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

Applicant/Program: Kosair Charities committee, Inc. / The Magic & the wonder Applicant Requested Amount: \$3,000 Appropriation Request Amount: \$3,000
Executive Summary of Request Funds requested will be used toward the Kosair charities magic show, which benefits families in need of medicial assistance.
Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)? Yes No 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.
U Surface Sponsor Signature Sponsor Signature Sponsor Signature Amount 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:

Legal Name of Applicant Organization KO Sair Charities Committee	ee Inc.
Program Name and Request Amount The magic & the wonder	,
\$ 2,000	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	ves
Is the proposed public purpose of the program viable and well-documented?	yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	N'es
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<u>des</u>
Has prior Metro Funds committed/granted been disclosed?	. es
Is the application properly signed and dated by authorized signatory?	న ల్
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	ves
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	NA
Is the entity in good standing with:	
► Kentucky Secretary of State?	
 ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? 	yes
▶ Internal Revenue Service?	
▶ Louisville Metro Human Relations Commission?	
Is the current Fiscal Year Budget included?	yls
Is the entity's board member list (with term length/term limits) included?	yes
Is recommended funding less than 33% of total agency operating budget?	yes
Does the application budget reflect only the revenue and expenses of the project/program?	yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	VA
Is the most recent annual audit (if required by organization) included?	NA
Is a copy of Signed Lease (if rent costs are requested) included?	NA
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	NA
Are the Articles of Incorporation of the Agency included?	45
Is the IRS Form W-9 included?	- yčs
Is the IRS Form 990 included?	ves
Are the evaluation forms (if program participants are given evaluation forms) included?	NA
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	-WESNA
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant	V.
met the BBB Charity Review Standards?	
Prepared by: Noward And Date: 4 (4 2)	Zak kita kita di T

SECTION 1 - APPLICANT INFORMATION						
Legal Name of Applicant Organization:						
(as listed on: http://www.sos.ky.gov/business/records Kosair Charities Committee, Inc.						
Main Office Street & N	/lailing A	ddress: 982 Easte	rn Parkw	ay, Louisville, KY	40217	
Website: www.kosair	.org					
Applicant Contact:	Amy D	eering		Title:	VP of Finance	
Phone:	(502) 8	14-9914		Email:	adeering@kosair.org	
Financial Contact:	Amy D	eering		Title:	VP of Finance	
Phone:	(502) 8	14-9914		Email:	adeering@kosair.org	
Organization's Represe	entative	who attended NDF	Training:	Amy Deering		
GEOGR	RAPHICA	L AREA(S) WHERE F	PROGRAM	ACTIVITIES ARE (WILL BE) PROVIDED	
Program Facility Locati	on(s):	Louisville, KY	.,,,,			
Council District(s):		6 & 10		Zip Code(s):	40217, 40202	
	SECTU	ON 2 - PROGRAM F	REQUEST	E FINANCIAL INFO	RMATION	
PROGRAM/PROJECT N	AME: T	ne Magic & The W	onder/	.0		
Total Request: (\$)	\$ 2,000.	00 Total Me	tro Award	i (this program) in	previous year: (\$) \$ 1,000.00	
Purpose of Request (ch	eck all ti	nat apply):				
Operating Fur	nds (gene	erally cannot exceed	d 33% of a	gency's total opera	ating budget)	
Programming	/services	events for direct b	enefit to	community or qual	ified individuals	
Capital Projec	t of the o	organization (equip	ment, furr	nishing, building, et	:c)	
The Following are Requ	ired Att	chments:				
✓ IRS Exempt Status Dete	rmination	Letter		Signed lease if rent c	osts are being requested	
✓ Current year projected	budget		Ø	IRS Form W9		
✓ Current financial states	nent			Evaluation forms if used in the proposed program		
Most recent IRS Form 9	90 or 112	0-Н		✓ Annual audit (if required by organization)		
Articles of Incorporation	n (curren	t & signed)		Faith Based Organiza	tion Certification Form, if applicable	
Cost estimates from proposed vendor if request is for capital expense						
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro						
Government for this or any other program or expense, including funds received through Metro Federal Grants,						
from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.						
Source: Amount: (\$)						
Source:						
Source:						
Has the applicant contacted the BBB Charity Review for participation?						
				_	□ NO	
Has the applicant met the BBB Charity Review Standards? 🗹 Yes 🔲 No						

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

Board Member Term End Date Included with the required attachments Included with the required attachments

Describe the Board term limit policy:

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

Three Highest Paid Staff Names	Annual Salary		
A. Keith Inman	\$ 324,450.36		
Aimee Sapp	\$ 193,949.08		
Roy Crawford	\$ 150,000.24		

SECTION 5 – PROGRAM/PROJECT NARRATIVE
A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):
The Magic & The Wonder is a Vegas-style magic show taking place on October 16, 2021 at the Kentucky Center for the Performing Arts. The event serves as a fundraiser for Kosair Charities and net proceeds (revenue less operating expenses) of the one day event will be used to assist families with medical bills and/or treatment of children in need. While the specific event is in October, client needs are served throughout the fiscal year of Kosair Charities.
B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):
Net Event Proceeds from The Magic & the Wonder are split 50/50 with Kid's Center for Pediatric Therapies. Kosair Charities' portion of Metro funds and non-Metro funds will be used to provide financial assistance with medical bills and/or treatment for children. Remuneration goes directly to the service provider (Kid's Center for Pediatric Therapies, U of L Center for Pediatric Neurorecovery, etc.) and not to the clients themselves.
The portion of net proceeds benefiting Kids Center for Pediatric Therapies will support their mission of providing physical therapy, speech therapy and other services to children in need.

C: If this request is a fundraiser, please detail how the proceeds will be spent:
The Magic & The Wonder is a Vegas-style magic show whose purpose is to raise funds for Kosair Charities. Revenues come primarily from program ad sales and ticket sales. Expenses include rental of the Kentucky Center for the Arts, costs associated with the talent (magicians), and promotional printing. All net proceeds will be directed to Kosair Charities for the express purpose of adhering to their company mission of serving children with medical needs. More specifically, 50% of the net proceeds will go to the Kid's Center for Pediatric Therapies. Kosair's 50% will be used to provide financial assistance with medical bills and/or treatment for children. Remuneration goes directly to the service provider (Kid's Center for Pediatric Therapies, U of L Center for Pediatric Neurorecovery, 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 Contract of this application is a selection of the date of this application.
The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.
Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
 ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application. ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:	
Kosair Charities receives hundreds of requests each year from families with children, for financial assistance. During the current fiscal year (October 1 2020-June 30, 2021) Kosair Charities paid \$369,099 in medical assistance for qualified families. The Magic & The Wonder's net proceeds will directly assist with the continuation of the supportive funds listed above.	
F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.	
N/A	

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 Proposed Metro Funds	Column 2 Non- Metro	Column (1+2)=3 Total Funds
		Funds	
A: Personnel Costs Including Benefits			\$ 0.00
B: Rent/Utilities		\$ 9,000.00	\$ 9,000.00
C: Office Supplies			\$ 0.00
D: Telephone			\$ 0.00
E: In-town Travel		\$ 2,000.00	\$ 2,000.00
F: Client Assistance (See Detailed List on Page 8)			\$ 0.00
G: Professional Service Contracts	\$ 2,000.00	\$ 17,000.00	\$ 19,000.00
H: Program Materials		\$ 2,000.00	\$ 2,000.00
I: Community Events & Festivals (See Detailed List on Page 8)			\$ 0.00
J: Machinery & Equipment			\$ 0.00
K: Capital Project			\$ 0.00
L: Other Expenses (See Detailed List on Page 8)			\$ 0.00
*TOTAL PROGRAM/PROJECT FUNDS	\$ 2,000.00	\$ 30,000.00	\$ 32,000.00
% of Program Budget	6.25%	93.75%	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)	\$ 45,000.00
Fees Collected from Program Participants	
Other (please specify) Ticket Sales	\$ 10,000.00
Total Revenue for Columns 2 Expenses **	\$ 55,000.00

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

^{**}Must equal or exceed total in column 2.

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

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).					
J., 26	not bodgite with cush revenues of th	ne agencyj.			
	Donor*/Type of Contribution	Value of Contribution	Method of Valuation		
	Total Value of In-Kind				
	o match Program Budget Line Item. lunteer Contribution &Other In Kind				
* 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: 10/01/2021					
Does your	Agency anticipate a significant inco		t from the current fiscal year to the		
	ojetiou tet next ilbud. yeur.				
If YES, please explain:					

SECTION 7 - CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

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

Signatur	e of Legal Signatory:	ains Sopp		Date:	07/23/2021	
Legal Signatory: (please print):		Aimee Sapp		Title:	CFO	
Phone:	(502) 814-9906	Extension:	Email:	asapp@kosair.org		

Internal Revenue Service

District Director

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

Department of the Treasury

P.O. Box 2508 Cincinnati, Ohio 45201

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

Date: JAN 1 0 1983

Dear Sir or Madam:

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

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

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

Sincerely yours

James J. Ryan District Director



FY21 Budget

		2021
		Budget
Revenues		
Public Support		
Public Support	Contributions	44 450 000
	Contributions	\$1,450,000
	Special Events	\$246,000
	Legacies and Bequests Total	\$350,000
Program Services Revenue	Total	\$2,046,000
Frogram Services Revenue	Brogram Consists Bounning	Ć044 047
	Program Services Revenue Total	\$941,017
Other Revenues	Total	\$941,017
Other Nevenues		
	Interest & Dividends, net of fees	\$3,600,000
	Realized Gain/(Loss) on Investments	\$1,200,000
	Unrealized Gain/(Loss) on Investments	\$8,400,000
	Other Revenue	\$0
	Total	\$12.200.000
	Total Revenue	\$13,200,000
	total veveline	\$16,187,017
Expenses		
Personnel Expenses		
	Salaries and Employee Benefits	\$2,792,257
	Total personnel expenses	\$2,792,257
Other Expenses	•	
	Advertising and Publicity	\$473,300
	Conferences, Meetings, and Travel	\$164,648
	Depreciation	\$381,314
	Development Programs	\$31,050
	Dues and Subscriptions	\$42,588
	Events Expense	\$262,650
	Grants	\$10,058,732
	Insurance	\$116,548
	Bank & Credit Card Fees	\$29,100
	Other Nonpersonnel Expenses	\$0
	Outside Computer Services	\$67,500
	Printing, Shipping, and Postage	\$168,325
	Professional Fees	\$239,884
	Repairs and Maintenance	\$170,141
	Staff Development	\$14,000
	Supplies	\$26,735
	Telephone	\$44,280
	Utilities	\$123,012
	Contingency Budget	\$650,000
	Other Taxes	\$574
	Total other expenses	\$13,064,382
	Total expenses	\$15,856,639
	NET SURPLUS/(DEFICIT)	\$330,378



Statement of Activity - UnauditedFor the Period Ending May 31, 2021 Kosair Charities Committee, Inc.

	Actual	Budget
Kevenues		
Public Support		
Contributions	\$60,263.30	\$120,000.00
Special Events	\$21,575.00	\$0.00
Legacies and Bequests	\$7,050,77	\$30,000.00
Total Public Support	\$88,889,07	\$150,000.00
Program Services Revenue		
Program Services Revenue	\$84,169.69	\$82,250.00
Total Program Services	\$84,169.69	\$82,250.00
Other Revenues		
Interest & Dividends, net of advisory fees	\$194,882.19	\$300,000,00
Realized Gain/(Loss) on Investments	\$765,561.39	\$100,000.00
Unrealized Gain/(Loss) on Investments	\$1,962,173.86	\$700,000.00
Other Revenue	(\$828.38)	\$0.00
Total Other Revenue, Net of Fees	\$2,921,789.06	\$1,100,000.00
Total Revenue	\$3,094,847.82	\$1,332,250,00
Expenses		
Personnel Expenses		
Salaries and Employee Benefits	\$207,460.93	\$215,066,77
Totał Personnel Expenses	\$207,460.93	\$215,066,77
Other Expenses		
Advertising and Publicity	\$54,560.43	\$31,110.00
Conferences, Meetings, and Travel	\$13,196.21	\$10,530.50
Depreciation	\$31,940.17	\$31,628,31
Development Programs	\$0.00	\$3,500,00
Dues and Subscriptions	\$615.57	\$25,350.00
Events Expense	\$23,638.67	\$15,310,00
Grants	\$163,431.36	\$247,828.00
Insurance	\$6,442.34	\$6,000.00
Bank & Credit Card Fees	\$2,053.40	\$2,321.00
Outside Computer Services	\$0.00	\$0.00
Printing, Shipping, and Postage	\$3,504.99	\$650.00
Professional Fees	\$13,863.26	\$21,632.00
Repairs and Maintenance	\$9,338.48	\$9,729.00
Staff Development	\$480.00	\$810.00
Supplies	\$1,432.09	\$1,889.00
Telephone	\$3,572.54	\$3,690.00
Utilities	\$5,734.20	\$11,801,00
Other Taxes	\$22.00	\$0.00
Other Expenses	\$0.00	\$0.00
Total Other Expenses	\$333,825.71	\$423,778.81
Total Expenses	\$541,286.64	\$638,845.58
NET SURPLUS/(DEFICIT)	\$2,553,561.18	\$693,404.42

Actual	Budget	Variance	% Variance	YTD Actual	YTD Budget	YTD Variance	YTD % Varian	Prior Year - M	Prior Year- YTD
\$60,263.30	\$120,000.00	(\$59,736.70)	(49.78%)	\$918,444.05	\$1,125,000.00	(\$206,555.95)	(18.36%)	\$75,900	\$1,148,354.17
\$21,575.00	\$0.00	\$21,575.00	0.00%	\$128,738,97	\$216,000.00	(\$87,261.03)	(40.40%)	(\$1,790)	\$187,960.69
\$7,050,77	\$30,000.00	(\$22,949,23)	(76.50%)	\$824,137.87	\$220,000.00	\$604,137.87	274.61%	\$2,259,643	\$2,676,720,70
\$88,889.07	\$150,000.00	(\$61,110.93)	(40.74%)	\$1,871,320.89	\$1,561,000.00	\$310,320.89	19.88%	\$2,333,754	\$4,013,035.56
\$84,169.69	\$82,250.00	\$1,919.69	2.33%	\$671,436.52	\$658,000,00	\$13,436.52	2 04%	\$101 784	\$712,607.05
\$84,169.69	\$82,250.00	\$1,919.69	2.33%	\$671,436.52	\$658,000.00	\$13,436,52	2.04%	\$101.784	\$712 607 05
¢194 882 10	00 000 000	1640E 142 041							
6767 FC1 30	4400,000,00	(10:711,5014)	(35.04%)	34, 149,887, 10	\$2,400,000,00	(\$250,112.90)	(10,42%)	\$78,097	\$2,441,009.56
\$7.00,001.39 #4.007.42	\$100,000,00	\$665,561.39	665.55%	\$2,499,673.85	\$800,000.00	\$1,699,673.85	212.46%	\$64,085	\$6,336,071.28
\$1,552,173.8b	\$700,000.00	\$1,262,173.86	180.31%	\$54,464,462.72	\$5,600,000.00	\$48,864,462.72	872.58%	\$9,222,915	(\$3,042,906.78)
(\$828.38)	\$0.00	(\$828.38)	0.00%	\$308,251.59	\$0.00	\$308,251.59	0.00%	(\$7,369)	(\$519,472,34)
\$2,921,789.06	\$1,100,000.00	\$1,821,789.06	165.62%	\$59,422,275.26	\$8,800,000.00	\$50,622,275.26	575.25%	\$9,357,728	\$5.214.701.72
\$3,094,847.82	\$1,332,250.00	\$1,762,597.82	132.30%	\$61,965,032.67	\$11,019,000.00	\$50,946,032.67	462.35%	\$11,793,266	\$9,940,344.33
\$207,460.93	\$215,066.77	\$7,605.84	3.54%	\$1,578,496.23	\$1.831.353.03	\$252 856 80	در م	4127 66	41 515 706 55
\$207,460.93	\$215,066,77	\$7.605.84	3 54%	\$1 578 496 23	¢1 821 352 05	4252 055 00	2,0,0	102,203	5.0U/,CIC,1 ¢
\$54,560.43	\$31,110.00	(\$23,450.43)	(75.38%)	\$428,039.04	\$359,480.00	(\$68.559.04)	(%20,61)	\$41,003	£378 775 £1
\$13,196.21	\$10,530.50	(\$2,665.71)	(25.31%)	\$69,223.21	\$80,171.00	\$10.947.79	13.66%	\$1.766	459 241 87
\$31,940.17	\$31,628,31	(\$311.86)	(0.99%)	\$317,974.97	\$252,859.55	(\$65.115.42)	(25.75%)	\$30.375	\$243,000,72
\$0.00	\$3,500.00	\$3,500.00	100.00%	\$2,469.96	\$20,000.00	\$17,530,04	87.65%	237	\$2.433.78 \$2.433.78
\$615.57	\$25,350.00	\$24,734.43	97.57%	\$65,469.45	\$65,318.00	(\$151.45)	(0.23%)	\$2.875	\$37.171.07
\$23,638.67	\$15,310,00	(\$8,328.67)	(54.40%)	\$90,005.92	\$167,160.00	\$77,154.08	46.16%	(\$1.580)	\$127 979 42
\$163,431.36	\$247,828.00	\$84,396.64	34.05%	\$1,313,462,40	\$1,566,422.24	\$252,959.84	16.15%	\$95.943	47 133 729 36
\$6,442.34	\$6,000.00	(\$442.34)	(7.37%)	\$74,096.42	\$86,457,50	\$12,361.08	14.30%	\$1,990	\$64.278.50
\$2,053,40	\$2,321.00	\$267.60	11.53%	\$17,396.05	\$18,575.00	\$1,178.95	6.35%	\$2.171	\$17.820 17
\$0.00	\$0,00	\$0.00	0.00%	\$60,746.69	\$60,950.00	\$203.31	0.33%	\$1,301	\$20,115.37
\$3,504.99	\$650.00	(\$2,854.99)	(439.23%)	\$144,815,62	\$149,150.00	\$4,334.38	2.91%	\$2,039	\$109.811.86
\$13,863.26	\$21,632.00	\$7,768.74	35.91%	\$174,778.14	\$226,921.32	\$52,143.18	22.98%	\$14,569	\$122,567.13
\$9,338.48	\$9,729.00	\$390.52	4.01%	\$105,655.29	\$109,770,00	\$4,114.71	3.75%	\$5,334	\$96,690.55
\$480.00	\$810.00	\$330.00	40.74%	\$4,898.00	\$9,870.00	\$4,972,00	50.37%	(\$299)	\$3.158.61
\$1,432.09	\$1,889.00	\$456.91	24.19%	\$18,760.00	\$22,692,00	\$3,932.00	17,33%	\$1,018	\$20,534.86
\$3,572,54	\$3,690.00	\$117.46	3,18%	\$24,302.12	\$29,520.00	\$5,217.88	17.68%	\$4,218	\$26,918.05
\$5,734.20	\$11,801.00	\$6,066.80	51,41%	\$74,692.73	\$70,708.00	(\$3,984.73)	(5.64%)	\$6,875	\$63,741.95
\$22.00	\$0.00	(\$22.00)	0.00%	\$52.00	\$553.00	\$501.00	%09'06	\$	\$564.01
\$0.00	\$0.00	\$0.00	0:00%	\$0.00	\$650,000.00	\$650,000.00	100.00%	(\$121)	\$0.00
\$333,825.71	\$423,778.81	\$89,953.10	21.23%	\$2,986,838.01	\$3,946,577.61	\$959,739.60	24.32%	\$209,513	\$8,528,532.98
\$541,286.64	\$638,845.58	\$97,558.94	- 1	\$4,565,334.24	\$5,777,930.64	\$1,212,596,40	20.99%	\$392,078	\$10.044 239.53
\$2,553,561.18	\$693,404.42	\$1,860,156.76	268.26%	\$57,399,698.43	\$5,241,069,36	\$52,158,629.07	995.19%	\$11.401.188	(\$102 895 20)

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning $\overline{ ext{OCT 1}}$, 2019, and ending $\overline{ ext{SEP 30}}$, 20 $\overline{ ext{20}}$

OMB No. 1545-1878

Department of the Treasury nternal Revenue Service Name of exempt organization

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

KOSAIR CHARITIES COMMITTEE, INC.

