMIZE EACH CHILD'S DEVELOPMENT.

Form 990, Part III, Line 4d: Program Service Expenses: 120,000, Grants and allocations:

Name of the organization

Employer identification number

KOSAIR CHARITIES COMMITTEE, INC.

120,000, Revenue: 0 FUND FOR THE ARTS. FUNDS USED TO FURTHER AGENCY'S MISSION TO MAXIMIZE THE IMPACT OF THE ARTS ON ECONOMIC DEVELOPMENT, EDUCATION AND THE QUALITY OF LIFE FOR EVERYONE.

Form 990, Part III, Line 4d: Program Service Expenses: 115,866, Grants and allocations:

115,866, 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.

Form 990, Part III, Line 4d: Program Service Expenses: 100,000, Grants and allocations:

100,000, Revenue: 0 DREAMS WITH WINGS. FUNDS WILL ASSIST IN THE RENOVATION OF FACILITY SPACE TO EXPAND CLIENT SERVICES.

Form 990, Part III, Line 4d: Program Service Expenses: 95,257, Grants and allocations:

95,257, 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.

Form 990, Part III, Line 4d: Program Service Expenses: 85,620, Grants and allocations:

85,620, 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.

Form 990, Part III, Line 4d: Program Service Expenses: 80,000, Grants and allocations:

80,000, Revenue: 0 CABBAGEPATCH SETTLEMENT HOUSE. FUNDS PROVIDED TO EQUIP AND EMPOWER AT RISK CHILDREN, YOUTH, AND THEIR FAMILIES TO BE SELF-SUFFICIENT BY HELPING THEM MAXIMIZE THEIR POTENTIAL.

Form 990, Part III, Line 4d: Program Service Expenses: 80,000, Grants and allocations:

80,000, Revenue: 0 COMMUNITY COORDINATED CHILD CARE (4-C), LOUISVILLE, KY. FUNDS WILL BE USED TO PROVIDE PORTAL UPGRADE FOR FACE-IT PROGRAM.

Form 990, Part III, Line 4d: Program Service Expenses: 75,000, Grants and allocations:

75,000, Revenue: 0 DOWN SYNDROME OF LOUISVILLE. FOR RESEARCH AND ASSISTANCE FOR INDIVIDUALS WITH DOWN SYNDROME.

Form 990, Part III, Line 4d: Program Service Expenses: 73,283, Grants and allocations:

73,283, Revenue: 0 THE HEALING PLACE. THE FUNDS ARE TO HELP THE HEALING PLACE COMPLETE THE

Name of the organization

Employer identification number

KOSAIR CHARITIES COMMITTEE, INC.

CONSTRUCTION AND EXPANSION OF THE WOMEN'S AND CHILDREN PROGRAM LOCATED AT SOUTH 15TH STREET.

THE EXPANSION WILL ALLOW THE HEALING PLACE TO SERVE TWICE THE NUMBER OF WOMEN AND CHILDREN.

Form 990, Part III, Line 4d: Program Service Expenses: 63,388, Grants and allocations:

63,388, Revenue: 0 LOUISVILLE METRO POLICE FOUNDATION. FUNDS USED TO SUPPORT THE SHOP WITH A

COP, OFFICE IN DISTRESS, EXPLORER CAMP, AND OTHER INITIATIVES. FUNDS ALSO INCLUDE A SPECIAL

HOLIDAY GRANT AND OFFICE SPACE AT 982 EASTERN PARKWAY.

Form 990, Part III, Line 4d: Program Service Expenses: 62,449, Grants and allocations:

62,449, 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.

Form 990, Part III, Line 4d: Program Service Expenses: 58,200, Grants and allocations:

58,200, Revenue: 0 SCHOOL CHOICE SCHOLARSHIPS. FUNDS PROVIDED TO ASSIST WITH SCHOLARSHIPS TO

MANY LOW-INCOME CHILDREN TO ATTEND THE SCHOOL OF THEIR CHOICE.

Form 990, Part III, Line 4d: Program Service Expenses: 50,016, Grants and allocations:

50,016, Revenue: 0 JEWISH HOSPITAL. FUNDS PROVIDED TO TRANSFORM THE CHILDREN'S PEACE CENTER

INTO A CHILD-FRIENDLY ENVIRONMENT DEDICATED TO THE THERAPUTIC TREATMENT OF SPECIAL NEEDS

CHILDREN.

Form 990, Part III, Line 4d: Program Service Expenses: 50,000, Grants and allocations:

50,000, Revenue: 0 MEREDITH-DUNN SCHOOL. FUNDS USED TO PROVIDE PRESCRIPTIVE INSTRUCTION IN A

NURTURING ENVIRONMENT DESIGNED TO EMPOWER STUDENTS WHO LEARN DIFFERENTLY IN BECOMING

ACCOMPLISHED LEARNERS.

Form 990, Part III, Line 4d: Program Service Expenses: 45,000, Grants and allocations:

45,000, Revenue: 0 HOSPARUS. FUNDS PROVIDED TO SUPPORT APPROX. 500 CHILDREN AND ADOLESCENTS

RECEIVING BEREAVEMENT PROGRAMS/COUNSELLING OR MEDICAL SERVICES THROUGH THE KORAGEOUS KIDS

PROGRAM.

Form 990, Part III, Line 4d: Program Service Expenses: 45,000, Grants and allocations:

45,000, 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.

Form 990, Part III, Line 4d: Program Service Expenses: 41,583, Grants and allocations:

41,583, Revenue: 0 BOYS & GIRLS CLUB, LOUISVILLE, KY. FUNDS PROVIDED TO ASSIST ENTITY IN ITS
MISSION TO INSPIRE AND ENABLE YOUNG PEOPLE TO REALIZE THEIR POTENTIAL.

Form 990, Part III, Line 4d: Program Service Expenses: 39,976, Grants and allocations:

39,976, Revenue: 0 EPILEPSY FOUNDATION. FUNDS USED TO SUPPORT A "COORDINATOR OF COMMUNITY
OUTREACH" POSITION. KOSAIR CHARITIES ALSO PROVIDES SPACE AT 982 EASTERN PARKWAY FOR THE
ENTITY.

Form 990, Part III, Line 4d: Program Service Expenses: 35,596, Grants and allocations:

35,596, Revenue: 0 CHRISTINE M. KLEINERT INSTITUTE. FUNDS PROVIDE FOR OUTREACH CLINICS TO
FIND AND TREAT CHILDREN WITH CONGENITAL DEFECTS AND OTHER HAND INJURIES.

Form 990, Part III, Line 4d: Program Service Expenses: 35,000, Grants and allocations:

35,000, Revenue: 0 FAMILY COMMUNITY CLINIC. FUNDS PROVIDED TO ASSIST FCC WITH THEIR MISSION
TO IMPROVE THE HEALTH OF THE MEDICALLY UNINSURED IN LOUISVILLE AND SURROUNDING AREAS.

Form 990, Part III, Line 4d: Program Service Expenses: 33,390, Grants and allocations:

33,390, Revenue: 0 DORMAN CENTER. FUNDS PROVIDED TO HELP DORMAN CENTER WITH THEIR FIRST STEP
PROGRAM TO HELP YOUNG CHILDREN WITH DELAYS IN COGNITIVE SKILLS.

Form 990, Part III, Line 4d: Program Service Expenses: 32,752, Grants and allocations:

32,752, Revenue: 0 MARYHURST, LOUISVILLE, KY. FUNDS PROVIDED FOR HEALTH CARE TO NEGLECTED
AND ABUSED TEENAGE GIRLS.

Form 990, Part III, Line 4d: Program Service Expenses: 31,700, Grants and allocations:

31,700, Revenue: 0 CENTER FOR NONPROFIT EXCELLENCE. FUNDS ASSIST ENTITY IN CO-CREATING A
VIBRANT, EXEMPLARY NONPROFIT COMMUNITY IN LOUISVILLE THROUGH COLLABORATION, SHARED LEARNING,
ADVOCACY, AND THE PROMOTION OF INNOVATION AND EXCELENCE.

Form 990, Part III, Line 4d: Program Service Expenses: 31,474, Grants and allocations:

31,474, Revenue: 0 SHIVELY AREA MINISTRIES. FUNDS PROVIDED FOR EXPANSION OF FOOD PANTRY AND
EMERGENCY ASSISTANCE PROGRAM.

Form 990, Part III, Line 4d: Program Service Expenses: 30,695, Grants and allocations:

30,695, Revenue: 0 KENTUCKY HEMOPHILIA FOUNDATION. FUNDS PROVIDED FOR EDUCATION, RESEARCH,

Name of the organization

Employer identification number

KOSAIR CHARITIES COMMITTEE, INC.

AND ADVOCACY ON BEHALF OF PEOPLE WITH BLEEDING DISORDERS.

