


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

Applicant/Program: Kosair Charities Committee, Inc.
Applicant Requested Amount: \$1500.00
Appropriation Request Amount: \$1500.00

Executive Summary of Request
Neighborhood Development Funding will be directed to Kosair Charities Committee, Inc. for their "The Magic and The Wonder" event on Saturday, June 11th. The purpose of the event is to raise funds for Kosair Charities' work in our community, which is primarily assistance with medical bills and/or treatment for children.

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.

6 District #  Primary Sponsor Signature \$1500.C Amount 4/10/2017 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.

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

Applicant/Program:

Kosair Charities Committee, Inc. / "The Magic and The Wonder" Fundraising Event

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.

Council Member Signature and Amount

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____

Applicant/Program:

Kosair Charities Committe, Inc. / "The Magic and The Wonder" Fundraising Event

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.

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

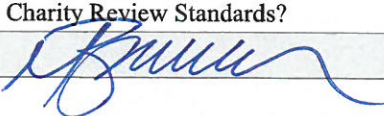
District 25 _____ \$ _____

District 26 _____ \$ _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Legal Name of Applicant Organization Kosair Charities Committee, Inc.

Program Name and Request Amount "The Magic and The Wonder" Fundraising Event / \$1500.00

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes <input type="checkbox"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Yes <input type="checkbox"/>
Is the proposed public purpose of the program viable and well-documented?	Yes <input type="checkbox"/>
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes <input type="checkbox"/>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	Yes <input type="checkbox"/>
Has prior Metro Funds committed/granted been disclosed?	N/A <input type="checkbox"/>
Is the application properly signed and dated by authorized signatory?	Yes <input type="checkbox"/>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes <input type="checkbox"/>
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	No <input type="checkbox"/>
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? 	Yes <input type="checkbox"/>
Is the current Fiscal Year Budget included?	Yes <input type="checkbox"/>
Is the entity's board member list (with term length/term limits) included?	Yes <input type="checkbox"/>
Is recommended funding less than 33% of total agency operating budget?	Yes <input type="checkbox"/>
Does the application budget reflect only the revenue and expenses of the project/program?	Yes <input type="checkbox"/>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	N/A <input type="checkbox"/>
Is the most recent annual audit (if required by organization) included?	N/A <input type="checkbox"/>
Is a copy of Signed Lease (if rent costs are requested) included?	N/A <input type="checkbox"/>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A <input type="checkbox"/>
Are the Articles of Incorporation of the Agency included?	Yes <input type="checkbox"/>
Is the IRS Form W-9 included?	Yes <input type="checkbox"/>
Is the IRS Form 990 included?	Yes <input type="checkbox"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	N/A <input type="checkbox"/>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	Yes <input type="checkbox"/>
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	Yes <input type="checkbox"/>
Prepared by: 	Date: 4/10/2017

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Kosair Charities Committee, Inc. <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
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:	Vice President - 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: (\$)	\$1,500
Purpose of Request (check all that apply): <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)			
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"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
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, 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.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Matt Brotzge	1/1/2020
Kirk Carter	Jan 1, 2022
Randy Coe	Jan 1, 2022
Larry Craig	Jan 1, 2021
Robert Flowers	Jan 1, 2020
J.B. Hitt	Jan 1, 2022
Steve Heuston	Jan 1, 2018
Richard Laird	Jan 1, 2021
Barry Dunn	Jan 1, 2021
Harry Lusk	Jan 1, 2018
Dwight Maddox	Jan 1, 2022
V. Tom Larimore	Jan 1, 2022
David Owen	Jan 1, 2022
Ken Reiss	Jan 1, 2019
Patrick Miller	Jan 1, 2019
Jerry Ward	Jan 1, 2021
HI Stroth	Jan 1, 2020

Describe the Board term limit policy:

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

Three Highest Paid Staff Names	Annual Salary
Randy Coe	168,477
Vicky Weber	116,883
Aimee Sapp	85,000

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

The Magic and The Wonder is an event occurring on Sunday, June 11, 2017, 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 treatment for children. While the specific fund raising event will take place in June, 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 Anaesthesia Associates, etc.) and not to the clients themselves.