61-0514703

Name and title of officer

KEITH INMAN

PRESIDENT

Part	I WAS AT MATHEM	and Return Information	ALM. IL D. R. A. I.
	I YOU OF HOUSE	and return montantin	INVIDATE LIMITATE CHAR

Check the box for the return for which you are using this Form 8879 EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

	Form 990 check here b X b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	16,350,128.
2 a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3а	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check of	one box only	
I authorize		to enter my PIN
	FRO firm name	Enter five numbers by

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

X As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter thy PIN on the return's displosure consent screen.

Officer's signature

Part III Certification and Authentication

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

35628835628 Do not enter all zeros

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

ERO's signature BLUE & CO., LLC

Date -

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

Form **990** (Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning OCT 1, 2019 and ending SEP 30,

Open to Public Inspection

<u>A</u>	A For the 2019 calendar year, or tax year beginning OCT 1, 2019 and ending SEP 30, 2020							
В	Check i applica	C Name of organization	D Employer identif	ication number				
Г	Addi	KOSAIR CHARITIES COMMITTEE, INC.						
	Nam	ge Doing business as	61-05147	61-0514703				
	Initia Final Final Fetur	Number and street (or P.O. box if mail is not delivered to street address) Room/	suite E Telephone number 502-637-					
	term	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	68,146,328.				
	Ame	nded TOTTCTTTTT WW ACCC	H(a) Is this a group					
	Appl	F Name and address of principal officer: ALLIA INPLAN	for subordinate					
	pend	SAME AS C ABOVE	H(b) Are all subordinates i					
I	Tax-e	cempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527 If "No," attach a	list. (see instructions)				
		ite: ► WWW.KOSAIR.ORG	H(c) Group exemption	•				
	orm o	f organization: X Corporation Trust Association Other ► L Summary	Year of formation: 1923	M State of legal domicile: KY				
	1	Briefly describe the organization's mission or most significant activities: TO PROTE	CT THE HEALTH	&				
Governance		WELL-BEING OF CHILDREN IN KENTUCKY AND SOUTH						
<u> </u>	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its net as	sets.				
Š	3	Number of voting members of the governing body (Part VI, line 1a)		22				
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22				
Activities &	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		25				
Viti	6	Total number of volunteers (estimate if necessary)	6	106				
Ć		Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	0.				
_	b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.				
			Prior Year	Current Year				
ē	8	Contributions and grants (Part VIII, line 1h)	4,906,616.	4,540,819.				
Revenue	9	Program service revenue (Part VIII, line 2g)	10 500 500	0.				
Ŗ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,523,533.	11,318,428.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	302,751. 17,732,900.	490,881. 16,350,128.				
_	13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,754,769.	17,327,575.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
	4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,082,530.	2,380,138.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
per	Ь	Total fundraising expenses (Part IX, column (D), line 25) 224,709.	E SUNDING COLUMN					
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,543,217.	2,055,012.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,380,516.	21,762,725.				
		Revenue less expenses. Subtract line 18 from line 12	2,352,384.	-5,412,597.				
5			Beginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)	270,604,259.	279,450,778.				
Net Assets Fund Balanc	21	Total liabilities (Part X, line 26)	12,355,777.	15,182,474.				
		Net assets or fund balances. Subtract line 21 from line 20	258,248,482.	264,268,304.				
	rt II	Signature Block						
		Ilties of perjury, I declare that I have examined this return, including accompanying schedules and sta	-	knowledge and belief, it is				
true,	correc	tt, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	· · · · · · · · · · · · · · · · · · ·				
C:		Signature of officer	Date					
Sign		KEITH INMAN, PRESIDENT	Date					
Here	3	Type or print name and title						
		Print/Type preparer's name Preparer's signature	Date Check	PTIN				
Paid		GREG JACKSON, CPA GREG JACKSON, CPA	02/09/21 if self-employ	I I				
Prep	arer	Firm's name BLUE & CO., LLC		35-1178661				
Use		Firm's address 2650 EASTPOINT PKWY, SUITE 300	THEOLIN					
_	•	LOUISVILLE, KY 40223	Phone no. 50	2-992-3500				
May	the II	RS discuss this return with the preparer shown above? (see instructions)	1	. X Yes No				
	1 01-2			Form 990 (2019)				

Form 990 (2019)

			Yes	No No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Grand to the deficiency of reduce of Contabulors:	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
4	public office? If "Yes," complete Schedule C, Part I	3	┿	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			1
5	during the tax year? If "Yes," complete Schedule C, Part II	4		X
•	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5	 	X
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		1.	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	X	
-	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	7	+-	+^-
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	├ °	+	122
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	İ		
	If "Yes," complete Schedule D, Part IV	9	1	x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		 	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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 S
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
þ	o the state of the total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
A	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	 	X
u	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			
A	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	X	ļ
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	445	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	<u> </u>	
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	iza	**	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule F	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
. –	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		- 1	
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		- 1	
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		~	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18	X	
	complete Schedule G, Part III			v
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		$\frac{X}{X}$
b	If "Ves" to line 20a did the executation attack a server its service of service and a service of the service of	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	EUD		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	x	
22002	01.00.00	mu # 1	~~~	

KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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? If "Yes," complete Schedule I, Parts I and III X 22 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? If "Yes," complete Schedule J X 23 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24h 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? 24¢ d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Х 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV X 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV X 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes." complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Note: All Form 990 filers are required to complete Schedule O			38	x	ı
'aı	rt V Statements Regarding Other IRS Filings and Tax Compliance		30		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V				
			T	Yes	No
la	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	47			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		100,700		
	(gambling) winnings to prize winners?	l W	1900/1998	Zenezen X	47041950

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

37

X

	Contanded	,		т—	.
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Yes	No
	filed for the calendar year ending with or within the year covered by this return	2a 2	5		30.00
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	X	96 5047FE
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ıs)			A 35
3a	Did the examination have considered because the constitution of th		- 1	SC 107(65436)6	x
b				1-	+
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over a	100	1	1
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		х
b	If "Yes," enter the name of the foreign country		TVI ST		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a			5a	40000000	X
b		ction?	5b	†	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	†	1
6a		e organization solicit	1	 	
	and the second s		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts		†	
	were not tax deductible?	_	6b		İ
7	Organizations that may receive deductible contributions under section 170(c).	***************************************		18.0	182.785
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sel	vices provided to the payor?	7a	x	
þ	BE HAVE A HIGH COLOR OF THE COL		7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	18.75	32.00	45000
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract?	7e	Physical collection	American Services
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h		tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.		(50 m250) (50 m250)		
а		*******************************	9a		
ь			9b		
10	Section 501(c)(7) organizations. Enter:	. ,			
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		(1000) (100) (100) (100) (100) (100) (100)
		12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	021.0000.00	Selenero (DSC
_	Note: See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
_	organization is licensed to issue qualified health plans	13b			
4≈	Did the executation receives any secretary	13c			**************************************
+a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments?" Is "Yes " has it filed a Form 720 to report these payments?" Is "Yes " has it filed a Form 720 to report these payments?" Is "Yes " has it filed a Form 720 to report these payments?" Is "Yes " has it filed a Form 720 to report these payments?" Is "Yes " has it filed a Form 720 to report these payments?" Is "Yes " has it filed a Form 720 to report these payments?" Is "Yes " has it filed a Form 720 to report these payments?" Is "Yes " has it filed a Form 720 to report these payments?" Is "Yes " has it filed a Form 720 to report these payments?" Is "Yes " has it filed a Form 720 to report these payments?" Is "Yes " has it filed a Form 720 to report these payments?" Is "Yes " has it filed a Form 720 to report these payments?" Is "Yes " has it filed a Form 720 to report these payments?" Is "Yes " has it filed a Form 720 to report these payments?" Is "Yes " has it filed a Form 720 to report these payments?" Is "Yes " has it filed a Form 720 to report these payments?" Is "Yes " has it filed a Form 720 to report these payments."		14a		<u>X</u>
5	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner.	9	14b		
					₩-
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		15	52) (355) s	X
	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incomo?	-Valley	3010203	V
	If "Yes," complete Form 4720, Schedule O.	income?	16		X
					WEST,

Form 990 (2019) KOSAIR CHARITIES COMMITTEE, INC. 61-U314/U3 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response on Schoolule O. See instructions to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Sar	Check if Schedule O contains a response or note to any line in this Part VI			X				
000	ctor A. doverning body and Management		T	T				
4.	Entay the number of vertice mankers of the course bed, at the set of the course of the	1	Yes	No				
ıa	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 at the end of the tax year [If there are material differences in voting rights among 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 at the end of the tax year [If there are material differences in voting rights among 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 at the end of the tax year [If there are material differences in voting rights among 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 at the end of the tax year.]	4						
	If there are material differences in voting rights among members of the governing body, or if the governing							
h	body delegated broad authority to an executive committee or similar committee, explain on Schedule C.		4600	180.50				
2	Enter the number of voting members included on line 1a, above, who are independent 1b 2.	4		ě.				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		x				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		+	1				
•		3		х				
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	+	X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	╅	X				
6		6	X					
7a								
	more members of the governing body?							
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a	X					
	persons other than the governing body?	7b		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10000		65/655				
а	The governing body?	8a	x	450,456				
	Each committee with authority to act on behalf of the governing body?	8b	X	_				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00	- 22					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 2	.l					
	17-10 OOTION D. TOUCHO INTO MACION ADOLE DOUGLES NOT required by the linternal never the Code.)		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IVA		44				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	9,400,90	0.390-10	300000				
12a	4							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent			(See U.)				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	SOUGHOV DAYS	X				
	Other officers or key employees of the organization	15b		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions),		1000/0					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	Carolisation						
	taxable entity during the year?	16a	1	Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		N. E. S					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b		v corpo At (2.5.4)				
Sect	ion C. Disclosure							
	List the states with which a copy of this Form 990 is required to be filed ▶KY							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availab	le				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain on Schedule O)							
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial					
	statements available to the public during the tax year.							
	State the name, address, and telephone number of the person who possesses the organization's books and records							
	KEITH INMAN - 502-637-7696							
	982 EASTERN PARKWAY, 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.

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

Check this box if neither the organization n		orga T	ınıza			nper	ısat	I .	1	
(A) Name and title	(B))) Pos	C) itior	1		(D)	(E)	(F)
Name and the	Average hours per		not c	heck	more	than		Reportable	Reportable compensation from related	Estimated
	week		cer an					compensation		amount of other
	(list any	director						the	organizations	compensation
	hours for	or dire	_			E .		organization	(W-2/1099-MISC)	from the
	related	stee (ruste			SELEC		(W-2/1099-MISC)		organization
	organizations below	lal T	onal t		ploye	E com				and related
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RON CAUGHRON	3.00	=	=	0	×	= 5	Œ.			
BOARD MEMBER		x						0.	0.	0.
(2) H. I. STROTH	3.00	<u></u>						<u> </u>	•	<u> </u>
CHAIRMAN		x		х				0.	0.	0.
(3) KIRK CARTER	3.00									0.
TREASURER		x		X				0.	0.,	0.
(4) JOHN B. HITT	3.00									
BOARD MEMBER		Х						0.	0.	0.
(5) DAVID OWEN	3.00									
TRUSTEE		Х						0.	0.	0.
(6) KENNETH E. REISS	3.00									
VICE-CHAIRMAN		X		X				0.	0.	0.
(7) LARRY CRAIG	3.00									
BOARD MEMBER		Х						0.	0.	0.
(8) ROBERT FLOWERS	3.00									
BOARD MEMBER		X	\dashv	_				0.	0.	0.
(9) RICK LAIRD	3.00									
BOARD MEMBER		Х	_	_				0.	0.	0.
(10) TOM LARIMORE	3.00							_		
BOARD MEMBER		Х		_		_		0.	0.	0.
(11) HARRY LUSK	3.00	_								
BOARD MEMBER	- 2 00	X	_	_		\dashv		0.	0.	0.
(12) DWIGHT MADDOX SECRETARY	3.00	٠,		τ,						_
(13) PATRICK MILLER	3.00	X		X				0.	0.	0.
BOARD MEMBER	3.00	x	-					ا ،		•
(14) ROBERT HART	3.00	쒸	-	-		\dashv	\dashv	0.	0.	0.
BOARD MEMBER	3.00	\mathbf{x}		-				0.	,	0
(15) DAVID NICHOLSON	3.00	^	\dashv	\dashv	\dashv	\dashv	-		0.	0.
BOARD MEMBER	3.00	x				- 1		0.	0.	0
(16) DAVID L. SCHEU	3.00	╬	\dashv	+	\dashv	\dashv	-	0.	V •	0.
BOARD MEMBER		\mathbf{x}			- 1			0.	0.	0.
(17) GLEN E. STUCKEL	3.00		\dashv	十	\dashv	\dashv	1		·	U •
BOARD MEMBER		x	- 1		- 1	- 1	- 1	0.	0.	0.

Part VII Section A. Officers, Directors, Trust	ees, Key Emp	loy	ees,	and	Hig	hes	t C	ompensated Employee	s (continued)	 -	
(A)	(B)			{C	2)			(D)	(E)		(F)
Name and title	Average	(dr	not ch		ition		по	Reportable	Reportable		Estimated
	hours per	box	unles cer an	s per	son i	s both	an	compensation	compensation	- 1	amount of
	week		Ler un	Jau	60.00	73 431		from	from related organizations	- 1	other compensation
	(list any hours for	irecto						the organization	(W-2/1099-MIS	- 1	from the
	related	p so	22			sated		(W-2/1099-MISC)	(***2) 1000 11110	٠,	organization
	organizations	este	E S		23	преп		(** 2) 1000 11.100)			and related
	below	f leaf	tiona	L	nploy	sl co	=				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Кеует	Highest compensated employee	Former				
(18) MARTIN WALTERS	3.00							_			•
BOARD MEMBER		X						0.		0.	0.
(19) GEORGE YOUNGER	3.00							_			•
BOARD MEMBER		X			<u> </u>			0.		0.	0.
(20) C. BROWN ALLEN	3.00										
BOARD MEMBER EMERITUS		X						0.		0.	0.
(21) JOHN BURGIN	3.00										0
BOARD MEMBER		X			<u> </u>			0.		0.	0.
(22) TROY ROYALTY	3.00									_	0.
BOARD MEMBER	40.00	X	<u> </u>		<u> </u>	├	_	0.		0.	U.
(23) KEITH INMAN	40.00			~				314,125.		0.	62,426.
PRESIDENT	40.00	┝		Х	-	├	-	214,120.		•	02,420.
(24) AIMEE SAPP	40.00			x				167,365.		0.	35,012.
SR VICE PRESIDENT, CFO	40.00	╁	-	~>	 	╁	-	=			
(25) LINDSAY WEHR	40.00	1				х		119,976.		0.	23,457.
SENIOR VP OF STRATEGY (26) ALLISON SAMBLANET	40.00	 	╁		├─	123	<u> </u>	222/2.53			
SENIOR VP OF DEVELOPMENT	40.00	1				x	ŀ	103,302.		0.	22,571.
	<u> </u>	<u> </u>	<u> </u>	1	1		<u> </u>	704,768.		0.	143,466.
1b Subtotal c Total from continuation sheets to Part VI	I Contina A							0.		0.	0.
d Total (add lines 1b and 1c)							-	704,768.		0.	143,466.
Total number of individuals (including but n	ot limited to th	ose	liste	d at	DOVE	a) wh	o re		000 of reportable		
compensation from the organization											4
										,	Yes No
3 Did the organization list any former officer,	director, trust	ee,	key e	emp	loye	e, o	hig	phest compensated emp	loyee on		
line 1a? If "Yes," complete Schedule J for s	uch individual		.,								3 X
4 For any individual listed on line 1a, is the su	ım of reportab	le co	ompe	ensa	tion	and	oth	her compensation from t	he organization		v
and related organizations greater than \$150	0,000? If "Yes,	," cc	mpl	ete l	Sch	edule	e J i	for such individual	1t #		4 X
5 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr	elat	ed organization of individ	ual for services		5 X
rendered to the organization? If "Yes." com	plete Schedul	e J	or si	ıch.	pers	on.					<u> </u>
Section B. Independent Contractors 1 Complete this table for your five highest co	mnonested inc	lone	ende	nt c	ontr	acto	rs t	hat received more than \$	100,000 of com	pensa	tion from
1 Complete this table for your five nignest co the organization. Report compensation for	the calendar v	ear	endir	na v	vith :	or w	ithir	n the organization's tax y	ear.		
(A)								(B)]		(C)
Name and business	address							Description of s	ervices	C	Compensation
LUSK MECHANICAL CONTRACTO	ORS, INC	*						MECHANICAL		ļ	
820 S DIXIE HWY, MULDRAUG			.55	1				CONTRACTOR			238,979.
PNC INSTITUTIONAL ASSET N	IANAGEME	ľΝ	1					INVESTMENT			
116 ALLEGHENY CTR, PITTSBURGH, PA 15212 MANAGEMENT FEES								107,542.			
										İ	
											
										į	
	······································										
2 Total number of independent contractors (including but n	ot li	mite	d to	tho	se li:	stec	d above) who received m	ore than		
\$100,000 of compensation from the organi						2					

	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
8 8	9	1 a	Federated campaigns		1a						
ran	3	b	Membership dues		1b						0.000 (0.000) (0.000)
9	1	c	Fundraising events		1c		43,536				
# 3			Related organizations								
vi E			Government grants (cont						400000000		
<u> </u>		f	All other contributions, gifts,	, grar	its, and						
DE .			similar amounts not include				4,497,283				
Ę		g	Noncash contributions included in	lines	1a-1f 1g	\$			B10 10 00 00 00 00	4.50.000	POLICIA DE LA COLO
Contributions, Gifts, Grants	L	h	Total. Add lines 1a-1f				>	4,540,819			
							Business Code				entinger and the second
ø	١.	2 a									
Ž,	1	b									
S		c									
Tar.		ď									
Program Service Revenue	ı	e	e			ļ					
<u> </u>			All other program service								
	-	g	Total. Add lines 2a-2f								e v Ceri (de la Ceri (de la Ceri)). Biologo (de la Ceri)
	;	3 Investment income (including dividends, interest									
		other similar amounts)					>	4,555,393.	•		4,555,393.
	4 Income from investment				ond p	proceeds >					
	1	5	Royalties	·		·····	<u></u>				
		_			(i) Rea		(ii) Personal	CHIN (0) (0) (0)		to the explanation of	and control denter to
	•			6a		~		4			
				6b				950650530			
			Rental income or (loss)	<u>6c</u>	273,	012,		072 040	0.00		
	_		Net rental income or (loss Gross amount from sales of) ——	(i) Securi	tioe	(ii) Other	273,012.	273,012.		
		ra			57,551,			10.003043.008			
		L.	assets other than inventory Less: cost or other basis	/a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J L J ,	•				
0				76	50,788,4	178					
i a		^	Gain or (loss)					0.00000000			16 66 5 S
ě			Net gain or (loss)					6,763,035.			6,763,035.
Other Revenue	8		Gross income from fundraising			T	T	-,-,-			0,700,000.
된			including \$					ndverski odeljenski			
-			contributions reported on					100000000			
			Part IV, line 18			8a	460,178.				
		b	Less: direct expenses			8b	250,886.	5 5 5 5 5 5 6 8			
ĺ			Net income or (loss) from t			ıts_	>	209,292.			209,292.
	9	a	Gross income from gamine	g ac	tivities. See						en de la Responsación de
			Part IV, line 19		• • • • • • • • • • • • • • • • • • • •	9a					
						9b					
			Net income or (loss) from (-	•	3	<u>,,</u>				
1	10	a	Gross sales of inventory, le					10032366		800 800 800	let menerale
			and allowances			10a					
			· ·			10b	<u> </u>				
		c	Net income or (loss) from s	sales	of inventor	У	Business Ost				
g	4 +	_	MISCELLANEOUS				Business Code 900099	0 577	0 555		
Miscellaneous Revenue	: 1	_		······································			300033	8,577.	8,577.		
		b				—					
Be	d All other revenue						-				
Σ			Total. Add lines 11a-11d				L	8,577.			
	12		Total revenue. See instruction					16,350,128.	281,589.	0.	11,527,720.
					**************				, 1		-,,