Form 990, Part III, Line 4d: Program Service Expenses: 30,000, Grants and allocations:

30,000, Revenue: 0 GREEN HILL THERAPY. FUNDS PROVIDED FOR THERAPY OR CLINICAL SERVICES TO
SPECIAL NEEDS CHILDREN.

Form 990, Part III, Line 4d: Program Service Expenses: 25,000, Grants and allocations:

25,000, Revenue: 0 BINGHAM CLINIC, LOUISVILLE, KY. THIS ADVISORY BOARD GRANT ASSISTS THE
CLINIC IN ITS MISSION TO PROVIDE A CONTINUUM OF OUTPATIENT ASSESSMENT AND TREATMENT SERVICES.

Form 990, Part III, Line 4d: Program Service Expenses: 25,000, Grants and allocations:

25,000, Revenue: 0 BLUEGRASS TRAINING & THERAPY CENTER, LOUISVILLE, KY. THIS ADVISORY BOARD
GRANT ASSISTS THE CENTER IN ITS MISSION TO RETURN YOUTH TO THE COMMUNITY AS SELF-SUFFICIENT
CITIZENS.

Form 990, Part III, Line 4d: Program Service Expenses: 25,000, Grants and allocations:

25,000, 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

Form 990, Part III, Line 4d: Program Service Expenses: 25,000, Grants and allocations:

25,000, Revenue: 0 DREAM FOUNDATION. FUNDS PROVIDED FOR THE CONSTRUCTION OF AN ACCESSIBLE
PLAYGROUND AND SPLASH AREA AT IROQUOIS PARK.

Form 990, Part III, Line 4d: Program Service Expenses: 25,000, Grants and allocations:

25,000, Revenue: 0 GREATER LOU. MEDICAL SOCIETY FOUNDATION, LOUISVILLE, KY. FUNDS PROVIDED
FOR WALTER S COE MD MUSEUM ROOM

Form 990, Part III, Line 4d: Program Service Expenses: 25,000, Grants and allocations:

25,000, Revenue: 0 KENTUCKY SCHOOL FOR THE BLIND. FUNDS PROVIDED FOR KSB TO CONTINUE THEIR
MISSION IN THE OFFICE OF NEXT GENERATION LEARNERS WITHIN THE KENTUCKY DEPARTMENT OF EDUCATION.

Form 990, Part III, Line 4d: Program Service Expenses: 25,000, Grants and allocations:

25,000, Revenue: 0 WEST END SCHOOL, LOUISVILLE, KY. FUNDS PROVIDED FOR PROGRAM ASSISTANCE AT
THE FREE COLLEGE PREP SCHOOL FOR AT-RISK YOUTH.

Form 990, Part III, Line 4d: Program Service Expenses: 25,000, Grants and allocations:

Name of the organization

Employer identification number

KOSAIR CHARITIES COMMITTEE, INC.

25,000, Revenue: 0 YOUTHBUILD. FUNDS WILL HELP PROVIDE AN ON CAMPUS HEALTH CLINIC FOR
YOUTHBUILD STUDENTS AND THEIR CHILDREN.

Form 990, Part III, Line 4d: Program Service Expenses: 20,475, Grants and allocations:

20,475, Revenue: 0 ARCHDIOCESE OF LOUISVILLE, LOUISVILLE, KY. FUNDS PROVIDED FOR "SPEAK UP,
BE SAFE" CHILD EDUCATION CIRRICULUM

Form 990, Part III, Line 4d: Program Service Expenses: 20,165, Grants and allocations:

20,165, Revenue: 0 RONALD MCDONALD HOUSE, LOUISVILLE, KY. FUNDS ARE TO REPLACE GLIDERS AND
WAGONS.

Form 990, Part III, Line 4d: Program Service Expenses: 20,000, Grants and allocations:

20,000, Revenue: 0 BOYS AND GIRLS HAVEN. FUNDS PROVIDED TO SUPPORT THE CENTER WHICH
SHELTERS, HEALS, AND TEACHES YOUNG PEOPLE TO BECOME PRODUCTIVE MEMBERS OF THE COMMUNITY.

Form 990, Part III, Line 4d: Program Service Expenses: 20,000, Grants and allocations:

20,000, Revenue: 0 EXPLOITED CHILDREN'S HELP ORGANIZATION (ECHO), LOUISVILLE, KY. FUNDS
PROVIDED TO ASSIST THEIR PUBLIC AWARENESS, EDUCATION, AND PREVENTION PROGRAM.

Form 990, Part III, Line 4d: Program Service Expenses: 20,000, Grants and allocations:

20,000, Revenue: 0 LOUISVILLE AIDS SERVICES CENTER COALITION. FUNDS USED FOR SPONSORSHIP OF
KIDS ZONE AND AIDS FEST.

Form 990, Part III, Line 4d: Program Service Expenses: 20,000, Grants and allocations:

20,000, Revenue: 0 MARCH OF DIMES, LOUISVILLE, KY. FUNDS PROVIDED TO FUND THE MISSION TO
CURE LEUKEMIA AND LYMPHOMA.

Form 990, Part III, Line 4d: Program Service Expenses: 20,000, Grants and allocations:

20,000, Revenue: 0 NATIONAL MULTIPLE SCLEROSIS SOCIETY. FUNDS WILL BE USED TO SUPPORT THE
WEEKEND RETREAT PROJECT.

Form 990, Part III, Line 4d: Program Service Expenses: 20,000, Grants and allocations:

20,000, Revenue: 0 SHELBY COUNTY BOARD OF PARKS AND RECREATION, SHELBYVILLE, KY. FUNDS TO
PROVIDE ADA ACCESSIBLE AND INTERGENERATIONAL PLAYGROUND.

Form 990, Part III, Line 4d: Program Service Expenses: 17,500, Grants and allocations:

17,500, Revenue: 0 ROTARY FUND OF LOUISVILLE, LOUISVILLE, KY. FUNDS TO ASSIST WITH THEIR

Name of the organization

Employer identification number

KOSAIR CHARITIES COMMITTEE, INC.

HUMANITARIAN AND EDUCATIONAL MISSIONS.

Form 990, Part III, Line 4d: Program Service Expenses: 16,500, Grants and allocations:

16,500, Revenue: 0 CYSTIC FIBROSIS FOUNDATION. FUNDS USED TO FURTHER ENTITY'S MISSION OF
DEVELOPING THE MEANS TO CURE, CONTROL, AND IMPROVE THE QUALITY OF LIFE OF THOSE WITH THE
DISEASE.

Form 990, Part III, Line 4d: Program Service Expenses: 16,000, Grants and allocations:

16,000, Revenue: 0 GUARDIACARE, LOUISVILLE, KY. FUNDS USED TO ASSIST MISSION TO GUIDE
INDIVIDUALS THROUGH THE CHALLENGES OF AGING AND DISABILITY.

Form 990, Part III, Line 4d: Program Service Expenses: 16,000, Grants and allocations:

16,000, Revenue: 0 RIVERSIDE, LOUISVILLE, KY. TO ASSIST WITH THEIR BUILDING BLOCKS OF
HISTORY PROGRAM.

Form 990, Part III, Line 4d: Program Service Expenses: 15,000, Grants and allocations:

15,000, Revenue: 0 CAMP QUALITY OF KENTUCKY. FUNDS PROVIDED TO ASSIST ENTITY WITH MISSION OF
SERVING CHILDREN WITH CANCER AND THEIR FAMILIES BY PROVIDING YEAR-ROUND PROGRAMS TO PROMOTE
HOPE AND INSPIRE THE CHILDREN.

Form 990, Part III, Line 4d: Program Service Expenses: 15,000, Grants and allocations:

15,000, Revenue: 0 CUSTOM QUALITY SERVICES. FUNDS USED TO ASSIST ENTITY IN CREATING JOBS FOR
PEOPLE WITH DISABILITIES AND OTHERS WHO EXPERIENCE BARRIERS TO EMPLOYMENT.

Form 990, Part III, Line 4d: Program Service Expenses: 15,000, Grants and allocations:

15,000, Revenue: 0 EASTERN AREA COMMUNITY MINISTRIES. FUNDS USED TO PROVIDE BASIC NEEDS AND
SUPPORTIVE SERVICES TO RESIDENTS WITHIN THE SERVICE AREA.

Form 990, Part III, Line 4d: Program Service Expenses: 15,000, Grants and allocations:

15,000, Revenue: 0 HURSTBOURNE CHRISTIAN CHURCH, LOUISVILLE, KY. FUNDS USED TO PURCHASE 15
PASSENGER VAN.

Form 990, Part III, Line 4d: Program Service Expenses: 15,000, Grants and allocations:

15,000, Revenue: 0 KENTUCKY YMCA YOUTH ASSOCIATION, LOUISVILLE, KY. FUNDS USED TO SUPPORT
THE CHILD ABUSE- YOUTH ADVOCACY PROGRAM.