The \$1,500 proposed Metro funds, which are for reimbursement of program supplies, will be used to provide financial assistance for children under Kosair's Special Kids Program.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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 the Kentucky Center for the Arts, costs associated with the talent (magicians), and promotional printing. All net proceeds will be directed to Kosair Charities for the express purpose of adhering to their company mission of serving children with medical needs. More specifically, 50% of the net proceeds will go to the Kid's Center for Pediatric Therapies. Kosair's 50% will be used to provide financial assistance with medical bills and/or treatment for children. Remuneration goes directly to the service provider (Kid's Center for Pediatric Therapies, Advanced ENT & Allergies, Pediatric Anaesthesia Associates, etc.) and not to the clients themselves.

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.

✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

Kosair Charities receives hundreds of requests each year from families with children, for financial assistance. During the first quarter of the current fiscal year (October 1, 2016 - December 31, 2017) Kosair Charities paid over \$78,000 in medical assistance for qualified families. Also, during the first quarter, Kosair Charities distributed over \$2,800,000 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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

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		11,000	11,000
C: Office Supplies		6,000	6,000
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts		8,000	8,000
H: Program Materials	1,500	6,500	8,000
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	1,500	31,500	33,000
<i>% of Program Budget</i>	4.5 %	95.5 %	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)	33,000
Fees Collected from Program Participants	
Other (please specify)	
<i>Total Request for Column 2 Expenses **</i>	33,000

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

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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	300 volunteer hours
Volunteer Committee	n/a	234 volunteer hours*
		* 1 hr/volunteer/week; 13 weeks
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	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, 2016

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:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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 understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
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 will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

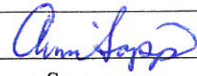
Standard Certifications

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	3/27/17
Legal Signatory: (please print):	Aimee Sapp	Title:	Senior VP & CFO
Phone:	502-637-7696	Extension:	110
Email:	asapp@kosair.org		

Internal Revenue Service

District
Director

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

Department of the Treasury

P.O. Box 2508
Cincinnati, Ohio 45201

Person to Contact:
Bea Eith

Telephone Number:
513-684-2634

Refer Reply to:
CSB:EO

Date: JAN 10 1983

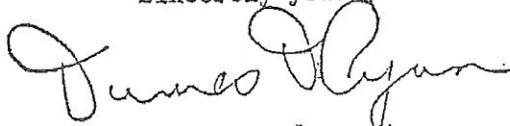
Dear Sir or Madam:

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: [REDACTED]

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 2016- September 2017

	<u>09/30/17</u> <u>BUDGET</u>	<u>09/30/16</u> <u>Projected</u>	<u>09/30/15</u> <u>Actual</u>
REVENUE			
Contributions	\$ 1,890,000	\$ 1,857,838	\$ 1,894,513
Legacies and Bequests	\$ 1,980,000	\$ 2,077,819	\$ 4,138,883
SUBTOTAL CONTRIBUTIONS	\$ 3,870,000	\$ 3,935,657	\$ 6,033,396
Special Events	\$ 531,000	\$ 396,902	\$ 343,801
Rental Income (Campus leasing)	\$ 996,000	\$ 1,007,895	\$ 1,009,660
Investment Income	\$ 15,114,000	\$ 15,306,844	\$ (1,850,228)
TOTAL REVENUE	\$ 20,511,000	\$ 20,647,298	\$ 5,536,629
EXPENSES			
Grants & Childcare Services	\$ 14,128,140	\$ 18,760,819	\$ 17,491,203
Management & General Expenses	\$ 1,278,600	\$ 1,139,227	\$ 1,063,980
Fund Raising Expenses	\$ 772,200	\$ 1,465,732	\$ 786,187
TOTAL EXPENSES	\$ 16,178,940	\$ 21,365,778	\$ 19,341,370
NET INCOME (LOSS)	\$ 4,332,060	\$ (718,480)	\$ (13,804,741)

KOSAIR CHARITIES COMMITTEE, INC.