Sec	ction 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	
	Check if Schedule O contains a respons	nse or note to any line in			
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1	16,874,935.		
2	-		10/0/1/900.	19 15 N. 10 10 10 10 10 10 10 10 10 10 10 10 10	198 198 198 198 198 198 198 198 198 198
-	individuals. See Part IV, line 22	452,640.	452,640.		
3		232,020	202,020.		
Ī	organizations, foreign governments, and foreign				diging grandlant.
	individuals. See Part IV, lines 15 and 16				STATE OF STREET
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	578,927.		578,927.	
6	Compensation not included above to disqualified			3,0,24,	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,328,916.	1,011,129.	157,610.	160,177.
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	176,817.	140,275.	16,873.	19,669.
9	Other employee benefits	158,884.		24,824.	16,046.
10	Payroll taxes	136,594.	81,702.	43,093.	11,799.
11	Fees for services (nonemployees):				
a					
ŀ		59,249.	4,392.	54,857.	
C		40,400.		40,400.	
C					
e	3				
f		891,119.	891,119.		
ç	, , , , , , , , , , , , , , , , , , , ,				
	column (A) amount, list line 11g expenses on Sch O.)	138,320.	72,489.	65,831.	
12	Advertising and promotion	493,651.	479,969.	13,682.	
13	Office expenses	169,758.	90,983.	66,122.	12,653.
14	Information technology	22,996.		21,298.	1,698.
15	Royalties	25 447		05 400	
16	Occupancy	25,447. 5,511.	39. 3,661.	25,408.	010
17	Travel	3,311.	3,001.	938.	912.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	66,337.		66,337.	
20	Interest	00,007.		00,33/*	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,590.		18,590.	
23	Insurance	50,228.		50,228.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	DUES AND SUBSCRIPTIONS	51,026.	44,267.	6,639.	120.
b	DEVELOPMENT PROGRAMS	11,329.	10,271.	71.	987.
C	STAFF DEVELOPMENT	7,548.	4,754.	2,332.	462.
d	OTHER EXPENSES	3,503.	1,959.	1,358.	186.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	21,762,725.	20,282,598.	1,255,418.	224,709.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	-			
	educational campaign and fundraising solicitation.				
0000	Check here if following SOP 98-2 (ASC 958-720)	1			Form 990 (2019)

LS	ITA	balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,732.	1	13,908.
	2	Savings and temporary cash investments	177,385.	2	278,644.
	3	Pledges and grants receivable, net	14,997.	3	13,997.
	4	Accounts receivable, net	117,745.	4	56,819.
	5	Loans and other receivables from any current or former officer, director,		SSP ATE	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	and a second second control of the second second second second second second second second second second second
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges	23,732.	9	91,904.
	10a	Land, buildings, and equipment: cost or other		1000	
		basis. Complete Part VI of Schedule D 10a 15,717,428.			
	b	Less: accumulated depreciation 10b 8,901,220.	6,682,111.	10c	6,816,208.
	11	Investments - publicly traded securities	246,197,703.	11	255,042,582.
	12	Investments - other securities. See Part IV, line 11	15,849,499.	12	15,763,221.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,538,355.	15	1,373,495.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	270,604,259.	16	279,450,778.
	17	Accounts payable and accrued expenses	548,476.	17	344,838.
	18	Grants payable	11,673,538.	18	14,302,570.
	19	Deferred revenue		19	42,554.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			PERSONAL PROPERTY AND ADMINISTRATION OF THE PERSONAL PROPERTY AND
qei		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	368,800.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
ı		of Schedule D	133,763.	25	123,712.
	26	Total liabilities. Add lines 17 through 25	12,355,777.	26	15,182,474.
ر د		Organizations that follow FASB ASC 958, check here			and management from c
ğ		and complete lines 27, 28, 32, and 33.			
<u>ā</u>	27	Net assets without donor restrictions	104,405,772.	27	102,881,151.
<u>m</u>	28	Net assets with donor restrictions	153,842,710.	28	161,387,153.
š		Organizations that do not follow FASB ASC 958, check here		100	
노		and complete lines 29 through 33.		20 E S	
ts	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	050 040 400	31	0.54.0.65.55
Š	32	Total net assets or fund balances	258,248,482.	32	264,268,304.
i	33	Total liabilities and net assets/fund balances	270,604,259.	33	279,450,778.

review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2019)

X

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За

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Name of the organization Employer identification number KOSAIR CHARITIES COMMITTEE. 61-0514703 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 ____ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (iv) is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 KOSAIR CHARITIES COMMITTEE, INC. 61-0514

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

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

Se	ction A. Public Support								
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not						ļ		
	include any "unusual grants.")	3366327.	4076713.	3633107.	4906616.	4540819.	20523582.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	3366327.	4076713.	3633107.	4906616.	4540819.	20523582.		
	The portion of total contributions								
_	by each person (other than a				5 6 6 6 6 0 0 0				
	governmental unit or publicly					Entropy Broad State			
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,	a 15 (5 (5) (6) (6) (5)				and a some			
	column (f)								
6	Public support. Subtract line 5 from line 4.						20523582.		
Sec	ction B. Total Support		P. MANUTALY STREET GET A SECTION SECTION STREET		THE REPORT OF THE PROPERTY OF		20323302.		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
	Amounts from line 4	3366327.	4076713.	3633107.	4906616.	4540819.	20523582.		
	Gross income from interest.					2020027	20020000		
•	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	5244856.	5026110.	6518828.	6356217.	5585241.	28731252.		
9	Net income from unrelated business					00002120	do/JidJi.		
-	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)					8,577.	8,577.		
11	Total support. Add lines 7 through 10						49263411.		
	Gross receipts from related activities,	etc. (see instructio	ne)	26 50 5000 3 500 10 10 10 10 10 10 10 10 10 10 10 10 1	and the second s	12	222032211		
	First five years. If the Form 990 is for			fourth or fifth ta	x vear as a section		······································		
	organization, check this box and stop			., 100101, 0, 1101 (0.	-		▶ □		
Sec	tion C. Computation of Publi	c Support Per	centage						
14	Public support percentage for 2019 (li	ne 6, column (f) div	ided by line 11, co	lumn (f))		14	41.66 %		
15	Public support percentage from 2018	Schedule A, Part I	l, line 14			15	43.55 %		
	33 1/3% support test - 2019. If the o					ore, check this box			
	stop here. The organization qualifies a								
b	33 1/3% support test - 2018. If the o								
	and stop here. The organization quali	fies as a publicly se	upported organizat	tion			▶□		
17a	10% -facts-and-circumstances test	- 2019. If the orga	anization did not cl	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	r more,		
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization								
	meets the "facts-and-circumstances" t								
b	10% -facts-and-circumstances test								
	more, and if the organization meets the								
	organization meets the "facts-and-circs						▶		
18	Private foundation, If the organization								
						dule A (Form 990	or 990-EZ) 2019		

Schedule A (Form 990 or 990-EZ) 2019 KOSAIR CHARITIES COMMITTEE, IN Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	iciow, piedse comp	siete i arcii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to			ļ			
	or expended on its behalf						-
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)		(40,000,000,000,000,000,000,000)			251 (24) (25) (31) (25) (25)	
	etion B. Total Support	1 or 2 or 2 or 2 or 2 or 2 or 2 or 2 or					
***************************************	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(2) 2010	(6) 2010	(0) 2017	(6) 2010	(6) 2013	(I) (Ota)
	Gross income from interest,						
iva	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	,					
	acquired after June 30, 1975	-	•				
	Add lines 10a and 10b		····				
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)	į					
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	first, second, third	l. fourth, or fifth ta	x vear as a section	501(c)(3) organization	on
	check this box and stop here	•			•		
	tion C. Computation of Public						
15	Public support percentage for 2019 (li	ne 8, column (f), di	vided by line 13, c	olumn (f))		15	%
	Public support percentage from 2018					16	%
	tion D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (fl)		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2019. If the		***				
	more than 33 1/3%, check this box an	-					
	33 1/3% support tests - 2018. If the		· ·				
	line 18 is not more than 33 1/3%, chec	=				·	.
	Private foundation. If the organization		•	•			·········· [

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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		Van Tale in the Works	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	···		,
		10000 Y 0000 AND	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	5056		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Unare disease	Nac 100 600
2	Did the organization operate for the benefit of any supported organization other than the supported		26 vil.	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	Ways a majority of the appropriational directors when the day of the state of		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1 1		
	Total Divini Typo in outpoining Organizations	T	V	NI-
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	3110310505		30000000
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		ARRICAL
3	By reason of the relationship described in (2), did the organization's supported organizations have a		24.92.63	\$5 (\$1)
_	significant voice in the organization's investment policies and in directing the use of the organization's	100000		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	NATE (YATE)	20000000
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) .	****	
а	The organization satisfied the Activities Test. Complete line 2 below.			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)_		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		1983	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		- 1	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		Navoron.
3	Parent of Supported Organizations. Answer (a) and (b) below.		- 1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	7 6 6	4	
_	trustees of each of the supported organizations? Provide details in Part VI.	3a	2/2020/200 1 W	3050 W 800
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
***************************************	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard,	3b		

	edule A (Form 990 or 990-EZ) 2019 KOSAIR CHARITIES COMMIT			51-0514703 Page 6
100 7 1111		-	******	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			³ art VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.	T
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	30.036		
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
***************************************	Fair market value of other non-exempt-use assets	1c		,
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally		ted Type III supporting organ	nization (see
	instructions).		21 Lb 2 2.8m.	(****

Schedule A (Form 990 or 990-EZ) 2019

Sch-	edule A (Form 990 or 990-EZ) 2019 KOSAIR CHARIT Int V Type III Non-Functionally Integrated 509			51-0514703 Page 7
Sec	tion D - Distributions	<u> </u>		Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		Ourrent year
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns .	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
_ 7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			E SE SE PROPERTY NO MENTE
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.		and the second second second second second	
8	Breakdown of line 7:			
a	Excess from 2015			
<u>b</u>	Excess from 2016			
c	Excess from 2017			
<u>d</u>	Excess from 2018			
ее	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019	KOSAIR	CHARITIES	COMMITTEE	, INC.	61-0514703 Page 8
Part VI	Supplemental Infor	mation. Prov , 2, 3b, 3c, 4b, 4 lines 2 and 3: P	ride the explanation 4c, 5a, 6, 9a, 9b, 9 Part IV. Section E. I	ns required by Part I lc, 11a, 11b, and 11d ines 1c, 2a, 2b, 3a, a	I, line 10; Part II, line ; Part IV, Section B and 3b: Part V. line	e 17a or 17b; Part III, line 12; I, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V, additional information.
						<u> </u>

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				WWW.		
-	***					arterit
						, , , , , , , , , , , , , , , , , , ,

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization

Employer identification number

K	OSAIR CHARITIES COMMITTEE, INC.	61-0514703
Organization type (check	cone):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	A Delay Openial Date	
Note: Only a section 501	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.
General Rule		
For an organizat	tion filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions total ny one contributor. Complete Parts I and II. See instructions for determining a contribut	ing \$5,000 or more (in money or or or stotal contributions.
Special Rules		
sections 509(a)(any one contribu	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supports and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 utor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the anteX, line 1. Complete Parts I and II.	ia, or 16b, and that received from
year, total contri	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ibutions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or equelty to children or animals. Complete Parts I, II, and III.	m any one contributor, during the ducational purposes, or for the
year, contributio is checked, ente purpose. Don't c	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sections exclusively for religious, charitable, etc., purposes, but no such contributions totaled are the total contributions that were received during the year for an exclusively religion complete any of the parts unless the General Rule applies to this organization because able, etc., contributions totaling \$5,000 or more during the year	I more than \$1,000. If this box ious, charitable, etc., a it received nonexclusively
but it must answer "No"	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule E on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on it et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	s (Form 990, 990-EZ, or 990-PF), s Form 990-PF, Part I, line 2, to
LILA For Donomark Rode	untion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Sched	lule B (Form 990, 990-EZ, or 990-PF) (2019)

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

Name of organization

Employer identification number

KOSAIR CHARITIES COMMITTEE, INC.

61-0514703

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EMOGENE CARTER TRUST 982 EASTERN PKWY LOUISVILLE, KY 40214	\$2,241,810.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	COLONEL HARLAND SANDERS FOUNDATION 982 EASTERN PKWY LOUISVILLE, KY 40214	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HOWARD NEWTON TINSLEY ESTATE 982 EASTERN PKWY LOUISVILLE, KY 40214	\$ 142,811.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	FRANCES ROGERS JEFFRESS ESTATE 982 EASTERN PKWY LOUISVILLE, KY 40214	\$ <u>131,105.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CHARITABLE TRUST OF BELL B NEEL 982 EASTERN PKWY LOUISVILLE, KY 40214	\$ <u>100,372.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

KOSAIR CHARITIES COMMITTEE, INC.

61-0514703

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

Name of organization Employer identification number KOSAIR CHARITIES COMMITTEE, 61-0514703 INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info, once.) > \$_ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

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

PE	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Ac	coun	its. Complete if	the
		(a) Donor advised funds		(b) Fun	ds and other acco	ounts
1	Total number at end of year	1				······································
2	Aggregate value of contributions to (during year)	2,800.				
3	Aggregate value of grants from (during year)	106,296.				***************************************
4	Aggregate value at end of year	1,450.				
5	Did the organization inform all donors and donor advisors in w		sed fund	ds		*
	are the organization's property, subject to the organization's e	exclusive legal control?			X Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferr	ing		
	impermissible private benefit?				X Yes	No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).				
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a histo	orically	important land an	ea
	Protection of natural habitat	Preservation o	f a certi	fied his	storic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	of a co	nservat	ion easement on	the last
	day of the tax year.				Held at the End of	
а	Total number of conservation easements			2a		
b				2b		
c	Number of conservation easements on a certified historic stru-	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at	ter 7/25/06, and not on a historic structu	ıre			
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	organi	zation o	during the tax	
	year >					
4	Number of states where property subject to conservation ease	ement is located >				
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it I	holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing cons	servatio	n easer	ments during the	year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	tion eas	ement	s during the year	
	> \$					
8	Does each conservation easement reported on line 2(d) above					
	and section 170(h)(4)(B)(ii)?					L No
9	In Part XIII, describe how the organization reports conservation	•				
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial stateme	ents tha	t descr	ribes the	
lina.	organization's accounting for conservation easements.	Art Ulataria I Transcript	hau Či			
T.A.	Till Organizations Maintaining Collections of	•	ner Si	muar	Assets.	
	Complete if the organization answered "Yes" on Form S				-	
la	If the organization elected, as permitted under FASB ASC 958					
	of art, historical treasures, or other similar assets held for publi			ce of p	ublic	
	service, provide in Part XIII the text of the footnote to its finance					
Ь	If the organization elected, as permitted under FASB ASC 958	·				
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furth	erance	of pub	lic service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		•••••	\$		
				> \$		
2	If the organization received or held works of art, historical treas		gain, p	rovide		
	the following amounts required to be reported under FASB AS	_				
	Revenue included on Form 990, Part VIII, line 1			▶ \$		
b	Assets included in Form 990. Part X			\$:	

	edule D (Form 990) 2019 KOSAIR	CHARITIES	COMMITTEE,	INC.			61-05	14703	Page 2
Pa	rt III Organizations Maintaining C	collections of Ar	t, Historical Tre	easures, c	or Other	Simila	r Asset	s (continu	ied)
3	Using the organization's acquisition, accessi	ion, and other record	s, check any of the	following tha	at make si	gnificant	use of its		
	collection items (check all that apply):								
а	Public exhibition	C	Loan or exc	change prog	ram				
b	·	•	Other						
C	Preservation for future generations								
4	Provide a description of the organization's co						se in Part	XIII.	
5	During the year, did the organization solicit of				er similar	assets			
	to be sold to raise funds rather than to be mo	aintained as part of t	ne organization's co	llection?				Yes	No.
Ра	rt IV Escrow and Custodial Arran		ete if the organizatio	on answered	"Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi		-						
	on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
								Amount	
C	Beginning balance						<u></u>		
d	Additions during the year		*			1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo					y?	L	Yes	<u></u> No
	If "Yes," explain the arrangement in Part XIII.								<u> </u>
1000	Endowment Funds. Complete							1	
		(a) Current year	(b) Prior year	(c) Two year			ears back	(e) Four y	
	Beginning of year balance	246,293,943.	252,552,630.	239,36			76,805.	 	84,849.
b	Contributions	3,151,617.	3,534,337.		3,483.		64,114.	·	25,870.
C	Net investment earnings, gains, and losses	22,014,103.	5,548,527.	· · · · · · · · · · · · · · · · · · ·	3,513.		57,668.		16,185.
d	Grants or scholarships	13,811,378.	13,893,534.	13,55	0,791.	20,4	15,996.	18,8	89,430.
е	Other expenditures for facilities	275 525							
	and programs	375,686.	265,647.		6,550.		32,492.		73,755.
f	Administrative expenses	1,255,418.	1,182,370.	····	7,582.	77 744	89,542.		86,914.
g	End of year balance	256,017,181.	246,293,943.	<u> </u>	2 630.	239,3	60,557.	233,1	76,805.
2	Provide the estimated percentage of the curre) held as:					
a	Board designated or quasi-endowment	43.00	_%						
Ь	Permanent endowment ► 50.00	%							
С	Term endowment ► 7.00 9								
2-	The percentages on lines 2a, 2b, and 2c should be the second and the second sec								
Ja	Are there endowment funds not in the posses	ssion of the organizat	tion that are neid an	ia aaministei	rea for the	organiza	tion	<u></u>	-
	by:							1 1 4	s No
	(i) Unrelated organizations	***************************************	***************************************		* * * * * * * * * * * * * * * * * * * *	•••••		3a(i) 2	
h	(ii) Related organizations	liana liatad aa caasiira	d on Cabadula DO		*******		••••••	3a(ii)	<u> </u>
4	Describe in Part XIII the intended uses of the			•••••				3b	
Par	t VI Land, Buildings, and Equipme		ATTERIL TUTIOS.						*****
	Complete if the organization answered		Part IV line 11a Se	ee Form GGA	Part Y lie	ne 10			
	Description of property	(a) Cost or ot				cumulate	<u>. 1 </u>	(d) Book v	alua.
	occomplian or property	basis (investm		1		reciation	']	(a) DOOK V	aiue
12	Land			2,316.				752	316.
	Buildings			7,757.	7 A	96,38	7	4,001,	
	Leasehold improvements			. ,	.,0	,		<u>-, </u>	3701
	Equipment		3.06	7,355.	1 0	04,83	3.	2,062,	522.
	Other		-,,,,	,		,		_,,	~~~ <u>*</u>
	Add lines 1a through 1e. (Column (d) must ex		column (B) line 10)c 1				5.816.	208.

Schedule D (Form 990) 2019

Ormate Who are sinting and live	F 000 D- 187 P	441 O E 000 D 1V 11 40	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or en	d of year market value
	(b) book value	(c) Welflod of Valuation. Cost of en	u-oi-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other (A) INVESTMENTS HELD IN TRUST			
	14 702 120	TAND ARE DESCRIPTION	773 7 777
	14,702,120.	END-OF-YEAR MARKET	VALUE
(C) INVESTMENTS HELD IN TRUST (D) FOR OTHERS	1 061 101	The of the Warren	TT% T ****
	1,061,101.	END-OF-YEAR MARKET	VALUE
(E)			
(F)			
(G)			
(H)	15 762 221		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	15,763,221.		
			