Form 990, Part III, Line 4d: Program Service Expenses: 15,000, Grants and allocations:

Name of the organization

Employer identification number

KOSAIR CHARITIES COMMITTEE, INC.

15,000, Revenue: 0 SHARING AMERICA'S MARROW, PROSPECT, KY. TO ASSIST IN THEIR QUEST TO
REGISTER 50,000 BONE MARROW DONORS.

Form 990, Part III, Line 4d: Program Service Expenses: 15,000, Grants and allocations:

15,000, Revenue: 0 USPIRITUS, LOUISVILLE, KY. FUNDS USED TO SUPPORT THEIR "RENEW THE SPIRIT"
CAMPAIGN.

Form 990, Part III, Line 4d: Program Service Expenses: 13,000, Grants and allocations:

13,000, Revenue: 0 PROJECT ONE. FUNDS USED TO IMPROVE THE WORK BASED LEARNING SKILLS OF
YOUTH AND YOUNG ADULTS BY PROVIDING BEFORE AND AFTER SCHOOL PROGRAMS.

Form 990, Part III, Line 4d: Program Service Expenses: 12,500, Grants and allocations:

12,500, Revenue: 0 FOOD LITERACY PROJECT. FUNDS WILL BE USED TO SUPPORT FIELD TO FORK
PROGRAM.

Form 990, Part III, Line 4d: Program Service Expenses: 12,500, Grants and allocations:

12,500, Revenue: 0 PEACE EDUCATION PROGRAM, LOUISVILLE, KY. FUNDS PROVIDED TO SUPPORT THEIR
PROGRAM TO TRAIN YOUTH IN CONFLICT RESOLUTION.

Form 990, Part III, Line 4d: Program Service Expenses: 11,800, Grants and allocations:

11,800, Revenue: 0 LEADERSHIP LOUISVILLE FOUNDATION, LOUISVILLE, KY. FUNDS ARE DESIGNATED
FOR THEIR SCHOLARSHIP PROGRAM.

Form 990, Part III, Line 4d: Program Service Expenses: 10,818, Grants and allocations:

10,818, Revenue: 0 LOUISVILLE CENTRAL COMMUNITY CENTER (LCCC). FUNDS PROVIDED FOR ADDITIONAL
RENOVATION.

Form 990, Part III, Line 4d: Program Service Expenses: 10,000, Grants and allocations:

10,000, Revenue: 0 FELLOWSHIP OF CHRISTIAN ATHLETES, LOUISVILLE, KY. FUNDS WERE PROVIDED FOR
MISSION ADVANCEMENT.

Form 990, Part III, Line 4d: Program Service Expenses: 10,000, Grants and allocations:

10,000, Revenue: 0 GIRL SCOUTS OF KENTUCKIANA, INC. FUNDS USED TO SUPPORT ENTITY'S MISSION
TO BUILD GIRLS OF COURAGE, CONFIDENCE AND CHARACTER, WHO MAKE THE WORLD A BETTER PLACE.

Form 990, Part III, Line 4d: Program Service Expenses: 10,000, Grants and allocations:

10,000, Revenue: 0 HOPE SOUTHERN INDIANA. FUNDS WILL BE USED TO PROVIDE FOR BACK-TO-SCHOOL

Name of the organization

Employer identification number

KOSAIR CHARITIES COMMITTEE, INC.

PROGRAMS.

Form 990, Part III, Line 4d: Program Service Expenses: 10,000, Grants and allocations:

10,000, Revenue: 0 KENTUCKY CENTER FOR THE ARTS. FUNDS USED TO FUND "ARTS IN HEALING" (AIH)

PROGRAM. THIS PROGRAM ALLOWS CHILDREN TO EXPERIENCE THE POWER THE ARTS CAN BRING TO CHILDREN WHO ARE IN NEED.

Form 990, Part III, Line 4d: Program Service Expenses: 10,000, Grants and allocations:

10,000, Revenue: 0 KENTUCKY PHILANTHROPY INITIATIVE, LOUISVILLE, KY. FUNDS WILL ASSIST IN

THEIR ADVOCATION OF PRIVATE PHILANTHROPIC INVESTMENT.

Form 990, Part III, Line 4d: Program Service Expenses: 10,000, Grants and allocations:

10,000, 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.

Form 990, Part III, Line 4d: Program Service Expenses: 10,000, Grants and allocations:

10,000, Revenue: 0 SPAVA. FUNDS USED TO EDUCATE FOLKS IN NON-VIOLENCE, KINDNESS, RESPECT, CONFLICT AND ANGER MANAGEMENT SKILLS.

Form 990, Part III, Line 4d: Program Service Expenses: 10,000, Grants and allocations:

10,000, Revenue: 0 ST. MARY'S CENTER, INC. LOUISVILLE, KY. FUNDS PROVIDED TO ASSIST ENTITY

IN MISSION ACCOMPLISHMENT (TO ENCOURAGE INDEPENDENCE AND PRODUCTIVITY AMONG ITS STUDENTS).

Form 990, Part III, Line 4d: Program Service Expenses: 10,000, Grants and allocations:

10,000, Revenue: 0 USA CARES, RADCLIFF, KY. FUNDS WILL BE USED TO ASSIST IN PROVIDING POST

9/11 MILITARY FAMILIES WITH FINANCIAL AND ADVOCACY SUPPORT.

Form 990, Part III, Line 4d: Program Service Expenses: 10,000, Grants and allocations:

10,000, Revenue: 0 VOLUNTEERS OF AMERICA, LOUISVILLE, KY. FUNDS PROVIDED TO SPONSOR "POWER OF ONE" BREAKFAST.

Form 990, Part III, Line 4d: Program Service Expenses: 8,840, Grants and allocations: 8,840,

Revenue: 0 HUNTINGTON'S DISEASE SOCIETY. FUNDS USED TO ASSIST HD FAMILIES AND EDUCATE THE PUBLIC AND HEALTH PROFESSIONALS ABOUT HD.

Form 990, Part III, Line 4d: Program Service Expenses: 8,576, Grants and allocations: 8,576,

Name of the organization

Employer identification number

KOSAIR CHARITIES COMMITTEE, INC.

Revenue: 0 TRUST FOR LIFE, LOUISVILLE, KY. FUNDS ARE USED TO EDUCATE KENTUCKIANS ABOUT THE
LIFE-SAVING MISSION OF ORGAN DONATION.

Form 990, Part III, Line 4d: Program Service Expenses: 7,500, Grants and allocations: 7,500.

Revenue: 0 KENTUCKY FRIENDS OF THE NRA, TAYLOR MILL, KY. DONOR ADVISED FUNDS USED TO TEACH
GUN SAFETY TO CHILDREN.

Form 990, Part III, Line 4d: Program Service Expenses: 7,500, Grants and allocations: 7,500.

Revenue: 0 LEUKEMIA AND LYMPHOMA SOCIETY, LOUISVILLE, KY. FUNDS USED TO SUPPORT ENTITY'S
MISSION TO CURE LEUKEMIA, LYMPHOMA, AND MYELOMA.

Form 990, Part III, Line 4d: Program Service Expenses: 7,500, Grants and allocations: 7,500.

Revenue: 0 LOUISVILLE 10 & UNDER TENNIS ASSOCIATION, LOUISVILLE, KY. FUNDS PROVIDED TO BRING
TENNIS TO UNDERSERVED YOUTH.

Form 990, Part III, Line 4d: Program Service Expenses: 7,500, Grants and allocations: 7,500.

Revenue: 0 NEIGHBORHOOD HOUSE, LOUISVILLE, KY. FUNDS WILL BE USED TO SUPPLY AT-RISK CHILDREN
WITH SUPPORT AND RESOURCES TO PROMOTE A LIFE THAT IS HEALTHY, SAFE, AND FREE OF NEGLECT AND
ABUSE.

Form 990, Part III, Line 4d: Program Service Expenses: 6,500, Grants and allocations: 6,500.

Revenue: 0 THE TIGER FOUNDATION, LOUISVILLE, KY. FUNDS WILL BE USED TO SUPPORT THE LOW INCOME
BACK TO SCHOOL PROGRAM.

Form 990, Part III, Line 4d: Program Service Expenses: 6,000, Grants and allocations: 6,000.

Revenue: 0 BULLITT COUNTY SCOTTISH RITE CLUB. FUNDS USED TO ASSIST WITH THE STUDENT
RECOGNITION PROGRAM THAT RECOGNIZES SPECIAL NEEDS CHILDREN IN MIDDLE AND HIGH SCHOOLS FOR
OUTSTANDING ACADEMIC PROGRESS.

Form 990, Part III, Line 4d: Program Service Expenses: 5,500, Grants and allocations: 5,500.

Revenue: 0 LIVING FAITH CHRISTIAN MINISTRIES, LOUISVILLE, KY. FUNDS WILL BE USED TO ASSIST
LEADERSHIP EFFORTS AND COMMUNITY DEVELOPMENT.