STATEMENT OF FINANCIAL POSITION

SEPTEMBER 30, 2016

(WITH SUMMARIZED FINANCIAL INFORMATION FOR SEPTEMBER 30, 2015)

	2016			2015	
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Total
ASSETS					
Cash and cash equivalents	\$ 6,678,759	\$ 0	\$ 0	\$ 6,678,759	\$ 5,800,906
Certificates of deposit	1,000,000	0	0	1,000,000	1,000,000
Bequests and accounts receivable	103,506	0	0	103,506	202,413
Accrued interest and dividends receivable	105,431	0	0	105,431	135,272
Pledges receivable, net	85,859	0	0	85,859	128,765
Prepaid expenses	28,907	0	0	28,907	163,163
Investments	103,569,010	7,407,350	117,664,050	228,640,410	228,450,731
Investments held in trust by others	0	0	13,588,093	13,588,093	13,900,795
Property and equipment, net	6,895,164	0	0	6,895,164	7,270,965
Real estate - donated & held for sale	1,430,000	0	0	1,430,000	1,355,000
Total assets	\$ 119,896,636	\$ 7,407,350	\$ 131,252,143	\$ 258,556,129	\$ 258,408,010
LIABILITIES AND NET ASSETS					
Accounts payable and accrued expenses	\$ 2,161,589	\$ 0	\$ 0	\$ 2,161,589	\$ 1,918,982
Grants payable	23,389,745	0	0	23,389,745	78,072,944
Annuities payable	342,781	0	0	342,781	331,235
Total liabilities	25,894,115	0	0	25,894,115	80,323,161
Net assets	94,002,521	7,407,350	131,252,143	232,662,014	178,084,849
Total liabilities and net assets	\$ 119,896,636	\$ 7,407,350	\$ 131,252,143	\$ 258,556,129	\$ 258,408,010

See accompanying notes to financial statements.

KOSAIR CHARITIES COMMITTEE, INC.

STATEMENT OF ACTIVITIES YEAR ENDED SEPTEMBER 30, 2016 (WITH SUMMARIZED FINANCIAL INFORMATION FOR THE YEAR ENDED SEPTEMBER 30, 2015)

	2016			2015	
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Total
Revenues, gains (losses), and other support:					
Public support received directly:					
Contributions	\$ 1,844,045	\$ 0	\$ 0	\$ 1,844,045	\$ 1,894,513
Special events, less direct costs of \$264,333 and \$343,422, respectively	328,892	0	0	328,892	343,801
Legacies and bequests	<u>976,908</u>	<u>0</u>	<u>545,374</u>	<u>1,522,282</u>	<u>4,138,884</u>
Total public support received directly	3,149,845	0	545,374	3,695,219	6,377,198
Program service revenues	1,015,860	0	0	1,015,860	1,009,660
Other revenues (losses):					
Interest and dividends from investments, net of fees	1,726,777	1,743,808	0	3,470,585	3,364,800
Realized gains on investments	4,077,331	4,117,546	0	8,194,877	12,007,401
Unrealized gains (losses) on investments	4,780,873	4,828,027	0	9,608,900	(16,388,138)
Depreciation of investments held in trust by others	0	0	(312,702)	(312,702)	(990,471)
Change in value of split-interest agreement	(24,896)	0	0	(24,896)	157,088
Loss on sale of assets	0	0	0	0	(1,855)
Lawsuit settlement	50,479,387	0	0	50,479,387	0
Other income	<u>34</u>	<u>0</u>	<u>0</u>	<u>34</u>	<u>976</u>
Total other revenues (losses)	61,039,506	10,689,381	(312,702)	71,416,185	(1,850,199)
Appropriation of endowment assets for expenditure	<u>10,629,678</u>	<u>(10,629,678)</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total revenues, gains (losses), and other support	75,834,889	59,703	232,672	76,127,264	5,536,659
Expenses and changes in net assets:					
Program services:					
Child care services and other grants	18,889,430	0	0	18,889,430	17,491,234
Supporting services expense:					
Management and general	1,086,914	0	0	1,086,914	1,063,979
Fundraising	<u>1,573,755</u>	<u>0</u>	<u>0</u>	<u>1,573,755</u>	<u>786,188</u>
Total supporting services	<u>2,660,669</u>	<u>0</u>	<u>0</u>	<u>2,660,669</u>	<u>1,850,167</u>
Total expenses	<u>21,550,099</u>	<u>0</u>	<u>0</u>	<u>21,550,099</u>	<u>19,341,401</u>
Change in net assets	54,284,790	59,703	232,672	54,577,165	(13,804,742)
Net assets, beginning of year	<u>39,717,731</u>	<u>7,347,647</u>	<u>131,019,471</u>	<u>178,084,849</u>	<u>191,889,591</u>
Net assets, end of year	<u>\$ 94,002,521</u>	<u>\$ 7,407,350</u>	<u>\$ 131,252,143</u>	<u>\$ 232,662,014</u>	<u>\$ 178,084,849</u>