Complete if the organization answered "Yes" (a) Description of investment			1 _ £
	(b) Book value	(c) Method of valuation: Cost or end	1-ot-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" (1d. See Form 990, Part X, line 15.	A Parada di A
	Description		(b) Book value
(1)	<u> </u>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	15.}	<u></u>	
	m Corm 000 Davi N/ 5 4	to avidd Car Farm 200 Deat V.E. Co.	
Complete if the organization answered "Yes" of a Description of liability	H FOITH 990, Part IV, line 1	re or i ii. See Form 990, Part X, line 25.	(b) Book value
			(b) book value
(1) Federal income taxes (2) ANNUITIES PAYABLE			100 710
			123,712.
(3)		***	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			100 710
Total. (Column (b) must equal Form 990, Part X, col. (B) line: Liability for uncertain tax positions. In Part XIII, provide to		b	123,712.
TOWNS IN THE PROPERTY OF THE P	A A PART OF THE TOOTROTE TO T	no mmanization e tingpoigl étatemente th	at toponte the

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

Schedule D (Form 990) 2019

932054 10-02-19

Schedule D (Form 990) 2019 KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 Page 5
Part XIII Supplemental Information (continued)
THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY
VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE
TAX POSITIONS TAKEN BY THE COMMITTEE, AND HAS CONCLUDED THAT AS OF
SEPTEMBER 30, 2020 AND 2019, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR
EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR
DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE COMMITTEE IS
SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE
CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
IMPUTED RENTAL EXPENSE 756,836.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
INVESTMENT FEES NETTED WITH REVENUE 891,119.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
IMPUTED RENTAL EXPENSE 756,836.
SPECIAL EVENTS EXPENSE NETTED WITH REVENUE 250,886.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,007,722.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
INVESTMENT FEES NETTED WITH REVENUE 891,119.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization						Employer ide	entification number
KOSAIR	CHARITIES COMMITTE	Ε, :	INC	•		61-0514	703
Fundraising Activities required to complete this par	 Complete if the organization answer t. 	red "Y	'es" o	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais a	sed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising ling of onal fi	overnment grants nment grants events ificers, directors, trus undraising services?	itees,	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	trolot	(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			W##	
Total			>				
 List all states in which the organization or licensing. 	n is registered or licensed to solicit c	ontribu	utions	or has been notified	it is e	xempt from reg	istration
						***************************************	1

Schedule G (Form 990 or 990-EZ) 2019 KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events MILLER HIGH JUST FORE (add col. (a) through BALL KIDS col. (c)) (event type) (event type) (total number) 107,379. 186,110. 210,225. 503,714. 1 Gross receipts 16,656. 6,920. 2 Less: Contributions 19,960. 43,536. 90,723. 179,190. Gross income (line 1 minus line 2) 190,265. 460,178. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 11,200. 2,050. 12,495. 25,745. 22,720. 12,510. 3,252. 38,482. 7 Food and beverages 4,200. 8 Entertainment 1,436 5,636. Other direct expenses 32,060. 117,954. 181,023.31,009. 10 Direct expense summary. Add lines 4 through 9 in column (d) 250,886. 209,292.11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) _____ 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2019 KOSAIR CHARITIES COMMITTEE, INC. 61-0	514703	Page 3
11		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:	1 1	
ě	a The organization's facility	13a	%
	a An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
	If "Yes," enter name and address of the third party:		
	Name >		
	Address ►		
16	Gaming manager information:		
	Name	·	
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
Ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 \$		***************************************
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, lines 9,	9b, 10b,
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Schedule G (Form 990 or 990-EZ)	KOSAIR	CHARITIES	COMMITTEE,	INC.	61-0514703	Page 4
Schedule G (Form 990 or 990-EZ) Part IV Supplemental Inform	mation _{(con:}	tinued)				
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SCHEDULE ! (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

2019 OMB No. 1545-0047

Open to Public

Inspection

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

ž Employer identification number 61-0514703 (h) Purpose of grant or assistance X Yes SEE SCHEDULE O SEE SCHEDULE O SEE SCHEDULE O SEE SCHEDULE O SEE SCHEDULE O SEE SCHEDULE O Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Ċ. ö Ö ٥. Ö ٥. (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 125,000. 50,787 32,856 20,000 5 000 18,221 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. KOSAIR CHARITIES COMMITTEE, 501c3 501c3 501c3 501C3 501C3 501c3 Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization CHARITIES - 1 RIVERFRONT PLAZA METRO LOUISVILLE ROTARY CLUB 101 W. MUHAMMAD ALI BLVD or government 1020 W. MARKET STREET LOUISVILLE, KY 40202 LOUISVILLE, KY 40202 LOUISVILLE, KY 40203 LOUISVILLE, KY 40223 LOUISVILLE, KY 40202 LOUISVILLE, KY 40204 ST. VINCENT DEPAUL THE HEALING PLACE 1015C PRESTON HWY THE MORTON CENTER 1015 DORSEY LANE 1028 BARRET AVE CENTERSTONE MARYHURST Part Ear E

Schedule I (Form 990) (2019)

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

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

Leave Commence of the Carlo and Carlo assemble to determine the definition of the Carlo and Carl	חבי סיו שיוויים	realments and Organ	Izations in the on	ted States (Sche	dule I (Form 990), Part	(11)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONVENTUAL FRANCISCAN FRIARS 103 ST FRANCIS BLVD MOUNT ST FRANCIS, IN 47146		501c3	5,000.	.0			SEE SCHEDULE O
LOUISVILLE TKO, INC. 104 E BRECKINRIDGE ST LOUISVILLE, KY 40203		50103	23,000.	0.			SEE SCHEDULE O
SHRINERS HOSPITAL FOR CHILDREN 110 CONN TERRACE LEXINGTON, KY 40508		50103	495,923.	0.			SEE SCHEDULE O
IMPERIAL SHRINE HOSPITAL - LEXINGTON - 110 CONN TERRACE - LEXINGTON, KY 40508		50103	8,150.	0			SEE SCHEDULE O
HOME OF THE INNOCENTS 1100 E. MARKET STREET LOUISVILLE, KY 40206		50103	370,458.	0.			SEE SCHEDULE O
CARE FOR CHILDREN 1100 WALNUT ST OWENSBORO, KY 42301		50103	200,000.	0.			SEE SCHEDULE O
KENTUCKY YOUTH ADVOCATES 11011 BLUEGRASS PARKWAY LOUISVILLE, KY 40217		50103	2,550,000.	0			SEE PT III, LINE 4B
HEUSER HEARING INSTITUTE 111 E, KENTUCKY STREET LOUISVILLE, KY 40203		50103	460,144.	°°			SEE SCHEDULE O
SUMMIT ACADEMY 11508 MAIN STREET LOUISVILLE, KY 40243		50103	108,835.	0			SEE SCHEDULE O

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Schedule I (Form 990) KOSAIR CHARITIES COMMITTEE, INC. Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States	CHARITIES C	COMMITTEE, IN	INC.		Schodulo I (Exem 000) Dat 11)		61-0514703 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST GETHSEMANE CENTER 1159 ALGONQUIN PKWY LOUISVILLE, KY 40201		50103	10,000.	0			SEE SCHEDULE O
JUVENILE DIABETES RESEARCH FOUNDATION - 11902 BRINLEY AVE - LOUISVILLE, KY 40243		50103	15,000.	0.			SEE SCHEDULE O
LINCOLN HERITAGE COUNCIL 12001 SYCAMORE STATION PLACE LOUISVILLE, KY 40299		50103	10,000.	•0			SEE SCHEDULE O
SPECIAL OLYMPICS OF KENTUCKY 1230 LIBERTY BANK LANE LOUISVILLE, KY 40222		50103	15,000.	0			SEE SCHEDULE O
MAKE A WISH FOUNDATION 1230 LIBERTY BANK LANE LN LOUISVILLE, KY 40222		50103	5,000.	0.			SEE SCHEDULE O
CARRIAGE HOUSE 1301 EASTEPOINT PARK BLVD LOUISVILLE, KY 40223		50103	.600,	° 0			SEE SCHEDULE O
THE TIGER FOUNDATION 1304 S 28TH ST LOUISVILLE, KY 40210		501C3	125,000.	•0			SEE SCHEDULE O
GREEN HILL THERAPY 1410 LONG RUN ROAD LOUISVILLE, KY 40245		50103	400,000.	0.			SEE SCHEDULE O
EXPLOITED CHILDREN'S HELP ORGANIZATION - 1411 ALGONQUIN PKWY - LOUISVILLE, KY 40210		50103	62,000.	.0			SEE SCHEDULE O

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Schedule I (Form 990) KOSAIR CHARITIES COMMITTEE, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	CHARITIES C	COMMITTEE, IN	INC.		(Schedule I (Form 990), Part II.)		61-0514703 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKCASTLE REGIONAL HOSPITAL AND RESPIRATORY CARE - 145 NEWCOMB AVE - MOUNT VERNON, KY 40456		50103	26,000.	0.			SEE SCHEDULE O
BIG BROTHERS BIG SISTERS 1519 GARDINER LANE LOUISVILLE, KY 40218		50103	37,000.	.0			SEE SCHEDULE O
MERCY HEALTH LOURDES 1530 LONE OAK RD PADUCAH, KY 42003		50103	28,500.	0			SEE SCHEDULE O
LOUISVILLE URBAN LEAGUE 1535 W BROADWAX LOUISVILLE, KY 40203		50103	111,000.	0.			SEE SCHEDULE O
DREAMS WITH WINGS 1579 BARDSTOWN LANE LOUISVILLE, KY 40205		50103	.000,03	0			SEE SCHEDULE O
2NOT1 FATHERHOOD AND FAMILIES, INC 1600 W SAINT CATHERINE ST LOUISVILLE, KY 40210		50103	71,574.	0.			SEE SCHEDULE O
ST GEORGES SCHOLAR INSTITUTE 1600 WEST ST CATHERINE ST LOUISVILLE, KY 40210		501c3	30,000.	0.			SEE SCHEDULE O
KING SOLOMON MISSIONARY BAPTIST CHURCH - 1620 ANDERSON STREET - LOUISVILLE, KY 40210		50103	10,000.	0,			SEE SCHEDULE O
KENTUCKY DIABETES CAMP FOR CHILDREN - 1640 LYNDON FARM CT - LOUISVILLE, KY 40223		50103	20,000.	0			SEE SCHEDULE O

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

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHILDREN'S ADVOCACY CENTER OF THE BLUEGRASS - 183 WALTON AVE - LEXINGTON, KY 40508		501c3	10,000.	.0			SEE SCHEDULE O
FLOYD MEMORIAL FOUNDATION 1850 STATE ST NEW ALBANY, IN 47150	T T T T T T T T T T T T T T T T T T T	501c3	220,000.	0.			SEE SCHEDULE O
KENTUCKY HEMOPHILIA FOUNDATION 1850 TAYLOR BLVD LOUISVILLE, KY 40213		50103	100,000.	0.			SEE SCHEDULE O
VISUALLY IMPAIRED PRESCHOOL 19006 GOLDSMITH LANE LOUISVILLE, KY 40218		501c3	530,000.	0.			SEE SCHEDULE O
CYSTIC FIBROSIS FOUNDATION 1941 BISHOP LANE LOUISVILLE, KY 40218		50103	8,310.	0.			SEE SCHEDULE O
ST. MATTHEWS AREA MINISTRIES 201 BILTMORE ROAD LOUISVILLE, KY 40207		50103	13,000.	0.			SEE SCHEDULE O
NEIGHBORHOOD HOUSE 201 N 25TH ST LOUISVILLE, KY 40212		50103	36,000.	0.			SEE SCHEDULE O
FAMILY ARK, INC 215 RAINBOW WAY JEFFERSONVILLE, IN 47130		50103	25,000.	•0			SEE SCHEDULE O
SCHOOL CHOICE SCHOLARSHIPS 2200 DUNDEE RD LOUISVILLE, KY 40205		50103	10,000.	0		×	SEE SCHEDULE O
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	izations in the Uni	ited States (Sche	edule I (Form 990), Par	t II.)	ANALYSIS OF THE PROPERTY OF TH
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FATHER MALONEY'S BOYS HAVEN 2221 GOLDSMITH WAY LOUISVILLE, KY 40218		50103	.000,03	•0			SEE SCHEDULE O
LA CASITA CENTER 223 E. MAGNOLIA AVE LOUISVILLE, KY 40208		50103	20,000.	.0			SEE SCHEDULE O
FAMILY & CHILDREN'S PLACE 2303 RIVER ROAD LOUISVILLE, KY 40206		50103	66,045.	0.			SEE SCHEDULE O
SCOTTISH RITE CLUB OF BULLITY COUNTY - 254 CHALET ROAD - LEBANON JUNCTION, KY 40150		50103	31,000.	0.0			SEE SCHEDULE O
KENTUCKY HANDS AND VOICES 2724 MARTINIQUE LN LOUISVILLE, KY 40509		50103	5,000.	•0			SEE SCHEDULE O
THE PORCINI FARMER CHILDRENS FOUNDATION - 2730 FRANKFORT AVE - LOUISVILLE, KY 40206		50103	6,320.	0,			SEE SCHEDULE O
JEWISH FAMILY & CAREER SERVICES 2821 KLEMPNER WAY LOUISVILLE, XY 40205		50103	10,000.	0.			SEE SCHEDULE O
ST. JOSEPH CHILDREN'S HOME 2823 FRANKFORT AVE LOUISVILLE, XY 40206		50103	94,251.	0.			SEE SCHEDULE O
SHRINERS INTERNATIONAL 2900 ROCKY POINT DR TAMPA, FL 33607		50103	100,000.	.0			SEE SCHEDULE O

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

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

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	ssistance to Gov	ernments and Organi	zations in the Un	ited States (Sche	dule I (Form 990), Part	:11:)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF LOUISVILLE DEPT, OF PEDIATRICS - 300 E, MARKET STREET - LOUISVILLE, KY 40202		50103	1,970,863.	0.			SEE PT III, LINE 4A
MEREDITH-DUNN SCHOOL 3005 RIVER ROAD LOUISVILLE, KY 40203		50103	108,835.	.0			SEE SCHEDULE O
THE GLOBAL GAME CHANGERS 304 MOCKINGBIRD VALLEY RD LOUISVILLE, KY 40207	, , , , , , , , , , , , , , , , , , , ,	50103	25,320.	.0			SEE SCHEDULE O
BELLWOOD AND BROOKLAWN 3121 BROOKLAWN CAMPUS DR LOUISVILLE, XY 40210		501c3	125,000.	0			SEE SCHEDULE O
CITY SCHOOLHOUSE 3126 PORTLAND AVE LOUISVILLE, KY 40212		50103	83,000.	0			SEE SCHEDULE O
SOWING SEEDS WITH FAITH 3146 W. BROADWAY LOUISVILLE, KY 40211		501C3	25,000.	0			SEE SCHEDULE O
STAGE ONE FAMILY THEATRE 315 W MARKET ST LOUISVILLE, XY 40202		501C3	5,000,	0.			SEE SCHEDULE O
INSIDE THE LINES 321 N SHAWNEE TERRACE LOUISVILLE, KY 40212		501c3	30,000.	0.			о заснерать о
CENTER FOR NONPROFIT EXCELLENCE 323 W. BROADWAY LOUISVILLE, KY 40202		50103	. 55,000.	0		·	SEE SCHEDULE O

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Schedule I (Form 990) KOSAIR CHARITIES COMMITTEE, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	CHARITIES C	COMMITTEE, IN	INC.		(Schedule I (Form 990) Dart II)		61-0514703 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF LOUISVILLE 325 W MAIN ST LOUISVILLE, KY 40202		50103	100,000.	0.			SEE SCHEDULE O
RIVER CITY DRUM CORPORATION 3308 CHAUNCEY AVE LOUISVILLE, KY 40211		50103	30,000.	.0			о ягиврагь
WORKWELL INDUSTRIES 3401 JEWEL AVE LOUISVILLE, KY 40212		50103	20,000.	.0			SEE SCHEDULE O
HOSPARUS 3532 EPHRAIM MCDOWELL LOUISVILLE, KY 40202		50103	100,000.	0.			SEE SCHEDULE O
JEWISH COMMUNITY OF LOUISVILLE 3600 DUTCHMANS LN LOUISVILLE, KY 40205		50103	250,000.	0			SEE SCHEDULE O
SPROUTLINGS PEDIATRIC DAYCARE 3701 FRANKFORT AVE LOUISVILLE, KY 40207		50103	27,807.	0.			SEE SCHEDULE O
BOYS AND GIRLS CLUBS 3900 CRITTENDEN DRIVE LOUISVILLE, KY 40209		50103	380,000.	θ,			SEE SCHEDULE O
FAMILY SCHOLAR HOUSE 403 REG SMITH CIRCLE LOUISVILLE, KY 40208		50103	25,000.	0.			SEE SCHEDULE O
GREATER LOUSIVILLE FELLOWSHIP OF CHRISTIAN ATHLETES - 406 BLAKENBAKER PKWY - LOUISVILLE, KY 40243		50103	60,000.	0.			SEE SCHEDULE O

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Schedule I (Form 990) KOSAIR CHARITIES COMMITTEE, INC. Part III Continuation of Grants and Other Assistance to Governments and Ornanization

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Gov	vernments and Organi	izations in the Un	ited States (Sche	dule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH LOUISVILLE COMMUNITY MINISTRIES - 415 W. ASHLAND AVE - LOUISVILLE, KY 40214		50103	10,000.	0.		v.	SEE SCHEDULE O
SOUTHWEST FAMILY MINISTRIES 4208 LAKE DREAMLAND DR LOUISVILLE, KY 40216		50103	5,000.	0.			SEE SCHEDULE O
WALDEN SCHOOL 4238 WESTPORT RD LOUISVILLE, KY 40207		50103	25,000.	0.			SEE SCHEDULE O
DOORS TO HOPE 4333 HAZELWOOD AVE LOUISVILLE, KY 40215		50103	5,000.	0,		v	SEE SCHEDULE O
SHIVELY AREA MINISTRIES 4415 DIXIE HWY LOUISVILLE, KY 40216	14 AV	50103	30,000.	0.		**	SEE SCHEDULE O
THE FIRST TEE OF LOUISVILLE 460 NORTHWESTERN PKWY LOUISVILLE, KY 40212		50103	77,000.	0.		V	SEE SCHEDULE O
AMERICANA COMMUNITY CENTER 4801 SOUTHSIDE DRIVE LOUISVILLE, KY 40214		501c3	69,119.	0.		v	SEE SCHEDULE O
DOWN SYNDROME OF LOUISVILLE 5001 S. HURSTBOURNE PKWY LOUISVILLE, KY 40291		50103	200,000.	0,		V	SEE SCHEDULE O
HOLY TRINITY 501 CHERRYWOOD RD LOUISVILLE, KY 40207		50103	50,000.	0			SEE SCHEDULE O
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Schedule I (Form 990) KOSAIR CHARITIES COMMITTEE, INC. Part Continuation of Grants and Other Assistance to Governments and Organizations in the United States	CHARITIES C	COMMITTEE, IN	INC.		(Schedule I (Form 990), Part II.)		61-0514703 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 7 72 0 1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGE KIDS INTERNATIONAL, INC 501 W KENWOOD DR LOUISVILLE, KY 40214		50103	39,000.	•0			SEE SCHEDULE O
WESLEY HOUSE COMMUNITY SERVICES 5114 PRESTON HWY LOUISVILLE, KY 40213		50103	35,500.	0.			SEE SCHEDULE O
PURPOSE, INC. 5208 WOLFPEN WOODS DR PROSPECT, KY 40059		50103	42,000.	0.			SEE SCHEDULE O
NATIVITY ACADEMY AT ST. BONIFACE 529 E LIBERTY ST LOUISVILLE, KY 40202		50103	26,000.	0.			SEE SCHEDULE O
LIGHTHOUSE PROMISES, INC 5312 OLD SHEPHERDSVILLE ROAD LOUISVILLE, KY 40228		50103	30,000.	0.			SEE SCHEDULE O
RONALD MCDONALD HOUSE 550 S, 1ST STREET LOUISVILLE, KY 40202		50103	172,045.	0.			SEE SCHEDULE O
COMMUNITY FUND FOR KET 560 COOPER DRIVE LEXINGTON, KY 40502		50103	5,000.	0.			SEE SCHEDULE O
VOLUNTEERS OF AMERICA 570 S. 4TH STREET LOUISVILLE, KY 40202		50103	245,678.	0.			SEE SCHEDULE O
DARE TO CARE 5803 FERN VALLEY ROAD LOUISVILLE, KY 40228		50103	13,419.	• 00			SEE SCHEDULE O