Form 990, Part III, Line 4d: Program Service Expenses: 5,000, Grants and allocations: 5,000.

Revenue: 0 CAMP HEART TO HEART, LOUISVILLE, KY. FUNDS WILL BE USED TO SUPPORT THE SUMMER
CAMP FOR KIDS WITH AIDS.

Name of the organization

Employer identification number

KOSAIR CHARITIES COMMITTEE, INC.

Form 990, Part III, Line 4d: Program Service Expenses: 5,000, Grants and allocations: 5,000,

Revenue: 0 COUNCIL OF AGENCY EXECUTIVES, LOUISVILLE, KY. DONOR ADVISED FUNDS WERE USED FOR
SPONSORSHIP OF GUBERNATORIAL FORUM.

Form 990, Part III, Line 4d: Program Service Expenses: 5,000, Grants and allocations: 5,000,

Revenue: 0 CRYPTIC MASONS MEDICAL RESEARCH FOUNDATION, NASHVILLE, IN. FUNDS WILL BE USED FOR
MEDICAL RESEARCH FOR CHARITABLE AND EDUCATIONAL PURPOSES.

Form 990, Part III, Line 4d: Program Service Expenses: 5,000, Grants and allocations: 5,000,

Revenue: 0 HARBOR HOUSE OF LOUISVILLE. FUNDS WILL BE USED TO CONTINUE ENTITY'S MISSION.

Form 990, Part III, Line 4d: Program Service Expenses: 5,000, Grants and allocations: 5,000,

Revenue: 0 HOUSE OF RUTH. FUNDS USED TO ASSIST ENTITY WITH PROVIDING CARE AND SERVICES TO
FAMILIES AND CHILDREN WITH OR AFFECTED BY HIV AND AIDS.

Form 990, Part III, Line 4d: Program Service Expenses: 5,000, Grants and allocations: 5,000,

Revenue: 0 KNIGHTS TEMPLAR EYE FOUNDATION. FUNDS ARE USED TO ASSIST ENTITY WITH ITS MISSION
TO PROVIDE ASSISTANCE TO THOSE WHO FACE LOSS OF SIGHT.

Form 990, Part III, Line 4d: Program Service Expenses: 5,000, Grants and allocations: 5,000,

Revenue: 0 PORTLAND CHRISTIAL SCHOOL, LOUISVILLE, KY. FUNDS ARE PART OF A MATCHING GRANT TO
SPONSOR THE CELEBRATION BREAKFAST.

Form 990, Part III, Line 4d: Program Service Expenses: 5,000, Grants and allocations: 5,000,

Revenue: 0 ROYAL ARCH RESEARCH ASSISTANCE, LEXINGTON, KY. SPECIAL GRANT IS FOR MEDICAL
RESEARCH ON CENTRAL AUDITORY PROCESSING DISORDER.

Form 990, Part III, Line 4d: Program Service Expenses: 5,000, Grants and allocations: 5,000,

Revenue: 0 SPECIAL OLYMPICS OF KENTUCKY. FUNDS ARE PROVIDED TO ASSIST GRANTEE IN MISSION OF
PROVIDING YEAR-ROUND SPORTS TRAINING AND COMPETITION FOR CHILDREN AND ADULTS WITH INTELLECTUAL
DISABILITIES.

Form 990, Part III, Line 4d: Program Service Expenses: 5,000, Grants and allocations: 5,000,

Revenue: 0 ST. MATTHEWS AREA MINISTRIES. FUNDS USED TO ADDRESS UNMET NEEDS THROUGH
COLLABORATIVE PARTNERSHIPS.

Form 990, Part III, Line 4d: Program Service Expenses: 5,000, Grants and allocations: 5,000,

Name of the organization

Employer identification number

KOSAIR CHARITIES COMMITTEE, INC.

Revenue: 0 UPSIDE THERAPEUTIC RIDING, INC. FUNDS USED TO PROVIDE EQUINE ASSISTED

REHABILITATION SERVICES TO SPECIAL NEEDS CHILDREN.

Form 990, Part III, Line 4d: Program Service Expenses: 979,456, Grants and allocations:

979,456, Revenue: 0 COMMUNITY AWARENESS PROGRAMS. FUNDS PROVIDE COORDINATION AND EVALUATION

OF FEES AND COSTS OF PROGRAM ANNOUNCEMENTS AS WELL AS PROGRAM SUPPORT FOR OTHER ACTIVITIES.

Form 990, Part III, Line 4d: Program Service Expenses: 214,213, Grants and allocations:

214,213, 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.

Form 990, Part III, Line 4d: Program Service Expenses: 3,030,500, Grants and allocations: 0.

Revenue: 0 SALARIES, FRINGE, BENEFITS, AND OTHER COSTS RELATED TO THE ABOVE GRANTS AND

ASSISTANCE PROGRAMS.

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 DIRECTORS FOR REVIEW

AND COMMENT. ONCE COMMENTS ARE RECEIVED FROM THE BOARD OF DIRECTORS, APPROPRIATE REVISIONS ARE

MADE BEFORE SIGNING AND SUBMISSION 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

THE 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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

KOSAIR CHARITIES COMMITTEE, INC.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ANCIENT ARABIC ORDER OF THE NOBLES OF THE MYSTIC FRATERNAL 4120 BARDSTOWN ROAD LOUISVILLE, KY 40218		KY	501(C)10		N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2014

HTA

Part III 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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

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

**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.

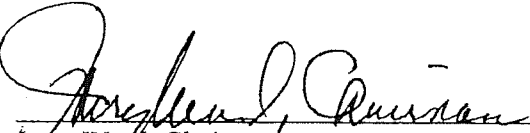
Certificate of Adoption

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 8th 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.

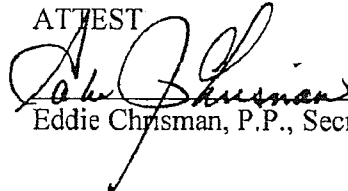
IN TESTIMONY WHEREOF, witness the signatures of the Chairman and Secretary of the Corporation this 8th day of April, 2011.

KOSAIR CHARITIES COMMITTEE, INC.

BY:


Jerry Ward, Chairman

ATTEST


Eddie Chrisman, P.P., Secretary

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) KOSAIR CHARITIES COMMITTEE, INC.	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
	Address (number, street, and apt. or suite no.) 982 EASTERN PARKWAY City, state, and ZIP code LOUISVILLE, KY 40217	Requester's name and address (optional)
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	

Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ <i>Terrence Kuhn, VP, FINANCE</i>	Date ▶ <i>MARCH 2, 2015</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

KOSAIR CHARITIES COMMITTEE, INC.

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

SEPTEMBER 30, 2015 AND 2014

CPAs / ADVISORS





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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, 2015, 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 audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits 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.

KOSAIR CHARITIES COMMITTEE, INC.

STATEMENT OF FINANCIAL POSITION SEPTEMBER 30, 2015 (WITH SUMMARIZED FINANCIAL INFORMATION FOR SEPTEMBER 30, 2014)

	2015			2014
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
ASSETS				
Cash and cash equivalents	\$ 5,800,906	\$ 0	\$ 0	\$ 5,800,906
Certificates of deposit	1,000,000	0	0	1,000,000
Bequests and accounts receivable	202,413	0	0	202,413
Accrued interest and dividends receivable	135,272	0	0	135,272
Pledges receivable, net	128,765	0	0	128,765
Prepaid expenses	163,163	0	0	163,163
Investments	103,984,408	7,347,647	117,118,676	228,450,731
Investments held in trust by others	0	0	13,900,795	13,900,795
Property and equipment, net	7,270,965	0	0	7,270,965
Real estate - donated & held for sale	1,355,000	0	0	1,355,000
Total assets	\$ 120,040,892	\$ 7,347,647	\$ 131,019,471	\$ 258,408,010
LIABILITIES AND NET ASSETS				
Accounts payable and accrued expenses	\$ 1,918,982	\$ 0	\$ 0	\$ 1,918,982
Grants payable	78,072,944	0	0	78,072,944
Annuities payable	331,235	0	0	331,235
Total liabilities	80,323,161	0	0	80,323,161
Net assets	39,717,731	7,347,647	131,019,471	178,084,849
Total liabilities and net assets	\$ 120,040,892	\$ 7,347,647	\$ 131,019,471	\$ 258,408,010
				\$ 280,181,583
				\$ 8,538,215
				79,240,683
				513,094
				88,291,992
				191,889,591
				\$ 280,181,583

See accompanying notes to financial statements.

KOSAIR CHARITIES COMMITTEE, INC.

STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED SEPTEMBER 30, 2015

(WITH SUMMARIZED FINANCIAL INFORMATION FOR THE YEAR ENDED SEPTEMBER 30, 2014)

	2015			2014	
	Program Services	Management and General	Fundraising	Total	Total
Expenses:					
Personnel expenses:					
Salaries and employee benefits	\$ 467,185	\$ 685,109	\$ 449,988	\$ 1,602,282	\$ 1,457,722
Retirement plan	41,622	61,967	39,272	142,861	116,681
Total personnel expenses	508,807	747,076	489,260	1,745,143	1,574,403
Other expenses:					
Advertising and publicity	397,451	13,237	44,447	455,135	411,923
Conferences, meetings, and travel	19,211	35,018	9,398	63,627	96,724
Depreciation	381,739	50,271	0	432,010	415,335
Dues and subscriptions	0	16,702	0	16,702	19,336
Gift in kind expense	0	0	495	495	0
Grants to children's health agencies and other non-profit organizations	14,507,117	0	0	14,507,117	14,165,468
Insurance	101,769	11,464	0	113,233	97,219
Other nonpersonnel expenses	6,021	70,000	29,042	105,063	18,961
Outside computer services	540	5,122	7,037	12,699	21,534
Printing, shipping and postage	16,708	10,707	133,183	160,598	224,090
Professional fees	1,171,655	33,401	72,426	1,277,482	789,863
Repairs and maintenance	223,578	5,759	0	229,337	300,477
Rental	958	0	275	1,233	39,874
Staff development	0	9,027	600	9,627	12,206
Supplies	19,365	32,967	(13,120)	39,212	109,450
Telephone	9,359	12,655	7,609	29,623	35,819
Utilities	126,860	10,446	5,223	142,529	192,888
Other	96	127	313	536	1,329
Total other expenses	16,982,427	316,903	296,928	17,596,258	16,952,496
Total expenses	\$ 17,491,234	\$ 1,063,979	\$ 786,188	\$ 19,341,401	\$ 18,526,899

See accompanying notes to financial statements.

KOSAIR CHARITIES COMMITTEE, INC.

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2015 AND 2014

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.

Unrestricted net assets represent those net assets that the Committee may use at its discretion.

Temporarily restricted net assets result from bequests, contributions, and other inflows of assets whose use by the Committee is limited by donor-imposed stipulations that either expire by passage of time or can be fulfilled and removed by actions of the Committee pursuant to those stipulations.

KOSAIR CHARITIES COMMITTEE, INC.

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2015 AND 2014

accounting principles generally accepted in the United States of America, certain costs have been allocated among the various functions. While the methods of allocation are considered appropriate, other methods could produce different results.

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, 2015 and 2014. 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 unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions.

Support that is restricted by the donor is reported as an increase in unrestricted net assets 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 temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restrictions.

KOSAIR CHARITIES COMMITTEE, INC.

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2015 AND 2014

3. CERTIFICATES OF DEPOSIT

Certificates of deposit consist of the following at September 30, 2015 and 2014:

2015			2014		
Amount	Maturity	Interest Rate	Amount	Maturity	Interest Rate
\$ 100,000	10/06/15	0.30%	\$ 100,000	10/06/14	0.50%
100,000	10/15/15	0.45%	100,000	10/15/14	0.60%
100,000	06/05/16	0.50%	100,000	12/05/14	0.51%
100,000	12/23/15	0.30%	100,000	12/23/14	0.50%
100,000	06/28/16	0.35%	100,000	12/28/14	0.40%
100,000	03/15/17	0.75%	100,000	03/15/15	0.71%
100,000	03/28/16	0.50%	100,000	03/28/15	0.65%
100,000	06/30/17	1.00%	100,000	06/30/15	0.75%
200,000	01/27/16	0.55%	200,000	01/27/16	0.55%
<u>\$ 1,000,000</u>			<u>\$ 1,000,000</u>		

4. PLEDGES RECEIVABLE

Unconditional promises to give that are expected to be collected within one year are recorded at the 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 applicable to the years in which the promises are received. Amortization of the discounts is included in contribution revenue.

	2015	2014
Amounts due in:		
One year or less	\$ 20,113	\$ 32,975
One to five years	<u>118,466</u>	<u>182,638</u>
Total	138,579	215,613
Less present value discount at 1%	<u>9,814</u>	<u>9,814</u>
Net pledges receivable	<u>\$ 128,765</u>	<u>\$ 205,799</u>

No allowance for uncollectible pledges was considered necessary at September 30, 2015 and 2014.

KOSAIR CHARITIES COMMITTEE, INC.

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2015 AND 2014

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

	Year ended September 30, 2015		
	Cost	Fair Value	Excess of Fair Value Over Cost
Balance, end of year	\$ 187,903,282	\$ 226,150,018	\$ 38,246,736
Balance, beginning of year	\$ 181,167,617	\$ 235,631,081	\$ 54,463,464
Decrease in unrealized appreciation			(16,216,728)
Realized net gain for the year			11,926,670
Net unrealized and realized gain for the year			\$ (4,290,058)

	Year ended September 30, 2014		
	Cost	Fair Value	Excess of Fair Value Over Cost
Balance, end of year	\$ 181,167,617	\$ 235,631,081	\$ 54,463,464
Balance, beginning of year	\$ 154,737,986	\$ 199,513,228	\$ 44,775,242
Increase in unrealized appreciation			9,688,222
Realized net gain for the year			16,606,559
Net unrealized and realized gain for the year			\$ 26,294,781

	Total Return	
	2015	2014
Realized gains	\$ 11,926,670	\$ 16,606,559
Unrealized gains (losses)	(16,216,728)	9,688,222
Interest and dividends, net of fees	3,311,460	4,615,451
Total	\$ (978,598)	\$ 30,910,232

Fees netted with interest and dividends for 2015 and 2014 were \$1,008,941 and \$820,154, respectively.

KOSAIR CHARITIES COMMITTEE, INC.

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2015 AND 2014

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

	Year ended September 30, 2015		
	Cost	Fair Value	Excess of Fair Value Over Cost
Balance, end of year	\$ 2,086,732	\$ 2,300,713	\$ 213,981
Balance, beginning of year	\$ 1,996,097	\$ 2,381,488	\$ 385,391
Decrease in unrealized appreciation			(171,410)
Realized net gain for the year			80,731
Net unrealized and realized loss for the year			\$ (90,679)

	Year ended September 30, 2014		
	Cost	Fair Value	Excess of Fair Value Over Cost
Balance, end of year	\$ 1,996,097	\$ 2,381,488	\$ 385,391
Balance, beginning of year	\$ 1,937,669	\$ 2,304,528	\$ 366,859
Increase in unrealized appreciation			18,532
Realized net gain for the year			16,532
Net unrealized and realized gain for the year			\$ 35,064

	Total Return	
	2015	2014
Realized gains	\$ 80,731	\$ 16,532
Unrealized gain	(171,410)	18,532
Interest and dividends, net of fees	53,340	34,424
Total	\$ (37,339)	\$ 69,488

KOSAIR CHARITIES COMMITTEE, INC.

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2015 AND 2014

- *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.
- *Alternative investments:* 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.

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.

KOSAIR CHARITIES COMMITTEE, INC.

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2015 AND 2014

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, 2014:

	<i>Assets at Fair Value as of September 30, 2014</i>			
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Mutual funds:				
Fixed income	\$ 3,427,736	\$ 0	\$ 0	\$ 3,427,736
Growth	13,406,073	0	0	13,406,073
Blend	5,298,593	0	0	5,298,593
Mid-cap growth	384,426	0	0	384,426
Value	1,659,163	0	0	1,659,163
Allocation	62,387	0	0	62,387
Foreign large blend	249,851	0	0	249,851
Other	1,380,154	0	0	1,380,154
Total mutual funds	<u>25,868,383</u>	<u>0</u>	<u>0</u>	<u>25,868,383</u>
Equities:				
Industrials	17,711,732	0	0	17,711,732
Consumer discretionary	18,264,322	0	0	18,264,322
Consumer staples	10,953,124	0	0	10,953,124
Energy	12,466,195	0	0	12,466,195
Financial	34,888,060	0	0	34,888,060
Materials	5,854,311	0	0	5,854,311
Information technology	25,964,274	0	0	25,964,274
Utilities	2,948,216	0	0	2,948,216
Health care	20,708,386	0	0	20,708,386
Telecommunications services	3,149,096	0	0	3,149,096
Other	941,419	0	0	941,419
Total equities	<u>153,849,135</u>	<u>0</u>	<u>0</u>	<u>153,849,135</u>
Fixed income:				
Government	0	3,243,100	0	3,243,100
Corporate	<u>0</u>	<u>2,194,512</u>	<u>0</u>	<u>2,194,512</u>
Total fixed income	<u>0</u>	<u>5,437,612</u>	<u>0</u>	<u>5,437,612</u>
Alternative investments:				
Value	0	7,768,546	0	7,768,546
Fixed	0	0	15,500,037	15,500,037
Equity	0	0	1,852,688	1,852,688
Real estate	0	0	4,696,272	4,696,272
Offshore funds	<u>0</u>	<u>22,922,037</u>	<u>0</u>	<u>22,922,037</u>
Total alternative investments	<u>0</u>	<u>30,690,583</u>	<u>22,048,997</u>	<u>52,739,580</u>
Investments held in trust by others	0	0	14,891,266	14,891,266
Exchange traded funds	<u>117,859</u>	<u>0</u>	<u>0</u>	<u>117,859</u>
Total investments	<u>\$ 179,835,377</u>	<u>\$ 36,128,195</u>	<u>\$ 36,940,263</u>	<u>\$ 252,903,835</u>

The Committee's policy is to recognize transfers between levels as of the actual date of the event. There were no transfers between levels for the years ended September 30, 2015 and 2014.