See accompanying notes to financial statements.

KOSAIR CHARITIES COMMITTEE, INC.

**STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED SEPTEMBER 30, 2016
(WITH SUMMARIZED FINANCIAL INFORMATION FOR THE YEAR ENDED SEPTEMBER 30, 2015)**

	2016			2015	
	Program Services	Management and General	Fundraising	Total	Total
Expenses					
Personnel expenses:					
Salaries and employee benefits	\$ 508,059	\$ 545,192	\$ 567,066	\$ 1,620,317	\$ 1,602,282
Retirement plan	46,104	54,597	46,313	147,014	142,861
Total personnel expenses	554,163	599,789	613,379	1,767,331	1,745,143
Other expenses:					
Advertising and publicity	389,353	51,828	152,313	593,494	455,135
Conferences, meetings, and travel	21,993	26,230	39,992	88,215	63,627
Depreciation	398,614	46,740	0	445,354	432,010
Development programs	648	0	0	648	0
Dues and subscriptions	235	24,587	1,028	25,850	16,702
Gift in kind expense	0	0	293	293	495
Grants to children's health agencies and other non-profit organizations	13,934,922	0	0	13,934,922	14,507,117
Insurance	161,209	24,793	41	186,043	113,233
Other nonpersonnel expenses	6,091	24,037	30	30,158	105,063
Outside computer services	695	1,189	25,940	27,824	12,699
Printing, shipping and postage	15,119	21,854	164,230	201,203	160,598
Professional fees	3,009,586	185,354	527,393	3,722,333	1,277,482
Repairs and maintenance	224,237	6,551	0	230,788	229,337
Rental	1,009	0	1,858	2,867	1,233
Staff development	183	31,122	6,955	38,260	9,627
Supplies	11,625	27,662	33,258	72,545	39,212
Telephone	9,381	15,106	6,705	31,192	29,623
Utilities	150,161	0	0	150,161	142,529
Other	206	72	340	618	536
Total other expenses	18,335,267	487,125	960,376	19,782,768	17,596,258
Total expenses	\$ 18,889,430	\$ 1,086,914	\$ 1,573,755	\$ 21,550,099	\$ 19,341,401

See accompanying notes to financial statements.

KOSAIR CHARITIES COMMITTEE, INC.

STATEMENTS OF CASH FLOWS
YEARS ENDED SEPTEMBER 30, 2016 AND 2015

	2016	2015
Operating activities:		
Change in net assets	\$ 54,577,165	\$ (13,804,742)
Adjustments to reconcile change in net assets to net cash flows from operating activities:		
Depreciation	452,579	439,245
Loss on sale of assets	0	1,855
Amortization to fair value of grants payable	1,700,000	3,201,000
Change in value of split-interest agreement	24,896	(157,088)
Net loss (gain) on investments	(17,803,777)	4,380,737
Contributions restricted for permanent investment	(545,374)	(2,509,381)
Donation of real estate	(75,000)	(1,355,000)
Depreciation of investments held in trust by others	312,702	990,471
Lawsuit settlement	(50,479,387)	0
Changes in operating assets and liabilities:		
Bequests and accounts receivable	98,907	28,801
Accrued interest and dividends receivable	29,841	30,310
Pledges receivable	42,906	77,034
Prepaid expenses and other assets	134,256	10,515
Accounts payable and accrued expenses	242,607	(6,619,233)
Grants and annuities payable	(5,917,162)	(4,393,510)
Net cash flows from operating activities	(17,204,841)	(19,678,986)
Investing activities:		
Purchase of equipment and leasehold improvements	(76,778)	(317,658)
Proceeds from sale of investments	150,210,460	88,235,394
Purchase of investments	(132,596,362)	(83,054,293)
Net cash flows from investing activities	17,537,320	4,863,443
Financing activities:		
Contributions restricted for permanent investment	545,374	2,509,381
Net change in cash and cash equivalents	877,853	(12,306,162)
Cash and cash equivalents, beginning of year	5,800,906	18,107,068
Cash and cash equivalents, end of year	\$ 6,678,759	\$ 5,800,906