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Schedule I (Form 990) KOSAIR CHARITIES COMMITTEE, INC.	CHARITIES C	COMMITTEE, IN	INC.		T (200)		61-0514703 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant		t of (f) Method of (g) valuation noinge (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSE OF RUTH 607 E. ST. CATHERINE STREET LOUISVILLE, KY 40203		50103	10,000.	0			SEE SCHEDULE O
OLDHAM COUNTY EDUCATIONAL FOUNDATION - 6165 W HIGHWAY 146 - CRESTWOOD, KY 40014		50103	5,000.	0,			SEE SCHEDULE O
FUND FOR THE ARTS 623 W. MAIN STREET LOUISVILLE, KY 40202		50103	23,161.	0.			SEE SCHEDULE O
GILDA'S CLUB LOUISVILLE 633 BAXTER LOUISVILLE, KY 40204		50103	21,819.	0.			SEE SCHEDULE O
THE REATH CENTER 65 HERITAGE DR CAMPBELLSVILLE, KY 42718		50103	15,000.	0 •			SEE SCHEDULE O
SOUTH EAST ASSOCIATED MINISTRIES 6500 SIX MILE LANE LOUISVILLE, KY 40218		50103	5,000,	0.			SEE SCHEDULE O
SOUTH JEFFERSON NEIGHBORHOOD PLACE 701 W ORMSBY AVE LOUISVILLE, KY 40203		50103	5,000.	0.			SEE SCHEDULE O
EDUCATIONAL JUSTICE 737 S THIRD ST LOUISVILLE, KY 40202		50103	5,000.	0.			SEE SCHEDULE O
PITT ACADEMY 7515 WESTPORT ROAD LOUISVILLE, KY 40222		50103	6,335.	0			SEE SCHEDULE O

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Schedule I (Form 990) KOSAIR CHARITIES COMMITTEE, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	CHARITIES C	COMMITTEE, IN	INC.		(Schedule I (Form 990) Part II.)		61-0514703 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY HARVEST 7705 NATIONAL TURNPIKE LOUISVILLE, KY 40214		501c3	26,431.	•0			SEE SCHEDULE O
YOUTHBUILD LOUISVILLE 812 S. PRESTON STREET LOUISVILLE, KY 40201		50103	241,000.	.0			SEE SCHEDULE O
DUCHENNE RESEARCH 8216 LIMEHOUSE LANE LOUISVILLE, KY 40220		50103	.000,05	0.			SEE SCHEDULE O
DREAM FOUNDATION 8216 LIMEHOUSE LANE LOUISVILLE, KY 40220		50103	50,000.	0,			SEE SCHEDULE O
SPALDING UNIVERSITY 845 S. 3RD STREET LOUISVILLE, KY 40203		50103	535,600.	0.			SEE SCHEDULE O
SOUTHWEST COMMUNITY MINISTRIES 8504 TERRY RD LOUISVILLE, KY 40258		50103	70,500.	0,			SEE SCHEDULE O
PORTLAND CHRISTIAN SCHOOL 8509 WESTPORT ROAD LOUISVILLE, KY 40222		501C3	56,335.	0.			SEE SCHEDULE O
THE FOOD LITERACY PROJECT 9001 LIMEHOUSE LANE LOUISVILLE, KY 40223		50103	30,000.	0.			SEE SCHEDULE O
JOY MINISTRIES 9105 KINGDOM WAY LOUISVILLE, KY 40291		50103	26,000.	0			SEE SCHEDULE O

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

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

Commission of change and other Assistance to dovernments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to do	ermens and Organ	Izations in the On	ited States (Some	dule I (rorm 990), Pan	r II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIKEVILLE MEDICAL CENTER 911 BYPASS RD PIKEVILLE, KY 41501		50103	.000,000	0.			SEE SCHEDULE O
HARDIN MEMORIAL HEALTH FOUNDATION 913 NORTH DIXIE AVENUE ELIZABETHTOWN, KY 42701		50103	400,000.	0.			SEE SCHEDULE O
FERNCREEK/HIGHVIEW UNITED MINISTRIES - 9300 BEUHLAH CHURCH ROAD - LOUISVILLE, KY 40291		50103	8,000.	.0			SEE SCHEDULE O
ORCHID HOUSE 945 EASTERN PKWY LOUISVILLE, KY 40217		50103	59,426.	0.			O SCHEDATE O
BLUEGRASS AUTISM CENTER 9810 BLUEGRASS PKWY LOUISVILLE, KY 40299		50103	360,103.	0.		4	SEE SCHEDULE O
LOUISVILLE METRO POLICE FOUNDATION 982 EASTERN PARKWAY LOUISVILLE, KY 40217		50103	183,670.	0			SEE SCHEDULE O
KIDS CENTER FOR PEDIATRIC THERAPIES - 982 EASTERN PARKWAY - LOUISVILLE, KY 40217		50103	1,409,618.	0.		***	SEE PT III, LINE 4C
KENTUCKY TRUST FOR LIFE 982 EASTERN PARKWAY LOUISVILLE, KY 40217		50103	336,966.	0.			SEE SCHEDULE O
EPILEPSY FOUNDATION 982 EASTERN PARKWAY LOUISVILLE, KY 40217		50103	165,371.	0		V	о втлажен в в в в в в в в в в в в в в в в в в в

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

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

Fartii Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II.)	Assistance to Go	ernments and Organi	izations in the Un	ted States (Sche	dule I (Form 990), Part	: II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPINA BIFIDA 982 EASTERN PARKWAY LOUISVILLE, KY 40217		50103	76,457.	.0			SEE SCHEDULE O
HUNTINGTON'S DISEASE SOCIETY 982 EASTERN PARKWAY LOUISVILLE, KY 40217		501C3	27,295.	•0			SEE SCHEDULE O
CASA 982 EASTERN PARKWAY LOUISVILLE, KY 40217		50103	257,044.	.0			SEE SCHEDULE O
CASA PROGRAM FOR BULLITT COUNTY P.O. BOX 1025 SHEPHERDSVILLE, KY 40165		50103	18,000.	0.			SEE SCHEDULE O
SALVATION ARMY P.O. BOX 1149 LOUISVILLE, XY 40201		50103	35,000.	0.			SEE SCHEDULE O
SILVER HEIGHTS CAMP P.O. BOX 1733 NEW ALBANY, IN 47150		50103	15,000.	.0			SEE SCHEDULE O
THE CENTER FOR WOMEN AND FAMILIES P.O. BOX 2048 LOUISVILLE, KY 40201		50103	19,244.	.0			SER SCHEDULE O
KIDS CANCER ALLIANCE P.O. BOX 24337 LOUISVILLE, KY 40224		50103	50,000.	.0			SEE SCHEDULE O
CAMP QUALITY OF KENTUCKY P.O. BOX 35474 LOUISVILLE, KY 40232		50103	50,000.	0			SEE SCHEDULE O

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Schedule I (Form 990) KOSAIR CHARITIES COMMITTEE, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	ARITIES C Assistance to Go	COMMITTEE, IN	INC. ganizations in the Un		(Schedule I (Form 990), Part II.)		61-0514703 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF THE HEARTLAND P.O. BOX 6065 ELIZABETHTOWN, KY 42702		50103	17,000.	.0			SEE SCHEDULE O
WE CARE CUMBERLAND P.O. BOX 695 BURKEVILLE, KY 42717		501C3	2,000,	.0			SEE SCHEDULE O
DORMAN PRESCHOOL CENTER P.O. BOX 853 SHELBYVILLE, KY 40065		50103	75,000.	0.			SEE SCHEDULE O
KENDYL AND FRIENDS FOUNDATION PO BOX 298 BURGIN, XX 40310		501C3	100,000.	0			SEE SCHEDULE O
CRITICALLY LOVED PO BOX 43047 LOUISVILLE, KY 40253		501C3	15,000.	0.			SEE SCHEDULE O
UNIVERSITY OF KENTUCKY SOUTH LIMESTONE LEXINGTON, KY 40506		50103	.000,000	.0			SEE SCHEDULE O
						The state of the s	Schedule I (Form 990)

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

Page 2

61-0514703

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

PartIII

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) THE GRANTS COMMITTEE FOLLOWS UP TO ENSURE ALL ORGANIZATIONS RECEIVING GRANTS MUST COMPLETE A FINAL REPORT AND SUBMIT Supplemental Information. Provide the information required in Part I, line 2: Part III, column (b); and any other additional information. THE BOARD REVIEWS THE FINAL REPORTS ONCE (d) Amount of non-cash assistance Ġ. 452 640 (c) Amount of cash grant RECEIVED TO VERIFY GRANTS ARE USED APPROPRIATELY (b) Number of recipients 143 DISCLOSING THE USE OF THE FUNDS. GRANTS FOR CHILDREN WITH MEDICAL PROBLEMS NOT (a) Type of grant or assistance THESE FORMS ARE RECEIVED. PART I, LINE 2: COVERED BY INSURANCE Part IV

SCHEDULE J (Form 990)

Compensation Information

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

Attach to Form 990.

Open to Public Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

KOSAIR CHARITIES COMMITTEE, INC.

Employer identification number 61-0514703

OMB No. 1545-0047

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel	Pi	art I Questions Regarding Compensation			
a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel				Yes	No
First-class or charter travel	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
First-class or charter travel		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
Tax indemnification and gross-up payments					
Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No." complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4 Receive a severance payment from, a supplemental nonqualified retirement plan? 4 As X 5 Participate in, or receive payment from, an equity-based compensation arrangement? 4 C Participate in, or receive payment from, an equity-based compensation arrangement? 4 C X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 16 A X A Phyrelated organization? 17 Yes" on line 6a or 6b, describe in Part III. A Phyrelated organization? 18 Any related organization? 19 Any related organization? 10 Any related organization? 11 Yes" on line 6a or 6b, describe in Part III. A Phyrelated		Travel for companions Payments for business use of personal residence			
Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No." complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4 Receive a severance payment from, a supplemental nonqualified retirement plan? 4 As X 5 Participate in, or receive payment from, an equity-based compensation arrangement? 4 C Participate in, or receive payment from, an equity-based compensation arrangement? 4 C X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 16 A X A Phyrelated organization? 17 Yes" on line 6a or 6b, describe in Part III. A Phyrelated organization? 18 Any related organization? 19 Any related organization? 10 Any related organization? 11 Yes" on line 6a or 6b, describe in Part III. A Phyrelated		Tax indemnification and gross-up payments Health or social club dues or initiation fees			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Department of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Department of the CEO/Executive Director, but explain in Part III. Approval by the board or compensation committee Written employment contract Department or a related organization: a Receive a severance payment or change-of-control payment? 4a		—			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 4 C X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 4 Fyes" on line 5 ao r 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. For persons listed on Form		<u> </u>			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 4 C X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 4 Fyes" on line 5 ao r 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. For persons listed on Form	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee			1b	.0000000000000000000000000000000000000	
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3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee			2	SOURCE WARRE	amelyndisco.
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee					
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee	3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee		, , ,			
Compensation committee					
Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 5a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		personal per			
Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 8 Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? The organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4 b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? dc X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? ft "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? ft "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? ft "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? dc X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X b Any related organization? 1f "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? 1f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? dc X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X b Any related organization? 1f "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? 1f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	4	During the year, did any person listed on Form 990, Part VII. Section A, line 1a, with respect to the filing			
a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	•	· · · · · · · · · · · · · · · · · · ·	W 62.8		
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X b Any related organization? 1f "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	а		40	WW.524.022	X
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f The organization? for persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	•		70		
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? Any related organization? For persons listed on Form 990, Part VII. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		The rest to diffy of lifes 4d o, list the persons and provide the applicable amounts for each term in a diffic.			
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? Any related organization? For persons listed on Form 990, Part VII. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		Only section 501(c)(2) 501(c)(4) and 501(c)(20) organizations must complete lines 5-9			
contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? ff "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	5	· · · · · · · · · · · · · · · · · · ·			
a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	Ū		0.000		
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		•	54		Y
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			-		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	~	If "Yes" on line 5a or 5h describe in Part III	30		
contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	6				
a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	·				
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	•		c.		Y
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			1		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			OD	0.000 (6)	41
not described on lines 5 and 6? If "Yes," describe in Part III	7				650.8
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	•		35.55		Y
	Ω				<u> </u>
initial contract expension described in Deculations section 52 4059.4(a)/2/2 if "Ves." describe in Dect III	Ü				X
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	۵	· · · · · · · · · · · · · · · · · · ·	•		<u> </u>
Regulations section 53.4958-6(c)?	~			\$475945\$	100000000000000000000000000000000000000

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

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and		(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(j)(a)	
(1) KEITH INMAN	ε	314,125.	0	0	37,501.	24,925.	376,551.	•0
President	₿			0.	0	0	0	0
(2) AIMEE SAPP	ε	167,365.		.0	20,941.	14,071.	202,377.	0
SR VICE PRESIDENT, CFO	E	0.		0	0.	0	• 0	0
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Schedule J (Form 990) 2019

SCHEDULE L

Transactions With Interested Persons

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

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2019 Open To Public Inspection

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

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

Schedule L (Form 990 or 990-EZ) 2019

Schedule L	(Form	990	or	990-EZ)	2019
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SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

KOSAIR CHARITIES COMMITTEE, INC.

Employer identification number 61-0514703

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

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

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

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

FOR PEOPLE WITH DISABILITIES.

EXPENSES \$ 20,000. INCLUDING GRANTS OF \$ 20,000. REVENUE \$ 0.

WORKWELL INDUSTRIES. FUNDS ARE TO ASSIST THEIR MISSION OF CREATING JOBS

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

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

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

EXPENSES \$ 10,000. INCLUDING GRANTS OF \$ 10,000. REVENUE \$ 0.

SOUTH EAST ASSOCIATED MINISTRIES (SEAM). FUNDS WERE USED TO PURCHASE A BACKUP GENERATOR.

EXPENSES \$ 5,000. INCLUDING GRANTS OF \$ 5,000. REVENUE \$ 0.

SOWING SEEDS WITH FAITH. FUNDS USED TO SUPPORT "PATHWAY TO SUCCESS"

PROGRAMS.

EXPENSES \$ 25,000. INCLUDING GRANTS OF \$ 25,000. REVENUE \$ 0.

EXPENSES \$ 20,000. INCLUDING GRANTS OF \$ 20,000. REVENUE \$ 0.

LA CASITA CENTER. LA CASITA CENTER ENHANCES THE WELL-BEING OF

LOUISVILLE'S LATINO COMMUNITY THROUGH EDUCATION, EMPOWERMENT, ADVOCACY,

AND WELLNESS. LA CASITA CENTER WORKS INTENTIONALLY TO BUILD A THRIVING

COMMUNITY BASED ON MUTUAL SUPPORT AND RESPECT.

NEIGHBORHOOD HOUSE. ESTABLISHED IN 1896, NEIGHBORHOOD HOUSE IS A

COMMUNITY CENTER SERVING PORTLAND AND THE SURROUNDING NEIGHBORHOODS IN

LOUISVILLE'S WEST END. OUR MISSION IS TO PROVIDE INDIVIDUALS WITH THE

OPPORTUNITIES AND EXPERIENCES THEY NEED TO ENHANCE THE QUALITY OF THEIR

LIVES. OUR VISION IS TO BREAK THE CYCLE OF POVERTY FOR OUR CHILDREN AND

FAMILIES.

EXPENSES \$ 30,000. INCLUDING GRANTS OF \$ 30,000. REVENUE \$ 0.

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

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

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

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

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

FLOYD MEMORIAL FOUNDATION.

THE MISSION OF FLOYD MEMORIAL FOUNDATION IS

KOSAIR CHARITIES COMMITTEE, INC.

Employer identification number 61-0514703

TO PROVIDE PHILANTRHOPIC SUPPORT TO BAPTIST HEALTH FLOYD AND SOUTHERN

INDIANA HEALTHCARE INITIATIVES THAT ENHANCE THE QUALITY OF CARE

PROVIDED TO OUR COMMUNITY.

EXPENSES \$ 220,000. INCLUDING GRANTS OF \$ 220,000. REVENUE \$ 0.

HOLY TRINITY. HOLY TRINITY CLIFTON CAMPUS IN PARTNERSHIP WITH PARENTS,

SEEKS TO

BUILD A STRONG SPIRITUAL AND ACADEMIC FOUNDATION FOR ALL STUDENTS.

EXPENSES \$ 50,000. INCLUDING GRANTS OF \$ 50,000. REVENUE \$ 0.

JEWISH COMMUNITY OF LOUISVILLE. THE MISSION OF THE JEWISH COMMUNITY OF

LOUISVILLE IS TO BRING PEOPLE OF ALL BELIEFS TOGETHER TO DISCOVER,

CONNECT, AND FLOURISH.

EXPENSES \$ 250,000. INCLUDING GRANTS OF \$ 250,000. REVENUE \$ 0.

JOY MINISTRIES. JOY MINISTRIES WORKS TO IMPROVE THE LIVES OF ADAIR

COUNTIES AND SURROUNDING COUNTIES NEEDIEST RESIDENTS, PARTICULARLY

YOUTH.

EXPENSES \$ 26,000. INCLUDING GRANTS OF \$ 26,000. REVENUE \$ 0.

KENDYL AND FRIENDS FOUNDATION. TO PROVIDE BETTER AND SAFER

OPPORTUNITIES FOR SPECIAL NEEDS/DISABLED CHILDREN THAT ALLOW THEM TO BE

MORE ACTIVE IN THEIR COMMUNITY.

EXPENSES \$ 100,000. INCLUDING GRANTS OF \$ 100,000. REVENUE \$ 0.

KENTUCKY DIABETES CAMP FOR CHILDREN. THE MISSION OF CAMP HENDON IS TO

GIVE CHILDREN WITH DIABETES LIFE-CHANGING EXPERIENCES, EMPOWERING EACH

OF THEM TO TAKE CONTROL OF THEIR UNIQUE JOURNEY.

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

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization Employer identification number KOSAIR CHARITIES COMMITTEE, INC. 61-0514703 EDUCATIONAL ACTIVITIES THROUGH THE USE OF THERAPEUTIC HORSES. EXPENSES \$ 15,000. INCLUDING GRANTS OF \$ 15,000. REVENUE \$ 0. THE TIGER FOUNDATION. TO PROVIDE RESPONSIVE SERVICES (PROGRAMS) IN PARTNERSHIP WITH FAMILIES AND COMMUNITIES ACROSS THE COMMONWEALTH TO STRENGTHEN THE ECONOMIC, EDUCATIONAL, SOCIAL, AND EMOTIONAL WELL-BEING OF YOUTH AND PROMOTE THEIR HEALTHY DEVELOPMENT. EXPENSES \$ 125,000. INCLUDING GRANTS OF \$ 125,000. REVENUE \$ 0. THE FIRST TEE OF LOUISVILLE'S MISSION IS TO ENRICH THE LIVES OF YOUNG PEOPLE IN THE LOUISVILLE METROPOLITIAN AREA BY PROVIDING EDUCATIONAL PROGRAMS AND AFFORDABLE FACILITIES THAT BUILD CHARACTER, INSTILL POSITIVE LIFE SKILLS, AND PROMOTE HEALTHY CHOICES THROUGH THE GAME OF GOLF. EXPENSES \$ 77,000. INCLUDING GRANTS OF \$ 77,000. REVENUE \$ 0. STAGE ONE FAMILY THEATRE. STAGE ONE FAMILY THEATRE ENGAGES CHILDREN AND THEIR COMMUNITIES WITH PROFESSIONAL THEATRE PRODUCTIONS AND EDUCATIONAL PROGRAMS. EXPENSES \$ 5,000. INCLUDING GRANTS OF \$ 5,000. REVENUE \$ 0. SOUTHWEST FAMILY MINISTRIES. BUILDING STRONGER COMMUNITIES THROUGH RELATIONSHIPS, KNOWLEDGE AND LOVE. EXPENSES \$ 5,000. INCLUDING GRANTS OF \$ 5,000. REVENUE \$ 0. WALDEN SCHOOL. WALDEN'S SCHOOLS MISSION IS IN PARTNERSHIP WITH FAMILIES, WALDEN SCHOOL PROVIDES AN EDUCATIONAL ENVIRONMENT BOTH ACADEMIC AND SOCIAL THAT FOSTERS A LIFELONG ENTHUSIASM FOR LEARNING 932212 09-06-19

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Schedule O (Form 990 or 990-EZ) (2019)

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

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

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

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

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

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

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

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

INC.