KOSAIR CHARITIES COMMITTEE, INC.

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2015 AND 2014

<u>September 30, 2014</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Invesco US High Quality Core Fund	\$ 15,500,037	Not applicable	Daily	Over 90 days
The Canyon Value Realization Fund (Cayman), LTD.	7,768,546	Not applicable	Daily	90 days
CREP II Institutional	4,696,272	\$ 1,181,250	Daily	Over 90 days
Hamilton Lane Private Equity Offshore Fund VI L.P.	1,852,688	388,116	Daily	Over 90 days
Goldman Sachs Vintage Fund V Offshore Holdings, L.P.	3,111,106	1,450,610	Daily	90 days
The Weatherlow Offshore Fund I Ltd.	12,511,340	Not applicable	Daily	90 days
Golden Tree Offshore Fund, Ltd.	6,872,449	Not applicable	Daily	90 days
Catahoula Co	8,251	Not applicable	Daily	90 days
Silver Creek Long/Short, Ltd.	418,891	Not applicable	Daily	90 days
Total	<u>\$ 52,739,580</u>			

7. 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 because the trust assets can never be redeemed by the Committee.

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, 2015 and 2014.

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 Committee has reviewed all of its endowment funds, and based on the Committee's interpretation of UPMIFA, no amounts needed to be reclassified from

KOSAIR CHARITIES COMMITTEE, INC.

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2015 AND 2014

The changes in endowment net assets for the years ended September 30, 2015 and 2014 are as follows:

	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, October 1, 2013	\$ 7,518,685	\$ 112,787,124	\$ 120,305,809
Investment return			
Investment income	2,240,560	0	2,240,560
Net appreciation (realized and unrealized)	<u>12,687,357</u>	<u>0</u>	<u>12,687,357</u>
Total investment return	14,927,917	0	14,927,917
Contributions	0	1,822,171	1,822,171
Appropriation of endowment assets for expenditure	<u>(7,870,624)</u>	<u>0</u>	<u>(7,870,624)</u>
Endowment net assets, September 30, 2014	14,575,978	114,609,295	129,185,273
Investment return			
Investment income	1,550,518	0	1,550,518
Net depreciation (realized and unrealized)	<u>(2,018,667)</u>	<u>0</u>	<u>(2,018,667)</u>
Total investment return	(468,149)	0	(468,149)
Contributions	0	2,509,381	2,509,381
Appropriation of endowment assets for expenditure	<u>(6,760,182)</u>	<u>0</u>	<u>(6,760,182)</u>
Endowment net assets, September 30, 2015	<u>\$ 7,347,647</u>	<u>\$ 117,118,676</u>	<u>\$ 124,466,323</u>

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 as well as board-designated funds. 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 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.

KOSAIR CHARITIES COMMITTEE, INC.

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2015 AND 2014

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 5.80%. The following is a summary of grants authorized and payable at September 30:

	<u>2015</u>	<u>2014</u>
To be paid in less than one year	\$ 9,492,402	\$ 7,852,669
To be paid in one to five years	46,366,192	44,550,863
To be paid in more than five years	<u>49,703,651</u>	<u>57,910,383</u>
Gross grants authorized but unpaid	105,562,245	110,313,915
Less discount on long term grants	<u>27,489,301</u>	<u>31,073,232</u>
Grants payable	<u>\$ 78,072,944</u>	<u>\$ 79,240,683</u>

11. 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 \$18,000 (\$24,000 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 \$142,861 in 2015 and \$116,681 in 2014.

KOSAIR CHARITIES COMMITTEE, INC.

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2015 AND 2014

with such income, to be used by NKC, Inc. (and later Norton Healthcare, Inc.) for the benefit of Kosair Children's Hospital consistent with the pediatric charitable mission of the Committee. The balance of the Committee's endowment income was to be disbursed as pediatric grants and for general and administrative expenses in accordance with the Committee's Articles of Incorporation.

On December 4, 2006, the Committee approved and signed the Second Restated Agreement of Affiliation ("the Second Agreement") with Norton Healthcare, Inc., which replaced the previous endowment income percentage payment schedule under the Restated Agreement with a fixed payment schedule, which started in 2007, over a 20 year period. Under the Second Agreement, the Committee committed \$116,998,390 to Norton Healthcare until 2026, which was to be expended at Kosair Children's Hospital consistent with the pediatric charitable mission of the Committee by Norton Healthcare, Inc. by providing additive financial support to Kosair Children's Hospital for the maintenance of children's programs, services, and equipment at the children's hospital. Likewise, in its discretion, the Committee could write off specific patient accounts for charitable purposes.

On July 11, 2013, the Committee served notice to Norton Healthcare, Inc. of a material breach related to the Second Agreement and a subsequent letter expanded on Norton Healthcare Inc.'s material breaches. During that time, the Committee began escrowing all annual payments to Norton Healthcare, Inc. The Committee filed its Complaint in Jefferson Circuit Court on May 8, 2014, currently styled as Kosair Charities Committee, Inc. v. Norton Healthcare, Inc., Case No. 14-CI-02523 (Jeff. Cir., Div. 5). On December 29, 2014, Norton Healthcare, Inc. answered the Committee's Complaint and asserted counterclaims against the Committee. The Committee has asserted valid defenses to these counterclaims.

In December of 2014, the Court approved a petition by the Committee to place \$11.5 million of escrowed funds, including interest earned thereon, which was paid into Jefferson Circuit Court's escrow account where they will remain until the dispute is resolved, or upon further order of the Court. \$6.5 million in additional funds have been escrowed resulting in \$18 million in total accumulated funds.

The differences between the parties may not be resolved for some time, therefore no adjustments to the Second Restated Agreement of Affiliation or other agreements with Norton Healthcare, Inc. are believed to be appropriate at this time. While no change is reflected in the financial statement obligation, the Committee wants to make clear it does contest that Norton Healthcare, Inc. is entitled to the funds and that is why these funds have been escrowed with the Jefferson Circuit Court for the years 2014 and 2015, in addition to other disputed funds under separate agreements with Norton Healthcare, Inc. A trial date has been set for July 18, 2016.

SUPPLEMENTARY INFORMATION

KOSAIR CHARITIES COMMITTEE, INC.