See accompanying notes to financial statements.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

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 2015 calendar year, or tax year beginning 10/1/2015, and ending 9/30/2016

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

 Telephone number
(602) 637-7696

G Gross receipts \$ 179,147,466

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

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>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.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>26</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>22</u>
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<u>5</u>	<u>23</u>
	6	Total number of volunteers (estimate if necessary)	<u>6</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>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <u>6,033,397</u>	Current Year <u>3,366,327</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>16,388,678</u>	<u>12,423,873</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>390,024</u>	<u>50,766,260</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>22,812,099</u>	<u>66,556,460</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>13,527,861</u>	<u>12,866,933</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>1,613,979</u>	<u>1,618,843</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>1,579,098</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>4,253,679</u>	<u>6,764,821</u>
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>19,395,319</u>	<u>21,250,597</u>	
19	Revenue less expenses. Subtract line 18 from line 12	<u>3,416,780</u>	<u>45,305,863</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year <u>258,408,010</u>	End of Year <u>258,556,129</u>
	21	Total liabilities (Part X, line 26)	<u>80,323,161</u>	<u>25,894,115</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>178,084,849</u>	<u>232,662,014</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: 3-10-17
 Type or print name and title: WALTER R. COE PRESIDENT & CEO

Paid Preparer Use Only
 Print/preparer's name: Jimmie L. Noe, CPA Preparer's signature: Jimmie L. Noe, CPA Date: 3/1/17 Check if self-employed PTIN: PO0074256
 Firm's name: Blue & Co., LLC Firm's EIN: _____
 Firm's address: 2650 Eastport Blvd, Louisville, KY 40218 Phone no.: _____

May the IRS discuss this return with the preparer shown on this form (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III. [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 [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 3,506,002 including grants of \$ 3,506,002) (Revenue \$) NORTON HEALTHCARE, LOUISVILLE, KY. PEDIATRIC CARE HOSPITAL. FUNDS CURRENTLY BEING HELD IN ESCROW ARE PROVIDED FOR MAINTENANCE OF CHILDREN'S PROGRAMS AND SERVICES AT THE HOSPITAL, INCLUDING THE PROVISION FOR MEDICAL CARE FOR CHILDREN OF INDIGENT AND LOW INCOME FAMILIES.

4b (Code:) (Expenses \$ 1,387,726 including grants of \$ 1,387,726) (Revenue \$) UNIVERSITY OF LOUISVILLE PEDIATRICS, LOUISVILLE, KY. FUNDS PROVIDED FOR RESEARCH AND THE STUDY OF VARIOUS DISEASES IN PEDIATRIC PATIENTS.

4c (Code:) (Expenses \$ 938,137 including grants of \$ 938,137) (Revenue \$) VOLUNTEERS OF AMERICA, LOUISVILLE, KY. FUNDS ARE IN SUPPORT OF VOA'S CAPITAL CAMPAIGN TO EXPAND SERVICES PROVIDED BY THEIR "FREEDOM HOUSE WOMEN'S ADDICTION RECOVERY PROGRAM".