KOSAIR CHARITIES COMMITTEE,

Name of the organization Department of the Treasury Internal Revenue Service

2019

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

61-0514703

Schedule R (Form 990) 2019 (g) Section 512(b)(13) controlled Š × entity? (f) Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity £ End-of-year assets Public charity status (if section e 501(c)(3)) Total income Exempt Code T 501(C)(8) & section ਰ (C)(10) Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) <u>ي</u> KENTUCKY Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990, FRATERNAL Name, address, and EIN (if applicable) SHRINERS INTERNATIONAL - 61-0119287 Name, address, and EIN of related organization of disregarded entity LOUISVILLE, KY 40218 4120 BARDSTOWN ROAD Parti

61-0514703 Page 2

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

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

(a)	(g)	<u></u> (e)	(g)			€		(6)	ε	ε	0	3
varite, adoffess, and Eliv of related organization	Firmary activity	domicile (state or foreign country)	Direct controlling entity	Predomin (related, excluded fro sections	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income		Share of end-of-year assets	= EL	Code V-UBI amount in box 20 of Schedule	3) General 100X managin Lule Partner	General or Percentage managing ownership partner?
ваящаки реоревитес 117									Les No	01 (101)	Vec) Yes No	
- 1												
KY 40203	REAL ESTATE	KY						1.355 000	<u> </u>	N/N	>	900
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Identification of Related Organizations Taxable as a Corporatio organizations treated as a corporation or trust during the tax year.	inizations Taxable a poration or trust durin	as a Corpor	ration or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related ear.	mplete if th	ne organization	answered	"Yes" on Fo	т 990, Ран	IV, line 34	, because it h	ad one or m	ore related
(a)			(q)	(၁)	(<u>s</u>)		(e)	Œ		(a)	(B)	9
Name, address, and EIN of related organization		Prim	Primary activity	Legal domicile	Direct controlling		Type of entity	Share of total		Share of	Percentage	Section 512(b)(13)
•				: Ome	entry	2	OLD, V COLD,	ncome		170-01-00	divarant	

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	E	Section 512(b)(13) controlled entity?	S N				····	 						 	_
	Ľ	9 5 6	Yes			1		 			1		_	 	_
	(h)	Percentage ownership			 					******		 			
		Share of end-of-year assets													
	(J)	Share of total income													
	(e)	Type of entity (C corp, S corp, or trust)													
	(9)	cie Direct controlling Type of entity Sha entity (C corp., S corp., or trust)													_
	<u></u>	Legal domicile (state or foreign	(Knumon												
ing the tax year.	;	Primary activity													
oguilleanns reason as a corporation of this thing the tax year	(a)	Name, audress, and Ein of related organization													

Schedule R (Form 990) 2019

61-0514703 P

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

Note: Complete line 1 if any entity is listed in Parts II III or IV of this school ile				L
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV.2	s with one or more re	elated organizations listed	in Parts II-17/2	Yes No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			
b Gift, grant, or capital contribution to related organization(s)	,			1a A
Ü				
				ارد اد
				1d X
e Loans of loan guarantees by related organization(s)		***************************************		
t Dividends from related organization(s)				*
Sale of assets to related organization(s)				
h Purchase of assets from related organization(s)				× 4
 Lease of facilities, equipment, or other assets to related organization(s) 				4
K Lease or facilities, equipment, or other assets from related organization(s)				*
Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			╀.
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			٨
 Sharing of paid employees with related organization(s) 				4
				√ 01
p Reimbursement paid to related organization(s) for expenses				969) 6850
Reimbursement paid by related organization(s) for expenses				4
				Ta X
r Other transfer of cash or property to related organization(s)				>
Other transfer of cash or property from related organization(s)				1 t
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction throughout	ho must complete th	is line, including covered a	plationships and transaction throughout	
(a) Name of related organization	(p)	(၁)	(d)	
	type (a-s)	Amount involved	Method of determining amount involved	olved
(1) SHRINERS INTERNATIONAL	P	36,466.CASH	CASH	
(2)				
(3)				Manager of the Control of the Contro
(4)				
(9)				
(9)				
932163 09-10-19			Schedule R	Schedule R (Form 990) 2019

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

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

(k) rcentage wnership					
(i) neral or Pe naging ov	ON.				
Gene Deart	χes				
(h) (i) (ii) (k) Dispropor Code V-UBI General or Percentage allocations of Schedule K-1 Distribution of Schedule K-1	(Form 1065)				
(h) spropor- tionate ocations?	S No				
5 7	<u>×</u>	<u> </u>			
(g) Share of end-of-year					
(f) Share of total					
Are all partners sec. 501(c)(3) orgs.?	No No No No No No No No No No No No No N				
der Sc	<u>*</u>			<u></u>	
(d) Predominant income (related, unrelated, excluded from tax under serions 5.12-5.14)	F 0 2 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

Schedule R (Form 990) 2019

Schedule R	(Form 990) 2019 Supplemental Infor	KOSAIR	CHARITIES	COMMITTEE,	INC.	61-0514703	Page 5
Part VII	Supplemental Infor	mation		61.1.56			
	Provide additional inform	ation for respor	ises to questions or	Schedule H. See Ins	tructions.		

		•					

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. <u>Powers</u>. 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, wi the Corporation this day of	tness the signatures of the Chairman and Secretary of, 2011.
9	KOSAIR CHARITIES COMMITTEE, INC.
	BY: Horeflew , Quinan
ATTEST January	Jerry Ward, Chairman
Eddie Chrisman, P.P., Secretary	
./	

.... W-9

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

Request for Taxpayer Identification Number and Certification

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

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

1 Name (as shown on your income tax return). Name is required on this	s line; do not leave this line blank			-	9774.3			()	-	100		7.5
Kosair Charities Committee, Inc	W W W			33		F.						
2 Business name/disregarded entity name, if different from above		1 177				75		-			De la	1100
	4											
3 Check appropriate box for federal tax classification of the person who following seven boxes.		- 10	(3 F)			certa	in e	ntitie		t ind	ividu	only to als; see
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Individual/sole proprietor or C Corporation S Corporation	arded from the owner unless the call tax purposes. Otherwise, a sing	owner of the	ne L	LLC	is	Exem code	•		m FA	ATCA	rep	orting
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5 Address (number, street, and apt. or suite no.) See Instructions.	001/010	Requeste	er's	na	me ar	nd ad	dres	s (op	tlona	1}	557	
982 Eastern Parkway, Suite #3	10	875				10.5	. 32 40		19			
6 City, state, and ZIP code	, ,	2 5										
Louisville, KY 40217	Company of the second	i.t			30			4				
7 List account number(s) here (optional)	10	V 80		ķē.			1000	241100				
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entities, it is your employer identification number (EIN). If you do not ha	ive a number, see How to ge	-	\Box	Ļ		J				L	103	
TIN, later. Note: If the account is in more than one name, see the Instructions for	line 1 Alno see What Name		Fm	nolo	yer ic	Pentil f	icai	ion r	numh	95	10	-
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Under penalties of perjury, I certify that:	N -3 F					TOWNS.	,				-	
 The number shown on this form is my correct taxpayer identification I am not subject to backup withholding because: (a) I am exempt fro Service (IRS) that I am subject to backup withholding as a result of a no longer subject to backup withholding; and 	m backup withholding, or (b)	I have no	ot b	ee	n no	tified	by	the	Inter			
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 e	exempt from FATCA reporting	a Is corre	ct.									
Certification instructions. You must cross out item 2 above if you have be you have failed to report all interest and dividends on your tax return. For reacquisition or abandonment of secured properly, cancellation of debt, cont other than interest and dividends, you are not required to sign the certificat	een notified by the IRS that yo eal estate transactions, Item 2 ributions to an individual retire	u are curre does not a ment arra	ent app ang	lly s ply. jent	For ent (l	morto RA),	gage and	e inte I gen	erest erall	paid y, pa	ή, ιγιπ ε	nts
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Section references are to the Internal Revenue Code unless otherwise noted.	 Form 1099-MISC (v proceeds) 	arious typ	pes	s of	inco	me,	príz	es, a	awar	ds,	or g	oss
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.	• Form 1099-B (stock transactions by broke		al f	fund	d sale	es an	d c	erta	in oti	her		
Purpose of Form	Form 1099-S (proceForm 1099-K (merci									ınsa	ctio	ns)
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer	 Form 1098 (home m 1098-T (tultion) 	ortgage i	nte	ere	st), 1	098-	E (s	tude	ent Ic	an I	nter	est),
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If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,

• Form 1099-INT (interest earned or paid)



FINANCIAL STATEMENTS

AND

SUPPLEMENTARY INFORMATION

SEPTEMBER 30, 2020 AND 2019

KOSAIR CHARITIES COMMITTEE, INC.

TABLE OF CONTENTS SEPTEMBER 30, 2020 AND 2019

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Schedules of Investments, Cash Equivalents, and Cash:	
September 30, 2020	29
September 30, 2019	30



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

REPORT OF INDEPENDENT AUDITORS

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

Report on the Financial Statements

We have audited the accompanying financial statements of Kosair Charities Committee, Inc. (the "Committee") (a nonprofit organization), which comprise the statement of financial position as of September 30, 2020, 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, 2020, 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 2019 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated January 23, 2020. In our opinion, the summarized comparative information presented herein as of and for the year ended September 30, 2019, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Change in Accounting Principle

As discussed in Note 2 to the financial statements, effective October 1, 2019, the Committee adopted Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) No. 2018-08, Not-for-Profit Entities – Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made. Our opinion is not modified with respect to this matter.

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 13, 2021

STATEMENT OF FINANCIAL POSITION SEPTEMBER 30, 2020

(WITH SUMMARIZED FINANCIAL INFORMATION FOR SEPTEMBER 30, 2019)

2019 Total		\$ 8,084,078 117,745	164,860	14,997	238,293,742	1,012,959	6,682,111	1,373,495	\$ 270,604,259		\$ 548,476	10,660,579	1,012,959	133.763	0	12,355,777	258,248,482	\$ 270,604,259
Total		\$ 10,702,336 56,819	0 0	13,997 91,904	244,632,798	1,061,101	6,816,208	1,373,495	\$ 279,450,778		\$ 344,838	13,241,469	1,061,101	123,712	42,554	15,182,474	264,268,304	\$ 279,450,778
2020 With Donor Restrictions		O O	0 (0	146,685,033	0 14 702 120	071,705,120	0	\$ 161,387,153	SSETS	\$	0		0	0	0	161,387,153	\$ 161,387,153
Without Donor Restrictions	ASSETS	\$ 10,702,336 56,819	0 000	91,997	97,947,765	1,061,101	6,816,208	1,373,495	\$ 118,063,625	LIABILITIES AND NET ASSETS	\$ 344,838	13,241,469	1,061,101	123,712	42,554	15,182,474	102,881,151	\$ 118,063,625
		Cash and cash equivalents Bequests and accounts receivable Accrued interest and dividends	receivable Diadage receivable	riedges ieceivable, net Prepaid expenses	Investments	Investments held in trust for others Investments held in trust by others	Property and equipment, net	Real estate - donated & held for sale	Total assets		Accounts payable and accrued expenses	Grants payable	investinents held in trust for others. Note payable	Annuities payable	Unearned revenue	Total liabilities	Net assets	Total liabilities and net assets

STATEMENT OF ACTIVITIES YEAR ENDED SEPTEMBER 30, 2020

(WITH SUMMARIZED FINANCIAL INFORMATION FOR THE YEAR ENDED SEPTEMBER 30, 2019)

			2019		
	Without Donor	2020 With Donor			
	Restrictions	Restrictions	Total	Total	
Revenues, gains (losses), and other support:					
Public support received directly: Contributions Special events, less direct costs	\$ 1,465,692	\$ 0	\$ 1,465,692	\$ 1,430,229	
of \$250,886 and \$362,218, respectively Legacies and bequests	132,802 0	0 <u>3,151,617</u>	132,802 <u>3,151,617</u>	143,673 3,534,337	
Total public support received directly	1,598,494	3,151,617	4,750,111	5,108,239	
Program service revenues	1,029,848	0	1,029,848	1,009,165	
Other revenues (losses): Interest and dividends from investments,					
net of fees	1,816,690	1,847,584	3,664,274	4,388,059	
Net gain on investments	9,097,559	9,252,270	18,349,829	1,160,468	
Change in value of investments held in trust by others	0	(134,420)	(134,420)	(248,725)	
Change in value of split-interest agreement		0	(19,955)	57,972	
Other losses	8,577	0	8,577	(2,529)	
Total other revenues (losses)	10,902,871	10,965,434	21,868,305	5,355,245	
Appropriation of endowment assets		(A HWO COS)	2		
for expenditure	6,572,608	(6,572,608)	0	0	
Total revenues, gains (losses), and other support	20,103,821	7,544,443	27,648,264	11,472,649	
Expenses and changes in net assets:					
Program services: Child care services and other grants	19,997,338	0	19,997,338	13,893,534	
Supporting services expense: Management and general Fundraising	1,255,418 <u>375,686</u>	0 0	1,255,418 <u>375,686</u>	1,181,002 253,656	
Total supporting services	1,631,104	0	1,631,104	1,434,658	
Total expenses	21,628,442	0	21,628,442	15,328,192	
Change in net assets	(1,524,621)	7,544,443	6,019,822	(3,855,543)	
Net assets, beginning of year	104,405,772	<u>153,842,710</u>	258,248,482	262,104,025	
Net assets, end of year	<u>\$ 102,881,151</u>	<u>\$ 161,387,153</u>	<u>\$ 264,268,304</u>	\$ 258,248,482	

STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED SEPTEMBER 30, 2020 (WITH SUMMARIZED FINANCIAL INFORMATION FOR THE YEAR ENDED SEPTEMBER 30, 2019)

		2	2020		
Expenses	Program Services	Management and General	Fundraising	Total	Total
Personnel expenses:					
Salaries and employee benefits Retirement plan	\$ 1,346,017	\$ 746,013	\$ 188,022 19,669	\$ 2,280,052	\$ 1,996,360 202,855
Total personnel expenses	1,486,292	821,328	207,691	2,515,311	2,199,215
Other expenses:					
Advertising and publicity	479,969	13,682	0	493.651	698.646
Bank and credit card fees	4,211	18,207	4,995	27,413	15.123
Conferences, meetings, and travel	4,746	67,275	912	72,933	131.932
Depreciation	364,254	18,590	0	382,844	390,307
Development programs	10,271	71	786	11,329	24 577
Dues and subscriptions	44,267	6,639	120	51,026	28.777
Event expense	0	0	250,886	250,886	362,218
Grants to children's health agencies				•	
and other non-profit organizations	17,176,598	0	150,977	17.327.575	10.754.769
Insurance	38,982	50,228	0	89.210	92 081
Other nonpersonnel expenses	1,950	0	83	2.033	5,880
Outside computer services	0	21,298	1,698	22,996	61,959
Printing, shipping and postage	121,672	7,071	4,409	133,152	117,021
Professional fees	76,881	161,088	0	237,969	348,999
Repairs and maintenance	103,675	11,511	0	115,186	162.310
Staff development	4,754	2,332	462	7,548	12,889
Supplies	4,122	17,680	1,463	23,265	19,591
Telephone	17,822	23,164	1,786	42,772	48,922
Utilities	56,872	13,898	0	70,770	206,203
Other	0	1,356	103	1,459	8,991
Total other expenses	18,511,046	434,090	418,881	19,364,017	13,491,195
Total expenses	19,997,338	1,255,418	626,572	21,879,328	15,690,410
Less expenses included with					
revenues on the statement					
of activities	0	0	(250,886)	(250,886)	(362,218)
Total expenses included in					
the expense section of the	•				
statement of activities	\$ 19,997,338	\$ 1,255,418	\$ 375,686	\$ 21,628,442	\$ 15,328,192

STATEMENTS OF CASH FLOWS YEARS ENDED SEPTEMBER 30, 2020 AND 2019

	2020			2019
Operating activities:				
Change in net assets	\$	6,019,822	\$	(3,855,543)
Adjustments to reconcile change in net assets to				
net cash flows from operating activities:				
Depreciation		382,844		390,307
Amortization to fair value of grants payable		216,223		339,931
Change in value of split-interest agreement		19,955		(57,972)
Net gain on investments		(18,349,829)		(1,160,468)
Contributions restricted for permanent investment		(3,151,617)		(3,534,337)
Change in value of investments				
held in trust by others		134,420		248,725
(Depreciation) appreciation of investments		48, 142		(146,172)
held in trust for others				
Changes in operating assets and liabilities:				
Bequests and accounts receivable		60,926		(62,492)
Accrued interest and dividends receivable		164,860		(112,275)
Pledges receivable		1,000		21,412
Prepaid expenses and other assets		(68, 172)		(22,910)
Accounts payable and accrued expenses		(203,638)		(320,020)
Grants and annuities payable		2,334,661		(2,765,761)
Unearned revenue		42,554		0
Net cash flows from operating activities		(12,347,849)		(11,037,575)
Investing activities:				
Purchase of equipment and leasehold improvements		(516,941)		(470,361)
Proceeds from sale of investments		57,551,513		54,220,347
Purchase of investments		(45,588,882)		(44,285,473)
Net cash flows from investing activities		11,445,690		9,464,513
Financing activities:				
Proceeds from note payable		368,800		0
Contributions restricted for permanent investment	-	3,151,617		3,534,337
Net cash flows from financing activities		3,520,417		3,534,337
Net change in cash and cash equivalents		2,618,258		1,961,275
Cash and cash equivalents, beginning of year		8,084,078		6,122,803
Cash and cash equivalents, end of year	<u>\$</u>	10,702,336	<u>\$</u>	8,084,078

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2020 AND 2019

1. NATURE OF OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES

Nature of Business and Operations

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

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

Use of Estimates in the Preparation of Financial Statements

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

Basis of Financial Statement Presentation

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

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

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

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2020 AND 2019

The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the entity's financial statements for the year ended September 30, 2019 from which the summarized information was derived.

Cash and Cash Equivalents

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

Property and Equipment

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

Real Estate - Donated

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

<u>Annuities Payable</u>

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

Donated Services

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

Allocation of Expenses

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

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2020 AND 2019

<u>Investments</u>

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

The Committee believes that the carrying amount of its alternative equity securities is a reasonable estimate of fair value as of September 30, 2020 and 2019. Because alternative investments are not readily marketable, the estimated value is subject to uncertainty and, therefore, may differ from the value that would have been used had a ready market for the investments existed. Such differences could be material.

Financial Instruments and Credit Risk

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

Contributions and Bequests

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

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

Going Concern Evaluation

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

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2020 AND 2019

Date of Management's Review

The Committee has evaluated all subsequent events through January 13, 2021, the date the financial statements were available to be issued.

2. CHANGE IN ACCOUNTING PRINCIPLE

Effective October 1, 2019, the Committee adopted the FASB's ASU 2018-08, Not-for-Profit Entities – Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made. The amendments in this ASU require that an entity determine whether a contribution is conditional on the basis of whether an agreement includes a barrier that must be overcome and either a right of return of assets transferred or a right of release of a promisor's obligation to transfer assets. In accordance with ASU 2018-08, the Committee has adopted the requirements using the modified prospective approach, which applies to the portion of agreements at the effective date that had not previously been recognized and any new agreements after the effective date. Since grants made do not contain a barrier to overcome, short-term grants of \$7,748,000 as of September 30, 2020, have been recognized and are included in grants payable.

3. INCOME TAXES

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

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Committee and recognize a tax liability if the Committee has taken an uncertain position that more likely than not would not be sustained upon examination by various federal and state taxing authorities. Management has analyzed the tax positions taken by the Committee, and has concluded that as of September 30, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying financial statements. The Committee is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2020 AND 2019

4. PLEDGES RECEIVABLE

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

	 2020	2019
Amounts due in:		
One year or less	\$ 13,997	\$ 0
One to five years	 0	 14,997
Total	\$ 13,997	\$ 14,997

No allowance for uncollectible pledges was considered necessary at September 30, 2020 and 2019.