SCHEDULE OF INVESTMENTS, CASH EQUIVALENTS, AND CASH SEPTEMBER 30, 2014

	U.S. Government Bonds		Other Bonds		Stocks, Bonds, Mutual Funds and Alternative Investments		Total Investments		Cash		Total	
	Cost	Fair Value	Cost	Fair Value	Cost	Fair Value	Cost	Fair Value	Equivalents	Cash	Equivalents	Fair Value
Endowment Investments												
Ameriprise Financial	\$ 0	\$ 0	\$ 0	\$ 0	\$ 7,282,666	\$ 7,803,957	\$ 7,282,666	\$ 7,803,957	\$ 71,326	\$ 0	\$ 0	\$ 7,875,283
Hays	0	0	0	0	629,874	799,047	629,874	799,047	5,255	(660)	0	803,622
Merrifield	0	0	0	0	1,101,343	1,434,091	1,101,343	1,434,091	20,225	(1,421)	0	1,452,895
Fifth Third Bank-Value	0	0	0	0	17,806,888	21,996,120	17,806,888	21,996,120	610,290	12,816	0	22,619,226
Goldman Sachs	0	0	0	0	1,760,597	3,111,106	1,760,597	3,111,106	0	0	0	3,111,106
Hilliard Lyons	0	0	0	0	13,052,688	22,167,242	13,052,688	22,167,242	814,311	2,279	0	22,983,832
Blackrock	3,203,478	3,213,432	1,895,314	1,897,266	2,258,705	2,230,120	7,357,497	7,340,818	102,409	3,463	0	7,446,680
Invesco Enhanced Index Fund	0	0	0	0	24,877,151	28,671,843	24,877,151	28,671,843	299,815	28,183	0	28,999,841
Invesco Fixed	0	0	9,353,184	15,509,731	0	0	9,353,184	15,509,731	0	(9,694)	0	15,500,037
PNC Cash Clearing Account	0	0	0	0	0	0	0	0	156	0	0	156
PNC-Kosair Charities APCO	0	0	0	0	15,981,456	20,431,329	15,981,456	20,431,329	448,447	14,914	0	20,884,690
SB-Canyon	0	0	0	0	4,730,221	7,768,546	4,730,221	7,768,546	0	0	0	7,768,546
SB-Citi Real Estate	0	0	0	0	5,255,097	4,696,272	5,255,097	4,696,272	0	0	0	4,696,272
SB-Contribution/Distribution	27,497	29,668	1,072,263	297,246	7,151,138	11,495,593	8,250,948	11,822,507	4,700,117	0	0	16,522,624
SB-Fifth Third Equity	0	0	0	0	5,825,723	6,260,820	5,825,723	6,260,820	164,674	85,295	0	6,490,789
SB-Evanston	0	0	0	0	8,500,000	12,511,340	8,500,000	12,511,340	0	0	0	12,511,340
SB-GoldenTree	0	0	0	0	4,750,000	6,872,449	4,750,000	6,872,449	0	0	0	6,872,449
SB-Hamilton Lane	0	0	0	0	995,142	1,852,688	995,142	1,852,688	0	0	0	1,852,688
SB-Invesco REIT	0	0	0	0	3,665,605	4,151,288	3,665,605	4,151,288	102,500	11,998	0	4,265,846
SB-Silver Creek	0	0	0	0	1,680,838	418,891	1,680,838	418,891	0	0	0	418,891
Short Term Investment	0	0	0	0	32,401	8,251	32,401	8,251	739,006	(6,968)	0	740,269
StockYards	0	0	0	0	12,125,309	16,234,181	12,125,309	16,234,181	363,146	(2,215)	0	16,595,112
Todd-Vareduis Int'l Intrinsic	0	0	0	0	11,083,506	12,364,303	11,083,506	12,364,303	231,566	154,388	0	12,750,259
Todd Investment Advisors	0	0	0	0	15,069,483	21,404,261	15,069,483	21,404,261	657,828	164,790	0	22,226,879
Totals	\$ 3,230,975	\$ 3,243,100	\$ 12,320,761	\$ 17,704,243	\$ 185,615,881	\$ 214,683,738	\$ 181,167,617	\$ 235,631,081	\$ 9,331,133	\$ 437,148	\$ 0	\$ 245,399,362
Board Designated												
KY Seed Capital Fund	\$ 0	\$ 0	\$ 0	\$ 0	\$ 250,000	\$ 250,000	\$ 250,000	\$ 250,000	\$ 0	\$ 0	\$ 0	\$ 250,000
Hyatt Estate	622,000	713,359	0	0	0	0	622,000	713,359	0	0	0	713,359
PNC Bank	0	0	0	0	157,386	160,400	157,386	160,400	880,640	(189)	0	1,040,851
Board Designated	0	0	0	0	426,231	537,412	426,231	537,412	3,511	(457)	0	540,466
Kendall	0	0	0	0	181,338	242,593	181,338	242,593	11,197	(242)	0	253,548
Nurses Alumni	0	0	0	0	359,142	477,724	359,142	477,724	40,438	(476)	0	517,686
Operating	0	0	0	0	0	0	0	0	0	0	0	0
Totals	\$ 622,000	\$ 713,359	\$ 0	\$ 0	\$ 1,374,097	\$ 1,688,129	\$ 1,996,097	\$ 2,381,488	\$ 935,798	\$ (1,364)	\$ 0	\$ 3,315,910

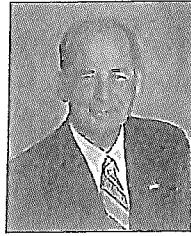
See report of independent auditors.

Kosair Staff 2016

Randy Coe	President
Ron Miller	Senior Vice President & CFO
Vicky Weber	Senior Vice President of Business Relations & Marketing
Mike Schneider	Senior Vice President of Facilities Management
Theresa Raidy	Senior Vice President of Mission Advancement
Karen Gile	Operations Administrative Assistant
Terry Kuhn	Vice President Finance
Stephanie Smith	Manager of Events and Programs
Erin Fischer	Director of Communications and Events
Marki Hartlage	Special Events Coordinator
Christy McClure	Data Manager, RE and Gift Processing
Becky Edmonson	Director of Donor Relations
Nancy Shircliff	Director of Operations
Kaitlin White	Marketing Coordinator
Steve Ulrich	Facilities and Maintenance Coordinator
Meagan Jacoby	Accounting and Operations Manager
Melissa Kratzer	Director of Development
Kate Biagi-Rickert	Director of Community Engagement
Sommer Lally	Director of Special Campaigns



Executive Team



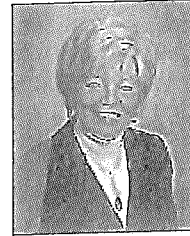
Randy Coe,
AIF®
President

\$163,570



Ronald L.
Miller, CPA,
AIF®
Senior Vice
President
and CFO

\$128,750



Vicky
Weber
Senior Vice
President of
Business
Relations &
Marketing

\$103,162

Employment Policies

Equal Employment Opportunity Policy

The Organization is committed to a policy of equal employment opportunity for all individuals and will make every effort to provide equal employment opportunity without regard to race, color, religion, sex, national origin, age, mental or physical disability, Vietnam veteran status, or any other classification protected by federal, state, or local law. Equal Employment Opportunity applies to all personnel practices and conditions of employment, including (but not limited to) recruitment, hiring, training, promotion, termination, leaves of absence, compensation, discipline, evaluation, benefits, educational assistance, and social and recreational activities.

Our goal is to establish and maintain a work environment free from discrimination, coercion, and harassment. While the organization will not hire or promote any person who is not qualified for a job, we wish for our Organization to be known as one that welcomes women, minority, disabled, and veteran applicants at all job levels and encourages their hire and promotion.

The following practices are strictly prohibited by the Organization's Equal Employment Opportunity Policy:

1. Any action, the purpose or effect of which is to identify or classify an applicant for employment based on one or more protected classifications during the pre-employment phase.
2. Any discrimination, including but not limited to any denial or distinction as to any term, condition or privilege of employment, based on one or more protected classifications, whether in recruitment/hiring; promotion; training; benefits; compensation or termination.

Any discrimination in the workplace based upon membership in any protected classification is illegal and violates Organization policy. If you feel you have been the subject of discrimination, or if you are aware of any violation of this policy, you are expected to report the situation to any Organization Director. Any infraction of this policy is a serious violation and will result in disciplinary action, up to and including termination.

KOSAIR CHARITIES COMMITTEE, INC.

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	3/8/2016
Principal Office	P.O. BOX 37370 LOUISVILLE, KY 40233
Registered Agent	RONALD L. MILLER 982 EASTERN PARKWAY LOUISVILLE, KY 40217

Current Officers

Chairman	<u>Jerry W. Ward</u>
Vice President	<u>H. I. Stroth</u>
Secretary	<u>J. B. Hitt</u>
Treasurer	<u>Robert W. Flowers</u>
Director	<u>C. Brown Allen</u>
Director	<u>Walter R Coe</u>
Director	<u>David Owen</u>
Director	<u>Robert Flowers</u>
Director	<u>Kirk Carter</u>
Director	<u>Eddie Chrisman</u>
Director	<u>Harry Lusk</u>
Director	<u>Virgil T Larimore</u>
Director	<u>David L. Nicholson</u>
Director	<u>H. I. Stroth</u>
Director	<u>Orval Riggs</u>
Director	<u>Frank Texas</u>
Director	<u>Glen E. Stuckel</u>
Director	<u>Kenneth Reiss</u>
Director	<u>Patrick P. Miller</u>
Director	<u>Steve Hueston</u>
Director	<u>Jerry W Ward</u>
Director	<u>Wendell P Wright</u>
Director	<u>Martin R Walters</u>

Director	<u>Matthew L. Brotzge</u>
Director	<u>Gary Morgan</u>
Director	<u>J B Hitt</u>
Director	<u>James E Szofer</u>
Director	<u>Larry Craig</u>
Director	<u>Barry Lee Dunn</u>

Individuals / Entities listed at time of formation

Director	<u>LAWRENCE B CRAIG</u>
Director	<u>JOHN T BARRICKMAN</u>
Director	<u>J G L HAGMAN</u>
Director	<u>A H MORRIS</u>
Director	<u>WM C BROWN</u>
Incorporator	<u>LAWRENCE B CRAIG</u>
Incorporator	<u>W R R LAVIELLE</u>
Incorporator	<u>LEE G ZINSMEISTER</u>
Incorporator	<u>CHAS A WILSON</u>
Incorporator	<u>WM C BROWN</u>