4d Other program services. (Describe in Schedule O.) (Expenses \$ 12,752,721 including grants of \$ 8,103,056) (Revenue \$ 0)

4e Total program service expenses 18,584,586

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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		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	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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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	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	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	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		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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		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		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).		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	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		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b <i>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response boxes. Includes entries for Form 1096, W-2G forms, gaming winnings, employee reports, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	25	
b	Enter the number of voting members included in line 1a, above, who are independent	22	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a		X
b		
11a	X	
b		
12a	X	
b	X	
c	X	
13	X	
14	X	
15		
a		X
b		X
16a		X
b		

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 BOARDMEMBER	3.00	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			179,545		38,858	
(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 VICE CHAIRMAN	3.00	X		X			15,360			
(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) LARRY CRAIG BOARD MEMBER	3.00	X								
(21) FRANK TEXAS BOARD MEMBER	3.00	X								
(22) STEVE HUESTON BOARD MEMBER	3.00	X								
(23) BARRY DUNN BOARD MEMBER	3.00	X								
(24) GARY MORGAN BOARD MEMBER	3.00	X								
(25) JIM SZOFER BOARD MEMBER	3.00	X								
1b Sub-total							194,905	18,000	38,858	
c Total from continuation sheets to Part VII, Section A							245,580	0	56,913	
d Total (add lines 1b and 1c)							440,485	18,000	95,771	

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 **3**

	Yes	No
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	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	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
LYNCH, COX, GILMAN & GOOC 500 W. JEFFERSON STREET LOUISVILLE, KY 40	LEGAL SERVICES	936,978
PRICEWATERHOUSECOOPER PO BOX 75647 CHICAGO, IL 60675	SPECIALTY ACCOUNTING	213,814
MASTERS, MULLINS, & ARRINC 1012 S. 4TH STREET LOUISVILLE, KY 40203	LEGAL SERVICES	119,149
		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 **3**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 0				
	b Membership dues	1b 0				
	c Fundraising events	1c 3,366,327				
	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: \$ 75,000					
	h Total. Add lines 1a-1f		3,366,327			
Program Service Revenue	2a	Business Code				
	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)		4,228,996		4,228,996	
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real	1,015,860			
		(ii) Personal				
		b Less: rental expenses	1,057,913			
		c Rental income or (loss)	-42,053			
	d Net rental income or (loss)		-42,053		-42,053	
	7a Gross amount from sales of assets other than inventory	(i) Securities	119,461,007			
		(ii) Other		0		
		b Less: cost or other basis and sales expenses	111,266,130			
		c Gain or (loss)	8,194,877			
	d Net gain or (loss)		8,194,877		8,194,877	
	8a Gross income from fundraising events (not including \$ 65,630 of contributions reported on line 1c). See Part IV, line 18	a	588,391			
		b Less: direct expenses	b 264,333			
c Net income or (loss) from fundraising events			324,058		324,058	
9a Gross income from gaming activities. See Part IV, line 19.	a	7,464				
	b Less: direct expenses	b 2,630				
	c Net income or (loss) from gaming activities		4,834		4,834	
10a Gross sales of inventory, less returns and allowances	a	0				
	b Less: cost of goods sold	b 0				
	c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue		Business Code				
11a Lawsuit Settlement		50,479,421			50,479,421	
b		0				
c		0				
d All other revenue		0				
e Total. Add lines 11a-11d		50,479,421				
12 Total revenue. See instructions		66,556,460	0	0	63,190,133	

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	12,483,023	12,483,023		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	383,910	383,910		
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	407,683	95,276	312,407	
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	882,609	219,535	201,103	461,971
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	104,280	28,647	29,320	46,313
9	Other employee benefits	135,766	39,291	28,049	68,426
10	Payroll taxes	88,505	22,927	28,909	36,669
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	758,411	753,068		5,343
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	593,494	389,353	51,828	152,313
13	Office expenses	68,754	7,834	27,662	33,258
14	Information technology	27,824	695	1,189	25,940
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	88,215	21,993	26,230	39,992
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	46,740	0	46,740	0
23	Insurance	80,283	55,449	24,793	41
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	25,850	235	24,587	1,028
b	Professional Fees	3,702,613	2,989,866	185,354	527,393
c	Printing, Shipping, Postage	201,203	15,119	21,854	164,230
d	Community Awareness	1,067,989	1,067,989		
e	All other expenses	103,445	10,376	76,888	16,181
25	Total functional expenses. Add lines 1 through 24e	21,250,597	18,584,586	1,086,913	1,579,098
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 Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,712,788	1	1,523,179
	2 Savings and temporary cash investments	2,127,238	2	3,049,185
	3 Pledges and grants receivable, net	128,765	3	85,859
	4 Accounts receivable, net	337,685	4	208,937
	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	163,163	9	28,907
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,220,698		
	b Less: accumulated depreciation	10b 7,325,534	7,270,965	10c 6,895,164
	11 Investments—publicly traded securities	232,766,611	11	233,176,805
	12 Investments—other securities. See Part IV, line 11	13,900,795	12	13,588,093
	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)	258,408,010	16	258,556,129	
Liabilities	17 Accounts payable and accrued expenses	1,918,982	17	2,161,589
	18 Grants payable	78,072,944	18	23,389,745
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	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	331,235	25	342,781
	26 Total liabilities. Add lines 17 through 25	80,323,161	26	25,894,115
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	39,717,731	27	94,002,521
	28 Temporarily restricted net assets	7,347,647	28	7,407,350
	29 Permanently restricted net assets	131,019,471	29	131,252,143
	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.	178,084,849	33	232,662,014	
34 Total liabilities and net assets/fund balances.	258,408,010	34	258,556,129	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	66,556,460
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,250,597
3	Revenue less expenses. Subtract line 2 from line 1	3	45,305,863
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	178,084,849
5	Net unrealized gains (losses) on investments	5	9,271,302
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	232,662,014