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2020 AND 2019

5. INVESTMENTS

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

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

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

	Septemb	er 30, 2020	September 30, 2019			
	Cost	<u>Fair Value</u>	Cost	Fair Value		
Stocks, bonds, mutual funds and alternative investments U.S. government obligations	\$ 173,929,127 2,929,098 176,858,225	\$ 241,509,592 3,161,782 244,671,374	\$ 176,277,203 3,047,074 179,324,277	\$ 235,178,462 3,127,773 238,306,235		
Cash equivalents	5,606,717	5,606,717	2,552,427	2,552,427		
Cash	4,685,658	4,685,658	5,002,898	5,002,898		
Total	<u>\$ 187,150,600</u>	<u>\$ 254,963,749</u>	<u>\$ 186,879,602</u>	<u>\$ 245,861,560</u>		

The Endowment investments consist of:

		2020		2019
Donor Restricted Endowment investments Board Designated investments	•	46,685,033 97,986,341	\$ —	139,006,170 99,300,065
Total	<u>\$ 2</u> 4	<u>14,671,374</u>	<u>\$</u>	238,306,235

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2020 AND 2019

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

	Year ended September 30, 2020						
		Cost	***************************************	Fair Va	lue		cess of Fair ue Over Cost
Balance, end of year	\$	176,858,225	\$	244,67	1,374	\$	67,813,149
Balance, beginning of year Increase in unrealized appreciation Realized net gain for the year Net unrealized and realized	\$	179,324,277	\$	238,30	6,235	\$	58,981,958 8,831,191 6,801,095
gain for the year						<u>\$</u>	15,632,286
		Ye	ar ende	d Septer	mber 30	, 2019	
		Cost	····	Fair Val	ue		cess of Fair ue Over Cost
Balance, end of year	\$	179,324,277	\$	238,30	6,235	\$	58,981,958
Balance, beginning of year Decrease in unrealized appreciation Realized net gain for the year Net unrealized and realized gain for the year	\$	181,884,595	\$	246,78	2,274	<u>\$</u>	64,897,679 (5,915,721) 7,094,019 1,178,298
				Total Re	eturn		
			2020			2019	
Realized gains Unrealized gains (losses) Interest and dividends, net of fees		\$	6,801, 8,831, 3,631,	191	(7,094,0 5,915,7 4,344,3	'21)
Total		<u>\$</u>	19,263,	<u>562</u>	\$:	5,522,6	<u>557</u>

Fees netted with interest and dividends for 2020 and 2019 were \$886,823 and \$954,751, respectively.

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2020 AND 2019

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

	September 30, 2020			2020	September 30, 2019			
		Cost	F	air Value		Cost	Fa	air Value
Corporate stocks and bonds:			-					
Kendall Agency	\$	626,386	\$	665,906	\$	658,228	\$	673,002
Nurses trust		280,145		356,619		283,670		327,464
		906,531		1,022,525		941,898		1,000,466
Cash:								
Kendall Agency		440		440		0		0
Nurses trust		72		72		0		0
Donor advised		0		0		41		41
		512		512		41		41
Cash equivalents:								
Kendall Agency		16,049		16,049		17,518		17,518
Nurses trust		14,346		14,346		4,735		4,735
Donor advised		0		0		154,071		154,071
		30,395	_	30,395		176,324		176,324
Total	<u>\$</u>	937,438	\$	1,053,432	<u>\$</u>	1,118,263	\$	1,176,831

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2020 AND 2019

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

		Υ	ear e	ended	Septem	ber 30), 2020	
		Cost		F	air Valu	e		ess of Fair llue Over Cost
Balance, end of year	\$	906,5	31	\$	1,022,	525	\$	115,994
Balance, beginning of year Increase in unrealized appreciation	\$	941,8	98	\$	1,000,	466	\$	58,568 57,426
Realized net loss for the year								(38,060)
Net unrealized and realized gain for the year							<u>\$</u>	19,366
		Υ	ear e	ended	Septem	ber 30	0, 2019	
		Cost		F	air Valu	e		ess of Fair alue Over Cost
			_	<u>`</u>				
Balance, end of year	\$	941,8	98	\$	1,000,	466	\$	58,568
Balance, beginning of year	\$	838,8	12	\$	998,	833	\$	160,021
Decrease in unrealized appreciation								(101,453)
Realized net gain for the year Net unrealized and realized								83,623
loss for the year							\$	(17,830)
					Total F) adv		
				2020		ceturn	2019	
		•						
Realized gains			\$	(38	,060)	\$		623
Unrealized losses					,426		(101,	
Interest and dividends, net of	tees			32	,998		43,	<u>700</u>
Total			<u>\$</u>	52	2,364	\$	25,	<u>870</u>

Fees netted with interest and dividends for 2020 and 2019 were \$4,296 and \$4,242 respectively.

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2020 AND 2019

6. FAIR VALUE MEASUREMENTS

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2020 and 2019.

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

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2020 AND 2019

- Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds
 held by the Committee are open-end mutual funds that are registered with the
 Securities and Exchange Commission. These funds are required to publish their daily
 net asset value (NAV) and to transact at that price. The mutual funds held by the
 Committee are deemed to be actively traded.
- Hedge funds and proprietary funds: Valued at estimated fair value at their net asset value per share as determined by the fund managers.
- Exchange traded funds: Valued at the closing price reported on the active market on which the individual securities are traded.
- Investments held in trust by others: As described in Note 8, the Committee is the beneficiary of numerous perpetual trusts established by donors and managed by banks. The fair value of the beneficial interests in these investments is estimated using the fair value of the assets held in the trusts reported by the trustees as of September 30, 2020 and 2019.
- Investments held in trust for others: As described in Note 9, the Committee is the custodian of funds received from another organization. These funds are included as part of the Committee's investment portfolio. The fair value of the interest held in trust for others is estimated using the fair value of the assets held in the investments as of September 30, 2020 and 2019.

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

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2020 AND 2019

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

	Ass	s of September 30,	er 30, 2020		
	Level 1	Level 2	Level 3	Total	
Mutual funds:	¢ 2.20€ 224	t 0	.	£ 2.206.224	
Large cap growth	\$ 2,396,221	\$ 0	\$ 0	\$ 2,396,221	
Large cap blend	36,022,149	0	0	36,022,149	
Mid-cap blend	8,852,823	0	0	8,852,823	
Small cap blend	6,584,250	0	0	6,584,250	
Other	1,107,225	0	0	1,107,225	
Foreign large blend	5,374,633		0	5,374,633	
Total mutual funds	60,337,301	0	0	60,337,301	
Equities:					
Industrials	6,450,939	0	0	6,450,939	
Transportation and distribution	4,541,444	0	0	4,541,444	
Consumer goods	21,544,169	0	0	21,544,169	
Energy	2,303,432	0	0	2,303,432	
Financial	21,997,136	0	0	21,997,136	
Materials	2,690,759	0	0	2,690,759	
Real estate	8,712,095	0	0	8,712,095	
Utilities	1,142,170	0	0	1, 142, 170	
Health care	11,066,728	0	0	11,066,728	
Technology	34,751,522	0	0	34,751,522	
Other	5,295,452	0	0	5,295,452	
Total equities	120,495,846	0	0	120,495,846	
Fixed income:					
Government bonds	0	2,248,463	0	2,248,463	
Mortgage backed securities	0	913,291	0	913,291	
Corporate bonds	0	4,596,377	0	4,596,377	
Municipal bonds	0	2,585,211	0	2,585,211	
Other	0	1,997,576	0	1,997,576	
Total fixed income	0	12,340,918	0	12,340,918	
Investments held in trust by others	0	0	14,702,120	14,702,120	
Exchange traded funds	13,366,317	ő	0	13,366,317	
Total assets in fair value hierarchy	\$ 194,199,464	\$ 12,340,918	\$ 14,702,120	221,242,502	
Hedge funds and proprietary funds*				39,153,517	
Total assets at fair value				<u>\$ 260,396,019</u>	

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2020 AND 2019

The following table sets forth by level, within the hierarchy, the Committee's assets measured at fair value on a recurring basis as of September 30, 2019:

	Asse	of September 30,	r 30, 2019		
	Level 1	Level 2	Level 3	Total	
Mutual funds:					
Large cap growth	\$ 2,537,498	\$ 0	\$ 0	\$ 2,537,498	
Large cap blend	17,552,926	0	0	17,552,926	
Mid-cap blend	8,440,773	0	0	8,440,773	
Small cap blend	6,484,507	0	0	6,484,507	
Other	9 71,385	0	0	971,385	
Foreign large blend	5,345,001	0	0	5,345,001	
Total mutual funds	41,332,090	0	0	41,332,090	
Equities:					
Industrials	7,359,423	0	0	7,359,423	
Transportation and distribution	7,624,500	0	0	7,624,500	
Consumer goods	21,078,610	0	0	21,078,610	
Energy	8,377,707	0	0	8,377,707	
Financial	29,385,663	0	0	29,385,663	
Materials	3,942,174	0	0	3,942,174	
Real estate	12,120,976	0	0	12,120,976	
Utilities	3,258,409	0	0	3,258,409	
Health care	13,947,006	0	0	13,947,006	
Technology	31,187,722	0	0	107,094,468	
Other	<u>3,136,653</u>	0	0	199,205,013	
Total equities	141,418,843		0	141,418,843	
m· · · ·					
Fixed income:	0	2,300,017	0	2,300,017	
Government bonds	0	2,300,017 1,732,442	0	1,732,442	
Mortgage backed securities	0	4,597,813	0	4,597,813	
Corporate bonds	0	2,479,435	0	2,479,435	
Municipal bonds	0	1,272,340	0	1,272,340	
Other					
Total fixed income	0	12,382,047	0	12,382,047	
Investments held in trust by others	0	0	14,836,540	14,836,540	
Exchange traded funds	7,920,318	0	0	7,920,318	
Total assets in fair value hierarchy	<u>\$ 190,671,251</u>	<u>\$ 12,382,047</u>	<u>\$ 14,836,540</u>	217,889,838	
Hedge funds and proprietary funds*				<u>36,253,403</u>	
Total assets at fair value				<u>\$ 254,143,241</u>	

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

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2020 AND 2019

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

	 2020	 2019
Beginning balance Change in present value	\$ 14,836,540 (134,420)	\$ 15,085,265 (248,725)
Ending balance	\$ 14,702,120	\$ 14,836,540

Fair Value of Investments in Entities that Use Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of September 30, 2020 and 2019, respectively.

			Redemption	
			Frequency (if	
		Unfunded	currently	Redemption
September 30, 2020	Fair Value	Commitments	eligible)	Notice Period
Invesco US High Quality Core Fund	\$ 20,357,836	Not applicable	Daily	Over 90 days
CREP II Institutional L.P. Fund	664,933	708,750	Daily	Over 90 days
Hamilton Lane Private Equity Offshore Fund VI L.P.	366,832	283,244	Daily	Over 90 days
Goldman Sachs Vintage Fund V	334,003	643,412	Daily	90 days
The Weatherlow Offshore Fund Ltd.	16,745,037	Not applicable	Daily	90 days
Golden Tree Offshore Fund, Ltd.	649,554	Not applicable	Daily	90 days
Catahoula Co.	35,322	Not applicable	Daily	90 days
Total	\$ 39,153,517			
			Redemption	
			Redemption Frequency (if	
		Unfunded	•	Redemption
September 30, 2019	Fair Value	Unfunded Commitments	Frequency (if	Redemption Notice Period
September 30, 2019 Invesco US High Quality Core Fund	<u>Fair Value</u> \$ 18,850,214		Frequency (if currently	•
Invesco US High Quality Core Fund		Commitments	Frequency (if currently eligible)	Notice Period
Invesco US High Quality Core Fund CREP II Institutional L.P. Fund	\$ 18,850,214	Commitments Not applicable	Frequency (if currently eligible) Daily	Notice Period Over 90 days
Invesco US High Quality Core Fund CREP II Institutional L.P. Fund Hamilton Lane Private Equity Offshore Fund VI L.P.	\$ 18,850,214 879,111	Commitments Not applicable 708,750	Frequency (if currently eligible) Daily Daily	Notice Period Over 90 days Over 90 days
Invesco US High Quality Core Fund CREP II Institutional L.P. Fund	\$ 18,850,214 879,111 605,452	Commitments Not applicable 708,750 283,244	Frequency (if currently eligible) Daily Daily Daily Daily	Notice Period Over 90 days Over 90 days Over 90 days
Invesco US High Quality Core Fund CREP II Institutional L.P. Fund Hamilton Lane Private Equity Offshore Fund VI L.P. Goldman Sachs Vintage Fund V	\$ 18,850,214 879,111 605,452 448,414	Commitments Not applicable 708,750 283,244 643,412	Frequency (if currently eligible) Daily Daily Daily Daily Daily Daily	Notice Period Over 90 days Over 90 days Over 90 days 90 days
Invesco US High Quality Core Fund CREP II Institutional L.P. Fund Hamilton Lane Private Equity Offshore Fund VI L.P. Goldman Sachs Vintage Fund V The Weatherlow Offshore Fund I Ltd.	\$ 18,850,214 879,111 605,452 448,414 14,414,323	Commitments Not applicable 708,750 283,244 643,412 Not applicable	Frequency (if currently eligible) Daily Daily Daily Daily Daily Daily Daily	Notice Period Over 90 days Over 90 days Over 90 days 90 days 90 days

7. INVESTMENTS HELD IN TRUST BY OTHERS

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

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2020 AND 2019

8. INVESTMENTS HELD IN TRUST FOR OTHERS

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

9. ENDOWMENT FUNDS

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

FASB ASC 958-205, Not-for-Profit Organizations Financial Statement Presentation provides guidance on the net asset classification of donor-restricted endowment funds for a nonprofit organization that is subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act of 2006 (UPMIFA). FASB ASC 958-205 also requires additional disclosures about an organization's endowment funds (both donor-restricted endowment funds and board-designated endowment funds). The Committee has adopted the net asset classification provisions of FASB ASC 958-205 for the years ending September 30, 2020 and 2019. The Commonwealth of Kentucky enacted UPMIFA effective July 15, 2010, the provisions of which apply to endowment funds existing on or established after that date.

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

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

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2020 AND 2019

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

As of September 30, 2020 and 2019, the Committee had the following endowment asset composition by type of fund:

	With	out				
	Don	or	With	Donor		
	Restric	ions	Restr	ictions		Total
September 30, 2020						
Board-designated endowment funds	\$ 109,3	32,148	\$	0	\$	109,332,148
Donor-restricted endowments funds						
Original donor-restricted gift amount						
and amounts required to be maintained						
in perpetuity by donor		0	127,	712,225		127,712,225
Accumulated investment gains		0	18,	972,808		18,972,808
	\$ 109,3	32,148	\$ 146,	685,033	<u>\$</u>	256,017,181
	With	out				
	Don	or	With	Donor		
	Restric		Restr	ictions		Total
September 30, 2019	***					
Board-designated endowment funds	\$ 108,0	32,221	\$	0	\$	108,032,221
Donor-restricted endowments funds						
Original donor-restricted gift amount						
and amounts required to be maintained						
in perpetuity by donor		0	124,	560,607		124,560,607
Accumulated investment gains		0	14,	445,563		14,445,563
	\$ 108,0	32,221	\$ 139,	006,170	<u>\$</u>	247,038,391

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2020 AND 2019

The changes in endowment assets for the years ended September 30, 2020 and 2019 are as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment assets, October 1, 2018	\$ 115,007,253	\$ 138,612,368	\$ 253,619,621
Investment return Investment income Net appreciation (realized and unrealized) Total investment return	2,294,095	2,093,964	4,388,059
	606,697	553,771	1,160,468
	2,900,792	2,647,735	5,548,527
Contributions Appropriation of endowment assets for expenditure	0	3,534,337	3,534,337
	(9,875,824)	(5,788,270)	(15,664,094)
Endowment assets, September 30, 2019	108,032,221	139,006,170	247,038,391
Investment return Investment income Net appreciation (realized and unrealized) Total investment return	1,816,690	1,847,584	3,664,274
	9,097,559	9,252,270	18,349,829
	10,914,249	11,099,854	22,014,103
Contributions Appropriation of endowment assets for expenditure	0	3,151,617	3,151,617
	(9,614,322)	(6,572,608)	(16,186,930)
Endowment assets, September 30, 2020	\$ 109,332,148	\$ 146,685,033	\$ 256,017,181

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

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2020 AND 2019

Strategies employed for achieving objectives: To satisfy its long-term rate-of-return objectives, the Committee relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Committee targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term objectives within prudent risk constraints.

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

10. PROPERTY AND EQUIPMENT, NET

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

	Estimated Useful Lives	2020	2019
Land Buildings and improvements Equipment, furniture and fixtures Construction in progress	3 - 50 Years 3 - 10 Years	\$ 752,316 11,897,757 3,067,355 0	\$ 752,316 11,074,418 2,932,932 440,822
Less accumulated depreciation		15,717,428 8,901,220	15,200,488 8,518,377
Property and equipment, net		\$ 6,816,208	\$ 6,682,111

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2020 AND 2019

11. GRANTS PAYABLE

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

	 2020		2019
To be paid in less than one year To be paid in one to five years To be paid in more than five years	\$ 11,406,333 2,075,000 0	\$	5,383,333 5,633,333 100,000
Gross grants authorized but unpaid Less discount on long term grants	 13,481,333 239,864	سنية بسببي	11,116,666 456,087
Grants payable	\$ 13,241,469	\$	10,660,579

12. LINE OF CREDIT

The Committee has a \$10,675,784 revolving line of credit available from a financial institution. The line is secured by certain securities of the Committee which had an approximate net book value of \$16,000,000 as of September 30, 2020 and has no expiration date. Borrowings under the line of credit bear interest at a variable rate (2.39613% at September 30, 2020). There was no outstanding balance on the line of credit at September 30, 2020 and 2019.

13. RETIREMENT PLAN

The Committee maintains a defined contribution 401(k) retirement plan and a money purchase profit sharing plan for all eligible employees. Employees may elect to defer up to \$19,500 (\$26,000 if the employee is age 50 or older) of their compensation. The plan includes an employer's match of 100% of the first 3% of an employee's contributions and 50% of the next 2% of the employee's contributions up to four percent of total compensation. The Committee also contributes additional non-elective contributions (NEC) and qualified non-elective contributions (QNEC) to eligible employees' accounts. Committee contributions were \$235,259 in 2020 and \$202,855 in 2019.

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2020 AND 2019

14. LEASES

The Committee entered into various leases, as lessor, with charitable organizations occupying the Kosair Charities Centre Building. Minimum future rentals receivable under these leases at September 30, 2020 are as follows:

Year ending September 30,

Total minimum future rental income	\$ 2,022,795
2023	 420,714
2022	632,786
2021	\$ 969,295

Rent income for fiscal years 2020 and 2019 was \$1,029,848 and \$1,009,165, respectively, and is listed as program service revenues. The majority of rent income is in-kind and \$985,848 and \$965,165 has been included in grant expense for 2020 and 2019, respectively.

Following is a summary of property leased at September 30:

	<u></u>	2020	 2019
Buildings and improvements	\$	11,833,602	\$ 11,010,263
Less accumulated depreciation	******	7,833,307	 7,453,278
Buildings and improvements, net	<u>\$</u>	4,000,295	\$ 3,556,985

15. CONCENTRATIONS OF CREDIT RISK

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

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

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2020 AND 2019

16. ADVERTISING EXPENSE

Advertising costs are expensed as incurred and are included in management and general expenses and program services in the accompanying statements of functional expenses. Total advertising expenses for the years ended September 30, 2020 and 2019 were \$493,651 and \$698,646, respectively.

17. RECENTLY ISSUED ACCOUNTING STANDARDS

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

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

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

18. CONTINGENCY

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

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2020 AND 2019

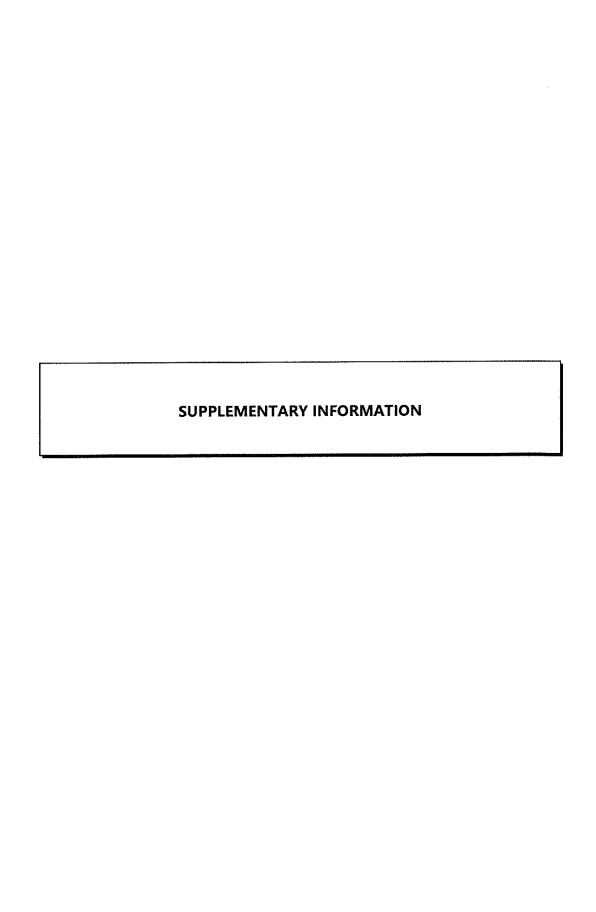
19. LIQUIDITY AND AVAILABILITY

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

	2020	2019
Financial assets		
Cash and cash equivalents	\$ 10,702,336	\$ 8,084,078
Bequests and accounts receivable	56,819	117,745
Accrued interest and dividends receivable	0	164,860
Pledges receivable	13,997	0
	\$ 10,773,152	\$ 8,366,683

The Committee's endowment funds consist of donor-restricted endowments and a quasiendowment. As described in Note 9, the endowment has a spending rate of 5 percent. Approximately \$13 million of appropriations from the endowment will be available within the next 12 months.