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

<u>Annual Report</u>	3/8/2016	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/30/2015	1 page	<u>PDF</u>	
<u>Name Renewal</u>	9/19/2014 11:57:11 AM	1 page	<u>PDF</u>	
<u>Name Renewal</u>	9/19/2014 11:53:06 AM	1 page	<u>PDF</u>	
<u>Name Renewal</u>	9/19/2014 11:50:58 AM	1 page	<u>PDF</u>	
<u>Name Renewal</u>	9/19/2014 11:48:45 AM	1 page	<u>PDF</u>	
<u>Annual Report</u>	1/22/2014	1 page	<u>PDF</u>	
<u>Registered Agent name/address change</u>	6/24/2013 12:50:22 PM	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/24/2013	1 page	<u>PDF</u>	
<u>Certificate of Assumed Name</u>	3/26/2012	1 page	<u>tiff</u>	<u>PDF</u>
<u>Certificate of Assumed Name</u>	3/26/2012	1 page	<u>tiff</u>	<u>PDF</u>
<u>Certificate of Assumed Name</u>	3/26/2012	1 page	<u>tiff</u>	<u>PDF</u>
<u>Certificate of Assumed Name</u>	3/26/2012	1 page	<u>tiff</u>	<u>PDF</u>
<u>Certificate of Assumed Name</u>	3/26/2012	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	2/9/2012	1 page	<u>PDF</u>	
<u>Unknown</u>	4/19/2011	4 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	2/8/2011	1 page	<u>PDF</u>	
<u>Amendment</u>	11/17/2010	4 pages	<u>tiff</u>	<u>PDF</u>
<u>Certificate of Assumed Name</u>	3/16/2010	1 page	<u>tiff</u>	<u>PDF</u>
<u>Certificate of Assumed Name</u>	3/16/2010	1 page	<u>tiff</u>	<u>PDF</u>

<u>Certificate of Assumed Name</u>	3/16/2010	1 page	<u>tiff</u>	<u>PDF</u>
<u>Certificate of Assumed Name</u>	3/16/2010	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/4/2010	1 page	<u>PDF</u>	
<u>Annual Report</u>	1/15/2009	1 page	<u>PDF</u>	
<u>Annual Report</u>	1/24/2008	1 page	<u>PDF</u>	
<u>Annual Report</u>	1/30/2007	1 page	<u>PDF</u>	
<u>Statement of Change</u>	2/14/2006	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	1/25/2006	1 page	<u>PDF</u>	
<u>Annual Report</u>	2/21/2005	1 page	<u>PDF</u>	
<u>Annual Report</u>	2/25/2004	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/10/2003	1 page	<u>tiff</u>	<u>PDF</u>
<u>Name Renewal</u>	2/18/2003	1 page	<u>tiff</u>	<u>PDF</u>
<u>Name Renewal</u>	2/18/2003	1 page	<u>tiff</u>	<u>PDF</u>
<u>Name Renewal</u>	2/18/2003	1 page	<u>tiff</u>	<u>PDF</u>
<u>Name Renewal</u>	2/18/2003	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	12/13/2002	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/22/2002	1 page	<u>PDF</u>	
<u>Annual Report</u>	10/31/2001	1 page	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	5/9/2001	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/19/2001	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/29/2000	1 page	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	5/23/2000	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/22/1999	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/24/1998	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1997	1 page	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	8/23/1996	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1996	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1995	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1994	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1993	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Amendment</u>	3/19/1993	4 pages	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	10/22/1992	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1992	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1991	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	2/5/1990	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1989	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1989	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1988	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/14/1983	1 page	<u>tiff</u>	<u>PDF</u>
<u>Certificate of Assumed Name</u>	8/2/1982	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/10/1982	1 page	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	3/1/1982	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Amendment</u>	5/5/1981	5 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/23/1981	1 page	<u>tiff</u>	<u>PDF</u>

Assumed Names

KOSAIR CHILDREN CHARITIES

Active

<u>KOSAIR CHILDRENS CHARITIES</u>	Active
<u>KOSAIR CHARITIES</u>	Active
<u>KOSAIR CHILDRENS HOSPITAL FOUNDATION</u>	Active
<u>KOSAIR CHILDREN'S HOSPITAL FOUNDATION</u>	Active
<u>KOSAIR CHILDREN HOSPITAL FOUNDATION</u>	Active
<u>KOSAIR CHARITIES</u>	Inactive
<u>KOSAIR CHILDREN'S CHARITIES</u>	Inactive
<u>KOSAIR CHARITIES FOR CHILDREN</u>	Inactive
<u>KOSAIR CRIPPLED CHILDREN HOSPITAL</u>	Inactive
<u>KOSAIR CRIPPLED CHILDREN HOSPITAL</u>	Active
<u>KOSAIR CHILDREN'S CHARITIES</u>	Active
<u>KOSAIR CHARITIES COMMITTEE</u>	Active

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	3/8/2016 1:53:21 PM	3/8/2016 1:53:21 PM	
Annual report	3/30/2015 3:07:39 PM	3/30/2015 3:07:39 PM	
Annual report	1/22/2014 11:52:39 AM	1/22/2014 11:52:39 AM	
Annual report	6/24/2013 1:06:34 PM	6/24/2013 1:06:34 PM	
Registered agent address change	6/24/2013 12:50:22 PM	6/24/2013 12:50:22 PM	
Added assumed name	3/26/2012 1:22:57 PM	3/26/2012	<u>KOSAIR CHILDREN CHARITIES</u>
Added assumed name	3/26/2012 1:22:03 PM	3/26/2012	<u>KOSAIR CHILDRENS CHARITIES</u>
Added assumed name	3/26/2012 1:20:40 PM	3/26/2012	<u>KOSAIR CHILDREN HOSPITAL FOUNDATION</u>
Added assumed name	3/26/2012 1:19:31 PM	3/26/2012	<u>KOSAIR CHILDREN'S HOSPITAL FOUNDATION</u>
Added assumed name	3/26/2012 1:18:17 PM	3/26/2012	<u>KOSAIR CHILDRENS HOSPITAL FOUNDATION</u>
Annual report	2/9/2012 9:46:30 AM	2/9/2012 9:46:30 AM	
Amendment - Amended and restated articles / CLP	4/19/2011 11:24:40 AM	4/19/2011	
Annual report	2/8/2011 12:08:54 PM	2/8/2011 12:08:54 PM	

Amendment - Amended and restated articles / CLP	11/17/2010 3:18:58 PM	11/17/2010	
Added assumed name	3/16/2010 3:59:14 PM	3/16/2010	<u>KOSAIR CHARITIES</u>
Added assumed name	3/16/2010 3:58:15 PM	3/16/2010	<u>KOSAIR CHARITIES COMMITTEE</u>
Added assumed name	3/16/2010 3:57:20 PM	3/16/2010	<u>KOSAIR CHILDREN'S CHARITIES</u>
Added assumed name	3/16/2010 3:55:58 PM	3/16/2010	<u>KOSAIR CRIPPLED CHILDREN HOSPITAL</u>
Annual report	3/4/2010 5:30:56 PM	3/4/2010 5:30:56 PM	
Annual report	1/15/2009 3:31:30 PM	1/15/2009 3:31:30 PM	
Annual report	1/24/2008 10:28:04 AM	1/24/2008 10:28:04 AM	
Annual report	1/30/2007 1:40:13 PM	1/30/2007 1:40:13 PM	
Registered agent address change	2/14/2006 12:47:43 PM	2/14/2006	
Annual report	1/25/2006 4:29:24 PM	1/25/2006 4:29:24 PM	
Annual report	2/21/2005	2/21/2005	
Annual report	2/25/2004	2/25/2004	
Annual report	4/22/2002	4/22/2002	
Registered agent address change	5/9/2001 3:08:13 PM	5/9/2001	
Annual report	4/19/2001	4/19/2001	
Registered agent address change	5/23/2000 4:05:55 PM	5/23/2000	
Registered agent address change	8/23/1996	8/23/1996	
Amendment - Miscellaneous amendments	3/19/1993	3/19/1993	
Amendment - Change duration	10/30/1985	10/30/1985	
Amendment - Miscellaneous amendments	5/5/1981	5/5/1981	
Amendment - Change purpose	6/29/1973	6/29/1973	
Amendment - Miscellaneous amendments	10/4/1963	10/4/1963	
Amendment previous name	3/1/1960	3/1/1960	<u>KOSAIR CHARITIES COMMITTEE</u>
Amendment - Miscellaneous amendments	3/1/1960	3/1/1960	
Amendment - Miscellaneous amendments	10/5/1948	10/5/1948	
Amendment - Change purpose	3/9/1929	3/9/1929	

Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Annual Report	12/31/2004 2:06:18 PM	1 page
Annual Report	6/10/2003	1 page
Annual Report	12/13/2002	1 page
Annual Report	10/31/2001	1 page
Statement of Change	5/9/2001	1 page
Annual Report	6/29/2000	1 page
Statement of Change	5/23/2000	1 page
Annual Report	7/22/1999	1 page
Annual Report	4/24/1998	1 page
Annual Report	7/1/1997	1 page
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