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <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.		

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mstratton
AMD

Elaine N. Walker, Secretary of State
Received and Filed:
4/19/2011 11:24 AM
Fee Receipt: \$16.00

**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
Jerry Ward, Chairman

ATTEST
Eddie Chrisman
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	Requester's name and address (optional)
City, state, and ZIP code LOUISVILLE, KY 40217		
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 <i>How to get a TIN</i> 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 <table style="width: 100%; border: 1px solid black; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>																				
Employer identification number <div style="background-color: black; width: 100%; height: 20px;"></div>																					

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, 2017</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.



Blue & Co. LLC | 7650 Eastport Parkway, Suite 300 | Louisville, KY 40223
main 502.992.3500 fax 502.992.3509 email blue@blueandco.com

REPORT OF INDEPENDENT AUDITORS

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

Report on the Financial Statements

We have audited the accompanying financial statements of Kosair Charities Committee, Inc. (the "Committee") (a nonprofit organization), which comprise the statement of financial position as of September 30, 2016, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Committee as of September 30, 2016, and the results of its operations and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited the Committee's 2015 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated March 16, 2016. In our opinion, the summarized comparative information presented herein as of and for the year ended September 30, 2015, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Report on Supplementary Information

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

Blue & Co., LLC

Louisville, Kentucky

January 11, 2017

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 [Jerry W. Ward](#)
Vice President [H. I. Stroth](#)
Secretary [I. B. Hitt](#)
Treasurer [Robert W. Flowers](#)
Director [C. Brown Allen](#)
Director [Walter R Coe](#)
Director [David Owen](#)
Director [Robert Flowers](#)
Director [Kirk Carter](#)
Director [Eddie Chrisman](#)
Director [Harry Lusk](#)

Director [Virgil T Larimore](#)
Director [David L. Nicholson](#)
Director [H. I. Stroth](#)
Director [Orval Riggs](#)
Director [Frank Texas](#)
Director [Glen E. Stuckel](#)
Director [Kenneth Reiss](#)
Director [Patrick P. Miller](#)
Director [Steve Hueston](#)
Director [Jerry W Ward](#)
Director [Wendell P Wright](#)
Director [Martin R Walters](#)
Director [Matthew L. Brotzge](#)
Director [Gary Morgan](#)
Director [I B Hitt](#)
Director [James E Szofer](#)
Director [Larry Craig](#)
Director [Barry Lee Dunn](#)

Individuals / Entities listed at time of formation

Director [LAWRENCE B CRAIG](#)
Director [JOHN T BARRICKMAN](#)
Director [I G L HAGMAN](#)
Director [A H MORRIS](#)
Director [WM C BROWN](#)
Incorporator [LAWRENCE B CRAIG](#)
Incorporator [W R R LAVIELLE](#)
Incorporator [LEE G ZINSMEISTER](#)
Incorporator [CHAS A WILSON](#)
Incorporator [WM C BROWN](#)

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.