As part of the Committee's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. In addition, the Committee invests cash in excess of daily requirements in short-term investments. To help manage unanticipated liquidity needs, the Committee has a committed line of credit in the amount of \$10,765,784, which it could draw upon. Additionally, the Committee has a quasi-endowment of \$97,947,765. Although the Committee does not intend to spend from its quasi-endowment other than amounts appropriated for general expenditure as part of its annual budget approval and appropriation process, amounts from its quasi-endowment could be made available if necessary. However, both the quasi-endowment and donor-restricted endowments contain investments with lock-up provisions that would reduce the total investments that could be made available (See Note 5 for disclosures about investments).



SCHEDULE OF INVESTMENTS, CASH EQUIVALENTS, AND CASH SEPTEMBER 30, 2020

	U.S. Government Bonds	nent Bonds	Other Bc		onds, Mi rnative li	utuai Funds and nvestments	<u>Total Investments</u>	stments	Cash		Total
Endowment Investments	Cost	Fair Value	Cost	Fair Value	Cost	Fair Value	Cost	Fair Value	Eguivalents	Cash	Fair Value
426. Ameriprise Financial	\$.	9 5	0 \$	9	\$ 4,933,295	\$ 6.191,609	\$ 4,933,295	\$ 6.191,609	,	108.824	4 K 2mm 422
414 Cleararc	0	0	0	0	7,457,525	8,442,214	7,457,525	8,442,214	•	163.128	8 605 342
431 Commonwealth	2,922,525	3,150,889	7,945,321	8,398,795	0	0	10,867,846	11,549,684	418.472	0	11 968 156
446 SB-Advisor	0 (0	0	0	47,866,398	62,272,982	47,866,398	62,272,982	0	0	62,272,982
443 Equity index	0	O	0	0	20,762,400	19,597,255	20,762,400	19,597,255	818	0	19,598,073
441 Goldman Sachs 403 Havs	0	o c	o c	00	63,312	334,003	63,312	334,003	0	0	334,003
444 Hilliard Lyons	0	0	0	0	20,894,021	44,540,351	20.894.021	44.540.351	1071 162		1,016,181
422 Invesco Fixed	0	0	9,353,183	20,357,836	0		9,353,183	20,357,836	0	C	20.357.836
402 Merrifield	0	01	0	0	1,625,861	1,728,723	1,625,861	1,728,723	41,852	1,147	1,771,722
424 FNC Kosal Channes Art.C	0	0 (D 6	0	12,928,492	18,559,340	12,928,492	18,559,340	134,388	12,614	18,705,342
	0 F.C.74	0 0	D c	0	2,827,062	664,933	2,827,062	664,933	0	0	664,933
432 SB-Evanston		C C)	-	0 500 000	42 7AE 037	6 COO GOO	10,693	3,194,544	3,845,997	7,051,434
436 SB-GaldenTree	0	0	0	Ô	827,770	649,554	827.770	10,745,037 649.554	o c	- c	16,745,037 640,654
429 SB-Hamilton Lane	0	0	0	0	122,951	366,832	122,951	366,832	0	0	366,832
418 SB-invesco REII	Ō	0	O	0	7,245,243	8,410,806	7,245,243	8,410,806	0	191,541	8,602,347
423 Short lerm investment	0	0	00	0.0	32,400	35,322	32,400	35,322	729,378	21	764,721
405 Todd-Veredus Int'l Intrinsic	0	0	0		12 384 434	15 774 830	17 284 434	1,335,265	3	63,954	7,417,239
413 Miller Family Fund	0	0	o	0	70,443	74,037	70.443	74.037	o c	8/1/1/2 11/11/1	16,046,009
614 Juergens Endowment Fund	0	0	0	0	13,107	12,431	13,107	12,431	0	8,815	21,246
Totals	\$ 2,929,098	\$ 3,161,782	\$ 17,298,504	\$ 28,756,631	\$ 156,630,623	\$ 212,752,961	\$ 176,858,225	\$ 244,671,374	\$ 5,606,717	\$ 4,685,658	\$ 254,963,749
Board Designated											
PNC Bank:											
602 Kandail 602 Nurses Akmni	0 3	0	0 3	0 4	\$ 626,386 280,145	\$ 665,906 356,619	\$ 626,386 280,145	\$ 665,906 356,619	\$ 16,049 14,346	\$ 440	\$ 682,395
Totals	\$	\$	\$	0	\$ 906,531	\$ 1,022,525	\$ 906,531	\$ 1,022,525	\$ 30,395	\$ 512	\$ 1,053,432

SCHEDULE OF INVESTMENTS, CASH EQUIVALENTS, AND CASH SEPTEMBER 30, 2019

Te to L	Fair Value	316 862 11		10,735,410	27.814.71			1 8,850,214 1,792,465	33,188,921	7.			605,452 9 938 133			19,	1,1340	\$ 245,861,560			690,520 332,199 154,112	\$ 1,176,831
	Cash	1 160 823	5,039	0	0	0	0	0	44,333	3.695.005	0	0	0 529641	0	596,902	261,723		\$ 5,002,898			0 0	\$ 41
S.	Equivalents	•	0	78,479	018	10023	983,017	J 48,912	202,229	1,070,197	0	0	0 37.816	112,646	0	0		\$ 2,552,427			\$ 17,518 4,735 154,071	\$ 176,324
tments	Fair Value	\$ 11.150.382	5,446,717	10,656,931	27.813.901	448,414 1008,130	39,373,484	10,0501,414 1,743,553	32,942,359 879 111	9.545,341	14,414,323	1,020,567	505,452 9,670,676	878,447	30,358,259	19,198,030	31207	\$ 238,306,235			\$ 673,002 327,464	\$ 1,000,466
Total Investments	Cost	\$ 9,425,998	4,475,850	10,364,251	27,847,163	63,312 088 806	18,241,073	1,705,003	24,526,208 2,942,456	7,602,428	8,500,000	1,243,871	8,098,392	875,525	22,970,340	17,812,517		\$ 179,324,277			\$ 658,228 283,670	\$ 941,898
ual Funds and estments	Fair Value	\$ 11,150,382	5,446,717	0	27,813,901	448,414	39,373,484	1,743,553	32,942,359 879,111	9,533,133	14,414,323	1,020,367	9,670,676	35,322	30,358,259	19,198,030	N N N N N N N N N N N N N N N N N N N	\$ 205,712,741			\$ 673,002 327,464	\$ 1,000,466
Stocks, Bonds, Mutual Funds and Afternative Investments	Cost	\$ 9,425,998	4,475,850	0	27,847,163	63,312 988,896	18,241,073	1,705,003	24,526,208 2,942,456	7,594,187	8,500,000	1,245,874	8,098,392	32,400	22,970,340,	17,812,517 60,566		\$ 156,755,477			\$ 658,228 283,670	\$ 941,898
nds	Fair Value	0 8	0	7,341,386	0	0	0	0	0	0	0		0	843,125	0	O C		\$ 29,465,721			S 0	\$ 0
Other Bond	Cost	0 5	0	7,525,418	0	0	0 2353 1883	0	0	0	0	90	ò	843,125	0	0		\$ 19,521,726		A COMMISSION OF MANAGEMENT AND THE PROPERTY OF	0 0 \$	0
nt Bonds	Fair Value	0 \$	0	0	0'''	0	0	0.	0	12,208	0	7	0	0	0	0		\$ 3,127,773		THE THE PARTY OF T	000	0 \$
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i	Endowment Investments	426 Ameriprise Financial	414 Cleararc	445 Connor Debt Fund	443 Equity/Index	441 Goldman Sachs 403 Hays	444 Hilliard Lyons 422 Invesco Fised	402 Merrifield	8424 ENL-KOSAII CHARILES APPLICA 437 SB-Citi Real Estate	439 SB-Contribution/Distribution	432 SB-Evanston	429 SR-Hamilton lane	418 SB-Invesco REIT	425 Short Term Investment	421a Lodo Investment Addisors	413 Miller Family Fund		Totals	Board Designated	PNC Bank:	600 Kendell 602 Nurses Alumni 625 Donor Advised	Totals



2021 Kosair Charities Board of Directors

- John C. Burgin (January 2023)
- Kirk E. Carter (January 2022)
- Ron Caughron (January 2025)
- Larry J. Craig (January 2026)
- Jon Dawson (January 2023)
- Robert W. Flowers (January 2025)
- Timothy E. (Tim) Hall (January 2025)
- Robert L. Hart (January 2022)
- Arvin D. (Dwayne) Holthouser (January 2024)
- William A. (Bill) Kinman, III (January 2026)
- V. Thomas (Tom) Larimore, Jr. (January 2022)
- Harry L. Lusk (January 2023)
- Dwight Maddox, Jr. (January 2022)
- Patrick P. Miller (January 2024)
- David L. Nicholson (January 2024)
- David L. Owen (January 2022)
- Kenneth E. Reiss (January 2024)
- David L. Scheu (January 2025)
- John Shofner (January 2025)
- H. I. Stroth, Jr. (January 2025)
- Glen E. Stuckel (January 2024)
- James E. (Jim) Szofer (January 2026)
- Martin Walters (January 2022)
- Richard L. (Rich) Williams (January 2026)

Board Member Emeritus

• C. Brown Allen

President

Keith Inman



Kentucky Secretary of State Michael G. Adams

KOSAIR CHARITIES COMMITTEE, INC.

File Annual Report

File Statement of Change of Principal Office

File Statement of Change of registered Agent / Registered Address

Printable Forms

Additional Services

Certificates

General Information

Organization Number

0029434

Name

KOSAIR CHARITIES COMMITTEE, INC.

Profit or Non-Profit

N - Non-profit

Company Type

KCO - Kentucky Corporation

Status

A - Active

Standing

G-Good

State

KY

File Date

11/13/1923

Organization Date

11/13/1923

Last Annual Report

4/16/2021

Principal Office

P.O. BOX 37370

LOUISVILLE, KY 40233

Registered Agent

AIMEE SAPP

982 EASTERN PARKWAY LOUISVILLE, KY 40217

Current Officers

Chairman

Kenneth Reiss

Vice Chairman

John Burgin

Secretary

Dwight Maddox

Treasurer

Kirk Carter

Director

C. Brown Allen

Director

David Owen

Director

Robert Flowers

Director	Harry Lusk
Discontinu	17! 11 TD T 1

DirectorVirgil Tom LarimoreDirectorDavid L. Nicholson

Director H. I. Stroth Glen E. Stuckel Director Kenneth Reiss Director Patrick P. Miller Director Martin R Walters Director **Director** David L Scheu Larry Craig **Director** John C. Burgin **Director** Dwight Maddox **Director** Robert Hart **Director** Ron Caughron **Director** Kirk Carter **Director Director** Timothy Hall Director Jon Dawson

Director Arvin Dwayne Holthouser

Director William A Kinman

DirectorJohn ShofnerDirectorRichard WilliamsDirectorJames Szofer

Individuals / Entities listed at time of formation

DirectorLAWRENCE B CRAIGDirectorJOHN T BARRICKMAN

DirectorJ G L HAGMANDirectorA H MORRISDirectorWM C BROWN

IncorporatorLAWRENCE B CRAIGIncorporatorW R R LAVIELLEIncorporatorLEE G ZINSMEISTERIncorporatorCHAS A WILSONIncorporatorWM 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.

Annual Report	4/16/2021	1 page	PDF	
Amendment	10/13/2020	2 pages	tiff	PDF
Certificate of Assumed Name	7/14/2020	1 page	tiff	PDF
Annual Report	6/1/2020	1 page	PDF	
Annual Report	4/22/2019	1 page	PDF	
Annual Report	4/10/2018	1 page	PDF	
Registered Agent name/address change	4/18/2017 3:07:01 PM	1 page	PDF	
Annual Report	4/18/2017	1 page	PDF	
Annual Report	3/8/2016	1 page	PDF	
Annual Report	3/30/2015	1 page	PDF	
Name Renewal	9/19/2014 11:57:11 AM	1 page	PDF	

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Name Renewal	9/19/2014 11:50:58 AM	1 page	PDF	
Name Renewal	9/19/2014 11:48:45 AM	1 page	PDF	
Annual Report	1/22/2014	1 page	PDF	
Registered Agent name/address	6/24/2013 12:50:22 PM	1 page	PDF	
change				
Annual Report	6/24/2013	1 page	PDF	
Certificate of Assumed Name	3/26/2012	1 page	tiff	PDF
Certificate of Assumed Name	3/26/2012	1 page	tiff	PDF
Certificate of Assumed Name	3/26/2012	1 page	tiff	PDF
Certificate of Assumed Name	3/26/2012	1 page	tiff	PDF
Certificate of Assumed Name	3/26/2012	1 page	tiff	PDF
Annual Report	2/9/2012	1 page	PDF	
Unknown	4/19/2011	4 pages	tiff	PDF
Annual Report	2/8/2011	1 page	PDF	
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Certificate of Assumed Name	3/16/2010	1 page	tiff	PDF
Certificate of Assumed Name	3/16/2010	1 page	tiff	PDF
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Annual Report	1/24/2008	1 page	PDF	
Annual Report	1/30/2007	1 page	PDF	
Statement of Change	2/14/2006	1 page	tiff	PDF
Annual Report	1/25/2006	1 page	PDF	
Annual Report	2/21/2005	1 page	PDF	
Annual Report	2/25/2004	1 page	PDF	
Annual Report	6/10/2003	1 page	tiff	PDF
Name Renewal	2/18/2003	1 page	tiff	PDF
Name Renewal	2/18/2003	1 page	tiff	PDF
Name Renewal	2/18/2003	1 page	tiff	PDF
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 CHILDRENS HOSPITAL FOUNDATION KOSAIR CHILDREN'S HOSPITAL FOUNDATION KOSAIR CHILDREN'S HOSPITAL FOUNDATION KOSAIR CHILDREN HOSPITAL FOUNDATION KOSAIR CHILDRENS CHARITIES KOSAIR CHARITIES Inactive KOSAIR CHILDREN'S CHARITIES Inactive KOSAIR CHARITIES FOR CHILDREN KOSAIR CHARITIES FOR CHILDREN KOSAIR CRIPPLED CHILDREN HOSPITAL KOSAIR CRIPPLED CHILDREN HOSPITAL KOSAIR CRIPPLED CHILDREN HOSPITAL KOSAIR CHILDREN'S CHARITIES Inactive KOSAIR CHARITIES COMMITTEE KOSAIR CHARITIES COMMITTEE KOSAIR CHARITIES COMMITTEE KOSAIR CHARITIES	KOSAIR CHARITIES	Active
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	KOSAIR CHILDREN'S CHARITIES	Inactive
KOSAIR CHARITIES Inactive	KOSAIR CHARITIES COMMITTEE	Inactive
	KOSAIR CHARITIES	Inactive

Activity History

	Filing	File Date	Effective Date	Org. Referenced
,	Annual report	4/16/2021	4/16/2021	
	Allitual report	11:40:47 AM	11:40:47 AM	
	Amandment Misselleneous amandments	10/13/2020	40/42/2020	
	Amendment - Miscellaneous amendments	2:55:01 PM	10/13/2020	
	Add ad a say was ad ways a	7/14/2020	7/4 4/0000	KOOAID OLIADITIEO
	Added assumed name	9:57:30 AM	7/14/2020	KOSAIR CHARITIES
	Annual report	6/1/2020 8:35:24	6/1/2020 8:35:24	
	Annual report	AM	AM	
	Annual roport	4/22/2019	4/22/2019	
	Annual report	11:14:04 AM	11:14:04 AM	
Annual report	Annual report	4/10/2018	4/10/2018	
	Annual report	12:02:04 PM	12:02:04 PM	
	Annual report	4/18/2017	4/18/2017	
	Annual report	3:23:08 PM	3:23:08 PM	
	Pagistared agent address shapes	4/18/2017	4/18/2017	
Registered agent address change	Registered agent address change	3:07:01 PM	3:07:01 PM	
A	Annual ranget	3/8/2016 1:53:21	3/8/2016 1:53:21	
	Annual report	PM	PM	
Δ	Annual report	3/30/2015	3/30/2015	
	Annual report	3:07:39 PM	3:07:39 PM	

Annual report	1/22/2014	1/22/2014	
	11:52:39 AM	11:52:39 AM	
Annual report	6/24/2013	6/24/2013	
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Registered agent address change	12:50:22 PM	12:50:22 PM	
	3/26/2012		KOSAIR CHILDREN
Added assumed name	1:22:57 PM	3/26/2012	CHARITIES
	3/26/2012		KOSAIR CHILDRENS
Added assumed name	1:22:03 PM	3/26/2012	CHARITIES
	3/26/2012		KOSAIR CHILDREN
Added assumed name	1:20:40 PM	3/26/2012	
			HOSPITAL FOUNDATION
Added assumed name	3/26/2012	3/26/2012	KOSAIR CHILDREN'S
	1:19:31 PM		HOSPITAL FOUNDATION
Added assumed name	3/26/2012	3/26/2012	KOSAIR CHILDRENS
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Annual report	2/9/2012 9:46:30	2/9/2012 9:46:30	
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Amendment - Amended and restated articles / CLF	11:24:40 AM	4/19/2011	
	2/8/2011	2/8/2011	
Annual report	12:08:54 PM	12:08:54 PM	
	11/17/2010		
Amendment - Amended and restated articles / CLF	3:18:58 PM	11/17/2010	
	3/16/2010		,
Added assumed name	3:59:14 PM	3/16/2010	KOSAIR CHARITIES
			KOOAID OLIADITICO
Added assumed name	3/16/2010	3/16/2010	KOSAIR CHARITIES
	3:58:15 PM		COMMITTEE
Added assumed name	3/16/2010	3/16/2010	KOSAIR CHILDREN'S
	3:57:20 PM		CHARITIES
Added assumed name	3/16/2010	3/16/2010	KOSAIR CRIPPLED
, , , , , , , , , , , , , , , , , , , ,	3:55:58 PM	0, 10, 20 10	CHILDREN HOSPITAL
Annual report	3/4/2010 5:30:56	3/4/2010 5:30:56	
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Annual report	1/15/2009	1/15/2009	
Annual report	3:31:30 PM	3:31:30 PM	
A served served	1/24/2008	1/24/2008	
Annual report	10:28:04 AM	10:28:04 AM	
	1/30/2007	1/30/2007	
Annual report	1:40:13 PM	1:40:13 PM	
	2/14/2006		
Registered agent address change	12:47:43 PM	2/14/2006	
	1/25/2006	1/25/2006	
Annual report		4:29:24 PM	
•		2/21/2005	
•		2/25/2004	
•		4/22/2002	
Registered agent address change	5/9/2001 3:08:13	5/9/2001	
	PM		
Annual report	4/19/2001	4/19/2001	

Registered agent address change	5/23/2000 4:05:55 PM	5/23/2000	
Registered agent address change	8/23/1996	8/23/1996	
Amendment - Miscellaneous amendments	3/19/1993	3/19/1993	
Amendment - Change duration	10/30/1985	10/30/1985	
Amendment - Miscellaneous amendments	5/5/1981	5/5/1981	
Amendment - Change purpose	6/29/1973	6/29/1973	
Amendment - Miscellaneous amendments	10/4/1963	10/4/1963	
Amendment previous name	3/1/1960	3/1/1960	KOSAIR CHARITIES COMMITTEE
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.

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6/10/2003	1 page
12/13/2002	1 page
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Contact

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Kentucky Unbridled Spirit