Name Renewal	2/18/2003	1 page	tiff	PDF
Annual Report	12/13/2002	1 page	tiff	PDF
Annual Report	4/22/2002	1 page	PDF	
Annual Report	10/31/2001	1 page	tiff	PDF
Statement of Change	5/9/2001	1 page	tiff	PDF
Annual Report	4/19/2001	1 page	PDF	
Annual Report	6/29/2000	1 page	tiff	PDF
Statement of Change	5/23/2000	1 page	tiff	PDF
Annual Report	7/22/1999	1 page	tiff	PDF
Annual Report	4/24/1998	1 page	tiff	PDF
Annual Report	7/1/1997	1 page	tiff	PDF
Statement of Change	8/23/1996	1 page	tiff	PDF
Annual Report	7/1/1996	2 pages	tiff	PDF
Annual Report	7/1/1995	1 page	tiff	PDF
Annual Report	7/1/1994	2 pages	tiff	PDF
Annual Report	7/1/1993	2 pages	tiff	PDF
Amendment	3/19/1993	4 pages	tiff	PDF
Statement of Change	10/22/1992	2 pages	tiff	PDF
Annual Report	7/1/1992	2 pages	tiff	PDF
Annual Report	7/1/1991	2 pages	tiff	PDF
Statement of Change	2/5/1990	1 page	tiff	PDF
Annual Report	7/1/1989	2 pages	tiff	PDF
Annual Report	7/1/1989	2 pages	tiff	PDF
Annual Report	7/1/1988	1 page	tiff	PDF
Annual Report	3/14/1983	1 page	tiff	PDF
Certificate of Assumed Name	8/2/1982	2 pages	tiff	PDF
Annual Report	3/10/1982	1 page	tiff	PDF
Statement of Change	3/1/1982	2 pages	tiff	PDF
Amendment	5/5/1981	5 pages	tiff	PDF
Annual Report	3/23/1981	1 page	tiff	PDF

Assumed Names

[KOSAIR CHILDREN CHARITIES](#)
[KOSAIR CHILDRENS CHARITIES](#)
[KOSAIR CHARITIES](#)

Inactive
Inactive
Active

[KOSAIR CHILDRENS HOSPITAL FOUNDATION](#)
[KOSAIR CHILDREN'S HOSPITAL FOUNDATION](#)
[KOSAIR CHILDREN HOSPITAL FOUNDATION](#)
[KOSAIR CHARITIES](#)
[KOSAIR CHILDREN'S CHARITIES](#)
[KOSAIR CHARITIES FOR CHILDREN](#)
[KOSAIR CRIPPLED CHILDREN HOSPITAL](#)
[KOSAIR CRIPPLED CHILDREN HOSPITAL](#)
[KOSAIR CHILDREN'S CHARITIES](#)
[KOSAIR CHARITIES COMMITTEE](#)

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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	KOSAIR CHILDREN CHARITIES
Added assumed name	3/26/2012 1:22:03 PM	3/26/2012	KOSAIR CHILDRENS CHARITIES
Added assumed name	3/26/2012 1:20:40 PM	3/26/2012	KOSAIR CHILDREN HOSPITAL FOUNDATION
Added assumed name	3/26/2012 1:19:31 PM	3/26/2012	KOSAIR CHILDREN'S HOSPITAL FOUNDATION
Added assumed name	3/26/2012 1:18:17 PM	3/26/2012	KOSAIR CHILDRENS HOSPITAL FOUNDATION
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
Added assumed name	3/16/2010 3:58:15 PM	3/16/2010
Added assumed name	3/16/2010 3:57:20 PM	3/16/2010
Added assumed name	3/16/2010 3:55:58 PM	3/16/2010
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

[KOSAIR CHARITIES](#)

[KOSAIR CHARITIES COMMITTEE](#)

[KOSAIR CHILDREN'S CHARITIES](#)

[KOSAIR CRIPPLED CHILDREN HOSPITAL](#)

KOSAIR CHARITIES
COMMITTEE

Amendment previous name	3/1/1960	3/1/1960
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
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Statement of Change	8/23/1996	1 page
Annual Report	7/1/1996	2 pages
Annual Report	7/1/1995	1 page
Annual Report	7/1/1981	3 pages